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**Child Care and Development Fund (CCDF) Plan
for**

State/Territory South Dakota

FFY 2025 – 2027

Version: Amendment 1

Plan Status: Approved as of 2025-07-09 15:07:46 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency 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.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Department of Social Services**
 - ii. Street Address: **700 Governors Drive**
 - iii. City: **Pierre**
 - iv. State: **South Dakota**
 - v. ZIP Code: **57501**
 - vi. Web Address for Lead Agency: **<https://dss.sd.gov/childcare>**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Matthew K.**
 - ii. Lead Agency Official Last Name: **Althoff**
 - iii. Title: **Cabinet Secretary**
 - iv. Phone Number: **605-773-3166**
 - v. Email Address: **Matt.Atlhoff@state.sd.us**

1.1.2 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. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Ashlee**

- ii. CCDF Administrator Last Name: **Rathbun**
- iii. Title of the CCDF Administrator: **Child Care Assistance Program Administrator**
- iv. Phone Number: **605-773-4766**
- v. Email Address: **Ashlee.Rathbun@state.sd.us**
- b. CCDF Co-Administrator contact information (if applicable):
 - i. CCDF Co-Administrator First Name: **Laura**
 - ii. CCDF Co-Administrator Last Name: **Nordbye**
 - iii. Title of the CCDF Co-Administrator: **Child Care Licensing Program Manager**
 - iv. Phone Number: **605-688-4330**
 - v. Email Address: **Laura.Nordbye@state.sd.us**
 - vi. Description of the Role of the Co-Administrator: **The co-administrator, Laura Nordbye, is the Licensing Program Manager for all requirements related to child care licensing and background screening with CCDF State Plan.**

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 the Lead Agency retains overall responsibility for the administration of the program. 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 Entity establishing CCDF program rules

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.

Check one of the following:

- a. ☒ All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. ☐ Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. 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).
 - ☐ Other. Identify the entity and describe the policies the entity can set:

- ii. Sliding-fee scale is set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility for CCDF. Complete the table below to identify which entity(ies) implements or performs CCDF services.

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who operates the quality improvement activities?	[x]	[]	[]	[]	<p>[x] Describe: Community based organizations . Five Early Childhood Enrichment (ECE) contracts for training, technical assistance and coaching are awarded through the state's Request for Proposal (RFP) process. Administrative and implementation responsibilities with the ECE programs and the Helpline Center for child care referrals are monitored using contracts, which outline activities and responsibilities to be performed</p>

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					within the annual contract period, and a budget that itemizes categorical expenditures in accordance with CCDF requirements .

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. 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, the elements below.

a. Tasks to be performed.

☒ Yes. If yes, describe: **Administrative and implementation responsibilities with the ECE programs and the Helpline Center are monitored using contracts, which outline activities and responsibilities to be performed. Early Childhood Enrichment (ECE) programs provide core services to support the health, safety, and development of young children in child care settings, providing a wide variety of services to child care practitioners, services to families seeking child care, and assistance to communities in addressing early care and education needs. The Helpline Center is responsible for the operation of the child care resource and referral program, providing direct parent consultation through 2-1-1 across South Dakota.**

Monitoring of ECE programs includes monthly activity reports which are submitted to assess performance and ensure contract requirements and outcomes are met. In addition, program monitoring visits are conducted annually to ensure administrative activities are in place and operating efficiently to meet contract expectations

☐ No. If no, describe:

b. Schedule for completing tasks.

☒ Yes. If yes, describe: **Administrative and implementation responsibilities with the Early Childhood Enrichment (ECE) agencies and the Helpline Center are monitored using contracts, which outline activities and responsibilities to be performed. Monitoring of ECE agencies includes**

monthly activity reports which are submitted to assess performance and ensure contract requirements and outcomes are met. In addition, program monitoring visits are conducted at least annually to ensure administrative activities are in place and operating efficiently to meet contract expectations.

☐ No. If no, describe:

- c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

☒ Yes. If yes, describe: **Administrative and implementation responsibilities with the Early Childhood Enrichment (ECE) agencies and the Helpline Center are monitored using contracts, which outline activities and responsibilities to be performed within the annual contract period, and a budget that itemizes categorical expenditures in accordance with CCDF requirements. Monitoring of ECE agencies includes financials reports which are submitted to assess performance and ensure contract requirements and outcomes are met. Financial audits are conducted based on state and federal requirements.**

☐ No. If no, describe:

- d. Indicators or measures to assess performance of those agencies.

☒ Yes. If yes, describe: **Program performance measures include provider surveys conducted annually to ensure that Early Childhood Enrichment (ECE) agency services are accessible statewide and to gauge the utilization of those services to help indicate the services are relevant to providers. Other performance measures include number of providers and parents reached, pre and post surveys to capture knowledge gain, and technical assistance measures to capture behavior change. Child Care Services (CCS) addresses issues with contracted entities any time reported activities are not perceived to be meeting provider needs. Regular regional meetings between the Office of Licensing & Accreditation and the ECE agencies help ensure child care provider technical assistance needs are met to assist in meeting compliance with licensing regulations.**

☐ No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **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 using contracts, which outline activities and responsibilities to be performed within the annual contract period, and a budget that itemizes categorical expenditures in accordance with CCDF requirements. The Helpline Center performance measures include the number of parents served and referral data to enable CCS to monitor parent access to early childhood and school-age programs. Monitoring of ECE programs includes monthly activity and financials reports which are submitted to assess performance and ensure contract requirements and outcomes are met. Financial audits are conducted based on state and federal requirements. Improper payments reviews are conducted every 3 years, and ongoing supervisory reviews are conducted daily. In addition, Legislative Audit conducts an audit a minimum of every 3 years. Additional programs or individual grant awards receive additional audits as deemed appropriate by the legislature. CCS addresses issues with contracted entities anytime reported activities are not perceived to be meeting provider needs. 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 the families choose to care for**

their child.

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify 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 is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

☒ Yes.

☐ No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

☒ Yes.

☐ No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **Invitations were sent to city officials in major cities within the state to participate in a consultation webinar held on January 18, 2024. Cities included in this invitation were Sioux Falls, Rapid City, Spearfish, Aberdeen, Huron, Watertown, Brookings, Mitchell, Yankton, Vermillion and Pierre. The State presented information on the 2025-2027 SD CCDF State Plan and solicited feedback. Local government representatives suggested the State provide them with dispensable information about the Child Care Assistance program in order to educate the child care providers on the benefits of this program should they choose to become state registered. Also requested was additional resource information to assist in promoting unregulated providers on the benefits of becoming registered. Other counties and cities are consulted throughout the year concerning city or county ordinance issues that impact child care providers. In 2022, the State held a series of open listening sessions that included representatives from local governments in order to solicit input on new initiatives being implemented by the child care programs and to inform decision making regarding APRA spending. Input from these ongoing communications was used in development of the this State Plan. Follow-up surveys were sent to all city officials listed within the major cities to solicit feedback on what individual cities are doing to support accessibility and availability of child care; ways the State can support their individual work; State support awareness of the Child Care Assistance program as well as training and quality needs; and local regulation regarding child care and general support. Unfortunately, there were no responses to this survey to further assist the State at this time. Other means to consult will be evaluated during this plan period.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Child and Family Services Interagency Workgroup is South Dakota's state advisory council. This collaborative workgroup serves several state agencies needs and, in some cases, will mandate for a forum of internal and external partners to share strategies and resources around children and families. This group consists of all major entities in state government involved with young children including State Child Care staff. The following entities are part of the workgroup: DSS (Behavioral Health, Child Protection Services, Medical Services (Medicaid), Economic Assistance, and Child Care); Department of Education (Head Start Collaboration Office, Birth To Three Program); Department of Health (Community Health Services, Child and Family Services, Maternal Child and Health, and WIC); and Department of Human Services (Developmental Disabilities) and Department of Tribal Relations. Consultation occurs on an ongoing basis. The workgroup meets quarterly, and input is solicited and used in the development of the SD CCDF State Plan. Agenda and meeting minutes are documented and retained. The Child and Family Services Interagency Workgroup has been informed of the requirements and the proposed SD CCDF State Plan.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **South Dakota tribes were invited to participate in a meeting on January 31, 2024, to provide input on the SD CCDF State Plan and in what manner the state and tribes can share activities and resources. Tribal CCDF administrators from each South Dakota Tribe were provided with an overview of the State CCDF State Plan including updates from Subsidy, Licensing and Quality areas. Topics included an overview of the highlighted accomplishments from the previous state plan within subsidy, licensing and quality and future focus areas for the upcoming plan. This overview included**

prioritizing a new management information system for subsidy, licensing, and quality to benefit both child care staff, providers and public constituents; changes being considered by subsidy; licensing background check process transitions; and updates on the QRIS pilot project and other quality initiatives. Staff reached out to follow up with Tribal CCDF administrators after the meeting and offered one on one calls to answer questions that may have developed after the initial presentation was provided. Tribes that participated included Oglala Sioux, Rosebud Sioux, Cheyenne River Sioux, Lower Brule Sioux, Crow Creek Sioux, Standing Rock Sioux, Flandreau Santee Sioux, and Yankton Sioux.

- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **CCS and the Office of Licensing and Accreditation (OLA) has open communication with and solicit ongoing feedback from South Dakota child care organizations: SD Association for the Education of Young Children (AEYC), Early Learner SD, Family Child Care Professionals of South Dakota (FCCPSD), SD Directors Association of Child Care Directors (SDACCD), Siouxland Directors Association, the South Dakota After School Network (SDAN) and South Dakota School-Age Care Alliance (SoDakSACA) informs CCS and CCL program decision-making. Formal consultation occurs annually at minimum and via in-person or virtual meetings. Informal means of consultation often occur via email or phone as desired.**

1.3.2 Public hearing process

Lead Agencies must 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.

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.

- i. Date of the public hearing: **5/21/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **4/30/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
[x] Yes.
[] No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **The public hearing notice was published on the DSS website which allows for translation into any language using the translate function, and direct links to the top 15 languages in SD at, <https://dss.sd.gov/keyresources/hearings.aspx>. Information regarding the public hearing was also shared in four major newspapers and via email with all providers, tribes, city government officials and statewide advocacy partners. The**

notification published included instruction on how to acquire special arrangements for any special needs allowing all constituents the opportunity to attend the public hearing in a way that was appropriate for their individual needs. This also allowed time for any needed interpretation services to be put in place prior to the public hearing taking place. Along with verbal interpreters, DSS does also have interpretation services available for all written documentation put forth by the department upon public request.

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: <https://dss.sd.gov/keyresources/hearings.aspx>. **Information regarding the public hearing was shared in four major newspapers and via email with all providers, tribes, city government officials and statewide advocacy partners. Notification was a statewide effort to include all geographic regions of the State.**
- vi. Describe 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 State Plan was made available on the SD Department of Social Services website on April 30, 2024, 20 days prior to the public hearing. Information regarding the public hearing was shared in four major newspapers and via email with all providers, tribes, city government officials and statewide advocacy partners.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **There were no public comments received in response to the public hearing and review of the State Plan. General clarifying questions received during the hearing were addressed at that time and did not impact plan responses. As a result, no changes were made to the Plan following the public hearing.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. <http://dss.sd.gov/childcare/stateplan/default.aspx>
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. ☐ Working with advisory committees. Describe:
 - ii. ☐ Working with child care resource and referral agencies. Describe:
 - iii. ☐ Providing translation in other languages. Describe:
 - iv. ☒ Sharing through social media (e.g., Facebook, Instagram, email). Describe: **The link to the Plan or copies of the Plan are shared via email upon request.**

- v. ☒ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). 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.**
- vi. ☐ Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:
- vii. ☐ Direct communication with the child care workforce. Describe:
- viii. ☐ Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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, Lead Agencies 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).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. ☐ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and

identify how long the period of presumptive eligibility is:

- ii. ☒ Leveraging eligibility from other public assistance programs. Describe: **CCS staff have access to information used in eligibility determinations for other programs including Medical Assistance, SNAP, TANF and LIEAP made by the department for mutual cases. When applicable information obtained by those programs may be applied to CCA eligibility determinations. For CCA recipients receiving TANF benefits a simplified application process designed to only request the additional information needed specifically for CCA is utilized.**
 - iii. ☐ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:
 - iv. ☒ Self-assessment screening tools for families. Describe: **The Child Care Assistance website includes information on the "Am I Eligible for Assistance" page that families can use to review countable income sources and income limits and eligibility criteria information to self-assess their household. Further development of a self-assessment tools is being evaluated in the ongoing eligibility and enrollment system being developed.**
 - v. ☐ Extended office hours (evenings and/or weekends).
 - vi. ☒ Consultation available via phone.
 - vii. ☒ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **CCS shall determine eligibility for services within 10 days after receiving a completed application.**
 - viii. ☐ None.
- b. Does the Lead Agency use an online subsidy application?
- ☒ Yes.
- ☐ No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
- ☒ Yes. If yes, describe the policies: **For TANF recipients CCS has developed a simplified application process, which allows employment specialists to request child care assistance to fit the applicant's needs within child care guidelines. This reduces the need for the CCS caseworker to request additional documentation, allowing for expedited processing. TANF applications are printed on colored paper to make them more prominent, and one caseworker processes all TANF applications.**
- ☐ No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
 - i. ☒ Advance notice to parents of pending redetermination.
 - ii. ☒ Advance notice to providers of pending redetermination.

- iii. ☐ Pre-populated subsidy renewal form.
 - iv. ☒ Online documentation submission.
 - v. ☐ Cross-program redeterminations.
 - vi. ☐ Extended office hours (evenings and/or weekends).
 - vii. ☒ Consultation available via phone.
 - viii. ☐ Leveraging eligibility from other public assistance programs.
 - ix. ☐ Other. Describe:
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
- ☒ Yes. If yes, describe the policies: **For TANF recipients CCS has developed a simplified application process, which allows employment specialists to request child care assistance to fit the applicant's needs within child care guidelines. This reduces the need for the CCS caseworker to request additional documentation, allowing for expedited processing in many cases. TANF applications are printed on colored paper to make them more prominent, and one caseworker processes all TANF applications.**
- ☐ No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, 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 (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?
- ☒ Yes.
- ☐ No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.
- Note:* Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.
- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?
- ☐ No.

☒ Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii. 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 extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

☐ No.

☒ Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

d. How does the Lead Agency define the following eligibility terms?

i. “residing with”: **Living in a particular household the majority of the time, in any given month.**

ii. “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 and has parental control of the child.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:

i. ☒ An activity for which a wage or salary is paid.

ii. ☒ Being self-employed.

iii. ☐ During a time of emergency or disaster, partnering in essential services.

iv. ☐ Participating in unpaid activities like student teaching, internships, or practicums.

v. ☐ Time for meals or breaks.

vi. ☐ Time for travel.

vii. ☐ Seeking employment or job search.

viii. ☐ Other. Describe:

b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:

- i. ☒ Vocational/technical job skills training.
 - ii. ☒ Apprenticeship or internship program or other on-the-job training.
 - iii. ☐ English as a Second Language training.
 - iv. ☐ Adult Basic Education preparation.
 - v. ☒ Participation in employment service activities.
 - vi. ☐ Time for meals and breaks.
 - vii. ☐ Time for travel.
 - viii. ☐ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☐ Time for outside class study or completion of homework.
 - x. ☒ Other. Describe: **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 the respective agency.**
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. ☒ Adult High School Diploma or GED.
 - ii. ☒ Certificate programs (12-18 credit hours).
 - iii. ☒ One-year diploma (36 credit hours).
 - iv. ☒ Two-year degree.
 - v. ☒ Four-year degree.
 - vi. ☐ Travel to and from classrooms, labs, or study groups.
 - vii. ☐ Study time.
 - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☐ Time for outside class study or completion of homework.
 - x. ☐ Applicable meal and break times.
 - xi. ☒ Other. Describe: **Other school activities required for completion of the program including but not limited to student teaching, clinicals, practicum, lab time are considered.**
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- ☐ No.
 - ☒ Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- ☒ Work. Describe: **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. Describe: **Any type of job training that is at least 80 hours per month for non-TANF families.**

☒ Education. Describe: **Any type of formal education program, at least 80 hours per month for non-TANF families. 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 program of study or training leading to a G.E.D., or a high school diploma. If in school only, client must be attending 80 hours of actual class time a month.**

☒ Combination of allowable activities. Describe: **If in school only, 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.**

☒ Other. Describe: **If attending a college, university, or technical collage a minimum of 12 semester credit hours, the recipient is meeting the minimum program requirements.**

- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?

☒ Yes.

☐ No. If no, describe the additional work requirements:

- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: 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 Lead Agency’s protective services definition.

☐ No. If no, skip to question 2.2.3.

☒ Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

☒ Children in foster care.

☒ Children in kinship care.

☒ Children who are in families under court supervision.

☒ Children who are in families receiving supports or otherwise engaged with a child welfare agency.

☐ Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.

☐ Children whose family members are deemed essential workers under a governor-declared state of emergency.

☐ Children experiencing homelessness.

☐ Children whose family has been affected by a natural disaster.

☒ Other. Describe: **Protective Services is defined as services provided under a court order and which enable a child, who is alleged or adjudicated to be abused or neglected to remain in the recipient's home or in the home of another relative, or suitable person under the supervision and assistance of the court, the Department of Social Services, or another agency designated or in need of Temporary services provided, as approved or recommended by the department of social services without an order of the court.**

- g. 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?

☐ No.

☒ Yes.

- h. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

☐ No.

☒ Yes.

- i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

☐ No.

☒ Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

☒ There is a statewide limit with no local variation.

☐ There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

☐ Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

☐ Other. Describe:

2.2.4 Initial eligibility: income limits

- a. Complete the appropriate table to describe family income limits.

- i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	4581.00	59.00	2725.00
2	5991.00	62.00	3685.00
3	7401.00	63.00	4642.00
4	8810.00	64.00	5599.00
5	10220.00	64.00	6558.00

- ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

☒ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

☐ Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

☐ No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

- b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

- i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

- ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

☐ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

☐ Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

☐ No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i. ☒ Gross wages or salary.
- ii. ☐ Disability or unemployment compensation.
- iii. ☐ Workers’ compensation.
- iv. ☒ Spousal support, child support.
- v. ☒ Survivor and retirement benefits.
- vi. ☒ Rent for room within the family’s residence.

- vii. ☒ Pensions or annuities.
- viii. ☒ Inheritance.
- ix. ☐ Public assistance.
- x. ☐ Other. Describe:
- d. What is the effective date for these income eligibility limits? **03/01/2025**
- e. 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, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?
☒ LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2025**

☐ Other. Describe:
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
<https://dss.sd.gov/childcare/childcareassistance/eligible.aspx>

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- i. ☒ Average the family's earnings over a period of time (e.g., 12 months).
Identify the period of time **up to 12 months**
- ii. ☒ Request earning statements that are most representative of the family's monthly income.
- iii. ☐ Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. ☐ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
☒ Yes.
☐ No. If no, describe:
- 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?

☐ No.

☒ Yes. If yes, describe the policy or procedure: **When an application for assistance is received by CCS it is reviewed and processed on a case-by-case basis for those who are not receiving other assistance and are using approved providers. The asset limit is waived for families caring for children in the custody of the State of South Dakota Child Protection Services or the custody of a Tribal Child Protection agency. As well as children determined to be in need of protective services who may reside in a placement with a relative caretaker or in a host placement through a family service agency.**

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. ☒ Eligibility determination? If checked, describe: **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. Good cause reasons are acknowledged.**
- b. ☒ Eligibility redetermination? If checked, describe: **The same conditions apply at redetermination as an initial eligibility determination. The only exception is for a family reapplying, whose income now exceeds the first-tier eligibility limit who will be considered to receive the 12-month graduated phase out so long as their income does not exceed 85% State Median Income.**

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant identity. Describe how you verify: Applicant self-declares their identity at the time of initial application and that is verified through access to other Department of Social Services programs such as SNAP, Medical assistance or 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.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant's relationship to the child. Describe how you verify: Applicant self-declare their relationship to the child on each application and that is verified through access to other services provided by the Department of Social Services. If no verifiable information is available at the time of initial application, the applicant is required to provide additional verifications such as a birth certificate or a court document.
[x]	[x]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: 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 SNAP, Medicaid, 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.
[x]	[x]	Work. Describe how you verify: 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.
[x]	[x]	Job training or educational program. Describe how you verify: 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.
[x]	[x]	Family income. Describe how you verify: 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.
[x]	[x]	Household composition. Describe how you verify: Applicant self-declare household composition on the application and is verified through access to other Department of Social Services programs such as SNAP, TANF, or Medical assistance programs and Division of Child Support.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant residence. Describe how you verify: 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 SNAP, TANF, or Medical assistance programs and Division of Child Support.
<input type="checkbox"/>	<input type="checkbox"/>	Other. Describe how you verify: NA

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: **The Department of Social Services, Division of Economic Assistance houses the TANF program that establishes criteria or definitions.**
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate child care”: **Appropriate child care is defined as the provision of care that meets minimal health and safety standards and the developmental needs of children.**
 - ii. “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.**
 - iii. “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.**
 - iv. “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?
 - i. ☒ In writing
 - ii. ☒ Verbally
 - iii. ☒ Other. Describe: **When the parent meets with their employment specialist, an assessment is completed with the recipient 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 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 child care by a relative; or the unavailability of appropriate and affordable childcare."

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **"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.**
- e. **"Families with very low incomes." Families with very low incomes are defined as income below 100% of FPL. Currently, all eligible families are served in South Dakota, with no waiting list. Applications from a family with very low income are prioritized by being evaluated promptly as they are received. If South Dakota implements a waiting list, applicants whose monthly gross income falls below 209% FPL will be prioritized by income in ascending order, lowest to highest of FPL and by the date of application. The co-payment is waived for families with income at or below 170% of the FPL.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

- a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	[x]	[x]	[]	[]	[x]	[x] Describe: 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 a waiting list, applicants of children with special needs also receive priority for service per ARSD 67:47:01:29.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Families with very low incomes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Families with very low incomes are defined as income below 100% of FPL. Currently, all eligible families are served in South Dakota, with no waiting list. Applications from a family with very low income are prioritized by being evaluated promptly as they are received. If South Dakota implements a waiting list, applicants whose monthly gross income falls below 209% FPL will be prioritized by income in ascending order, lowest to highest of FPL and by the date of application.
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Describe: Children defined as homeless services are prioritized if South Dakota implements a waiting list.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	[x] Describe: If South Dakota implements a waiting list, applicants of children with special needs also receive priority for service per ARSD 67:47:01:29. TANF recipients in the most populous areas of the state have access to Contracted slots for emergency use.

a. Does the Lead Agency define any other priority groups?

☐ No.

☒ Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Children who will be receiving or need to receive protective services are prioritized if South Dakota implements a waiting list, per ARSD 67:47:01:29.**

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness 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 State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **If the application from a family experiencing homelessness is missing any of the required verifiable documents, the**

caseworker will attempt to contact 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, and the family is sent notification of closure. There is no overpayment considered in these cases of families experiencing homelessness.

- b. Describe the grace period for each population below and how it allows them 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.
 - i. Provide the policy for a grace period for:

Children experiencing homelessness: 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 timeframe 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 SDIIS, 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.

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 timeframe 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. Child care 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 SDIIS 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.

- ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?
☒ Yes.
☐ No. If no, describe:

- c. 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: **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 SDIIS, an online immunization database. Licensing specialists also share other resources available to support families in meeting enrollment requirements.**

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i. ☒ Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. ☒ Informational materials in languages other than English.
 - iii. ☒ Website in languages other than English.
 - iv. ☒ Lead Agency accepts applications at local community-based locations.
 - v. ☒ Bilingual caseworkers or translators available.
 - vi. ☐ Bilingual outreach workers.
 - vii. ☐ Partnerships with community-based organizations.
 - viii. ☐ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. ☐ Home visiting programs.
 - x. ☐ Other. Describe:
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
 - i. ☐ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. ☒ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. ☐ Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. ☐ Ensuring accessibility of environments and activities for all children.
 - v. ☒ Partnerships with State and local programs and associations focused on

disability- related topics and issues.

- vi. ☒ 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.
- vii. ☒ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
- viii. ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
- ix. ☐ Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. ☒ Lead Agency accepts applications at local community-based locations.
 - ii. ☒ Partnerships with community-based organizations.
 - iii. ☒ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. ☐ Other. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **South Dakota has adopted the McKinney-Vento definition of homelessness which includes children and their families who lack fixed, regular, and adequate nighttime residence. Information on identifying and serving homeless children and families is embedded into a number of state and regional training opportunities through the South Dakota Early Childhood Enrichment (ECE) system. 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 content. 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 211 Helpline, the State Coordinated Entry System (CES) which connects the homeless or those at risk of becoming homeless with available resources, 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 SD Child Development Associate (CDA) Training Program have all formally integrated this information. To facilitate the ongoing integration of this information, CCS developed and annually reviews a list of key resources and talking points for the 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.

- ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Child Care Services (CCS) and Office of Licensing and Accreditation (OLA) prioritize training and support for staff working with children and families experiencing homelessness by having them complete the Supporting Children and Families Experiencing Homelessness series available online, on-demand through the Early Childhood Learning and Knowledge Center (ECLKC). The series references both Head Start Performance Standards and CCDF requirements. In addition, links to local resources are available on the DSS website can be invaluable in providing comprehensive care and support. For new staff onboarding, it's important to ensure that they have access to these resources and that they understand the implications of the Head Start Performance Standards and CCDF requirements in relation to serving homeless families. Supervisors can play a crucial role in facilitating this process by following up with staff after they've completed the training. These follow-up sessions can provide an opportunity for staff to ask questions, clarify any uncertainties, and discuss how they can apply their learning to their specific roles within child care programs. Additionally, supervisors can use these follow-up sessions to reinforce the importance of certain policies or procedures, such as waivers for immunizations, and provide guidance on how staff can effectively support families in accessing resources like the 211 Helpline or the Housing for the Homeless Coordinated Entry System. Ongoing training and support are essential for ensuring that staff are well-equipped to provide high-quality care and support to children and families experiencing homelessness. By incorporating resources like the ECLKC series and local community resources into your training and follow-up processes, CCS and OLA will ensure that staff have the knowledge and tools they need to make a meaningful difference in the lives of the families they serve.**

2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **Child Care has implemented a variety of family friendly eligibility policies that support children in their development. These policies include minimum 12-month eligibility determination with limited reporting requirements for families, limited required reportable changes, continuous eligibility policies that allow for continued care and account from temporary fluctuations in family circumstances, copayments capped below 2% of household income, and delinking attendance from payment. CCS is currently reevaluating all eligibility and payment policies in order to simplify**

eligibility determination and redetermination processes and reduce burden on families and further improve continuity of care for children. this evaluation is occurring as part of the program move to a new eligibility and enrollment system for child CCA.

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

- a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

☐ Yes.

☒ No. If no, describe: **CCS was notified of potential noncompliance in this area 9/27/2022. CCS is currently in development of a new eligibility and enrollment system. 12-Month Eligibility which currently is scheduled to be live fall 2025. Today when applications are received eligibility may be backdated to the 1st or the 16th of the month based on the receipt date of that application. Because eligibility periods always begin on the 1st or 16th of the month and end 12 months later on the 15th or last day of the month this may not meet a full 12-months if this was an initial application, and the children did not begin care on the 1st or 16th date. To correct this a thirteenth month of eligibility will be added. Under the proposed policy effective with the new system certifications will begin the first of the month of application and run through that full month the following year. Compliance is dependent on the new system implementation and additional time is needed to complete systems development to come into compliance.**

- b. Does the Lead Agency certify that its definition of "temporary change" includes each of the minimum required elements?

1. 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.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.

7. Any changes in residency within the State or Territory.

☒ Yes.

☐ No. If no, describe:

c. Are the policies different for redetermination?

☒ No.

☐ Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

i. ☐ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:

ii. ☐ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

iii. ☒ No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

☐ Yes. The Lead Agency continues assistance.

☒ No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **Parents are required to report permanent, non-temporary changes 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. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **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 the 3-month job search, the level of the family's subsidy is 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. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **The job search period is a maximum of 3 months**

from the last day of employment.

- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

- i. ☐ Not applicable.
- ii. ☒ 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.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **10 consecutive days absent. The 10 consecutive absent days would be used if the reason for it or cause of it is unclear or is not known i.e. unexplained. If the absence is due to a specific reason, which would be unique to the situation at the time, it could be considered an explained absence. If a child has missed 10 consecutive business days without explanation the provider is required to report that to the Lead Agency. CCS will then follow up with the family to determine the reason for the absence. If CCS is unable to contact the family via phone, a letter is sent requesting them to name a new provider or update CCS on why their child is no longer attending their designated provider. If they do not contact our office or name a new provider within the designated timeframe, their certificate will be closed.**

- iii. ☒ A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **A child that resides outside the state of South Dakota is not eligible. Upon verification that the child's residency is no longer in the State of South Dakota, a notice is sent showing eligibility has ended.**

- iv. ☒ Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **Upon notification of substantiated fraud or intentional program violation a notice of intent to close the case is sent to the recipient 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; and 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.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

☒ Yes.

☐ No. If no, describe:

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size; or,
- (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 family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes 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 must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's income growth for families whose children are determined eligible under a graduated phase-out.

Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

- a. ☐ Not applicable. 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. (If checked, skip to question 3.1.1.)
- b. ☒ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, 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 209% 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.**
 - i. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. ☒ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: **Income is fully verified at the point of redetermination. If at any point during the phase out period the household income drops back below the initial tier limit the household may return to general eligibility.**
- c. ☐ 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. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
 - iii. Describe how the second eligibility threshold 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:
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
 - v. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - vi. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for too many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **Under initial tier eligibility copayments do not exceed 1% of Household income. Families' copayments are capped at less than 2% of household income while eligible for the 12-month graduated phase out.**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?
☒ Yes.
☐ No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?

☒ Yes.

☐ No. If no, describe how the sliding fee scale is set:

- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay 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)?	What percentage of income is this co-payment in (E)?
1	2217.00	0.00	1.00	2725.00	25.00	0.92
2	2997.00	0.00	1.00	3685.00	34.00	0.92
3	3776.00	0.00	1.00	4642.00	43.00	0.93
4	4554.00	0.00	1.00	5599.00	52.00	0.93
5	5335.00	0.00	1.00	6558.00	61.00	0.93

- c. What is the effective date of the sliding-fee scale(s)? 03/01/2025

- d. Provide the link(s) to the sliding-fee scale(s):

https://dss.sd.gov/docs/childcare/assistance/Sliding_Fee_Scale.pdf

- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

☐ No.

☒ 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 does not provide a barrier and promotes affordability and access for families: **The Lead Agency respects the child care providers' status as a private business and recognizes that restricting their ability to collect additional amounts above the required co-payment could limit the number of providers participating in the CCA program, thereby compromising**

access for families; it could also limit the ability for the provider to provide special programming or transportation for children in their care. The Lead Agency continues to maintain Child Care Assistance reimbursement rates at the 75th percentile and modifies the co-payment sliding fee scale to support families whenever possible. The steps that CCS has taken, minimized the amounts that may be a potential difference to pay. This still promotes affordability while respecting providers and maintaining available child care options.

- 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: In responses collected through the most recent Market Rate Survey from providers participating in the subsidy program, 20% of providers responded that all families on assistance have a difference to pay; 15% said almost all have a difference to pay; 12% of providers responded that about half of the families in their program on assistance have a difference to pay. In addition, 28% of providers indicated that less than half of the families on assistance have a difference to pay; and 24% of providers said no families have a difference to pay. The amount that families may have as a difference to pay will vary based on the provider, cost of child care, any special programming, or transportation cost.

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
 - i. ☒ The fee is a dollar amount and (check all that apply):
 - ☐ 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 a certain number of children.
 - ☒ The fee is per family.
 - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - ☐ Other. Describe:
 - ii. ☐ The fee is a percent of income and (check all that apply):
 - ☐ 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 a certain number of children.

☐ The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

☐ Other. Describe:

- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

☒ No.

☐ Yes.

If yes, check and describe those additional factors below:

i. ☐ Number of hours the child is in care. Describe:

ii. ☐ Quality of care (as defined by the Lead Agency). Describe:

iii. ☐ Other. Describe:

- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. ☒ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. ☐ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. ☐ Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

☐ No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

☒ Yes. If yes, identify and describe which family contributions/co-payments waived.

i. ☒ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. ☒ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. ☐ Families experiencing homelessness.

iv. ☐ Families with children with disabilities.

- v. ☐ Families enrolled in Head Start or Early Head Start.
- vi. ☒ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Co-payments are waived for foster families and the foster family income is not considered as part of the eligibility determination.**
- vii. ☒ Families meeting other criteria established by the Lead Agency. Describe the policy: **Co-payments are waived for families whose income falls below 170% FPL, who are participating in O+TANF, for relative caregivers, and Foster/Adopt families.**

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies 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 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Some challenges to participating in CCDF, as indicated by providers through regular surveying, 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 a family's child care bill; challenges caused when eligibility determination takes longer due to family responsiveness; and difficulties when the CCDF rate schedule or payment method does not fit the schedule or method they utilize for their child care program. These surveys include all regulated provider types. CCS also sees these issues reported across all provider types. CCS is actively evaluating ways to alleviate barriers for provider participation as we evaluate payment practices that will be implemented once CCS begins utilizing the new eligibility and enrollment system currently under development. Including development of a new rate structure and moving to enrollment-based and prospective payment practices.

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
☒ Yes.
☐ No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
☒ Yes.
☐ No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **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 consumer education statement that is provided to families along with the child care certificate provides information on choosing child care as well as how to access provider inspection information. Resources referenced in that communication include. The local Helpline Center and Early Childhood Enrichment programs which provide resource materials for parents such as the Choosing Child Care brochure. Additionally Child Care staff respond to parent requests for provider listings by referring them to the online 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; CCS' 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.**
- e. Describe what information is included on the child care certificate: **Information provided on each certificate that is issued after eligibility determination or a reported change includes: provider name; notification the provider has received a copy of the certificate; certificate start date; certificate expiration date; name of children receiving assistance; maximum hours authorized; 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. The maximum authorized hours are determined based on the work/school need with additional supplemental time added in. The maximum hours are what is displayed on the child care certificate. Part-time/Full time is not specifically listed on the certificate; however, the hourly authorization is based on their need that could be FT or PT.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (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, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. ☒ Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September –

December 2023)? **The current Market Rate Survey data collection period was March 7th, 2024 – April 8th, 2024.**

- b. ☐ ACF pre-approved alternative methodology.
 - i. ☐ The alternative methodology was completed.
 - ii. ☐ The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

- c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- iii. State Advisory Council or similar coordinating body: **Child Care staff were members of the Child & Family Services workgroup, a group that was made aware of federal changes for child care. Input and suggestions were solicited at each meeting. That information was used in the development of the Market Rate Survey questions and guides decisions about Child Care policy and practice.**
- iv. Local child care program administrators: **Child Care Provider input, whether gathered during survey result presentations, gathered at the time of survey response, or during informal communication, is reviewed and incorporated as necessary.**
- v. Local child care resource and referral agencies: **NA**
- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **NA**
- vii. Other. Describe: **NA**

- d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed? **6/4/2024**
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **The current Market**

Rate Survey data collection period was March 7th, 2024 – April 8th, 2024.

- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The South Dakota Market Rate Survey collects data that represents the child care market by surveying all registered and licensed child care providers across the state, regardless of their participation in the subsidy program.**
- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **All survey data is collected directly from surveyed child care providers identified through a Licensing database.**
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **Providers were sent email notifications and reminders regarding the Market Rate Survey using the email address they provided to CCS. If an email address was found to be incorrect during this process, the cause was researched, and the email address corrected, and emails resent. If a provider did not have an email address on file, or if they requested a paper survey, a hard-copy version was mailed along with a postage-paid return envelope. Contracted staff completed follow-up calls to providers to clarify or complete missing survey information.**
- vi. What is the percent of licensed or regulated child care centers responding to the survey? **75.25**
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **68.09**
- viii. Describe if the survey conducted in any languages other than English: **NA**
- ix. Describe if data were analyzed in a manner to determine price of care per child: **South Dakota analyzes the Market Rate Survey data using averages and various percentiles which are weighted by available market slots.**
- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **NA**
- e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The Market Rate Survey collects data by surveying all registered and licensed child care providers across the state. Response rates are actively monitored during data collection, including by geographic area, to ensure data collected represents expected targets including geographic coverage. To account for geographic variation, rates are calculated at a county level and blended in geographic groups with similar population and rate levels.**

- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **Data collected through the Market Rate Survey is analyzed by provider type to reflect the variation that exists in price.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **Rates and enrollment are collected for the following age groups: Infant (birth up to age1), Toddler (1 to 2 years), Preschool (three to five years, not yet attending kindergarten), and School age (kindergarten and older).**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **NA**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **DSS contracted with ICF to prepare child care cost models using the Provider Cost of Quality Calculator and data inputs from the 2024 child care market rate survey, 2024 child care workforce survey and interviews with child care providers.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **The analysis examined how cost varied by geographic location, provider type (day care centers, family day care, and school-age programs) and the age of the child (infant, toddlers, preschool and school-age). The analysis found that:**

Rates for infants and toddlers were lower than the modeled costs in all regions

Rates for preschool were lower than the modeled costs for rural regions, but above in urban and suburban regions

School-age rates for center-based providers were above the modeled costs in all regions

Out-of-school-time rates were below the modeled costs in rural and suburban regions, but above in the urban region

Family child care rates were above the modeled costs in all regions

- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? Assumptions for Centers and School-Age Staffing Ratios - The analysis assumes that the staffing ratios for centers and school-age programs will be:

Five children to one staff for children up to three years of age

Ten children to one staff for children three years through four years

Fifteen children to one staff for children five years and over

Assumptions for Centers and School-Age Group Size - The analysis assumes that the maximum group size for centers and school-age programs will not exceed 20 children per room.

Assumptions for Family Day Care Staffing Ratios and Group Size - The analysis assumes that the maximum group size for family day care providers will not exceed twelve children. The analysis further assumes that family day care providers will have on average only one provider present (and no assistant), and be caring for no more than four of the children under the age of two years, and no more than three children under the age of one.

Assumptions for Staff Compensation □ The analysis assumes staff compensation for center and school-age staff, based on a combination of compensation data collected through the 2024 child care workforce survey and the most recent data available from the Bureau of Labor Statistics and commercially available occupational data. The analysis assumes that family day care programs, in general, do not have any paid staff to meet basic state health, safety, staffing and quality standards.

Assumptions for Staff Training □ The analysis assumes that providers will meet the minimum annual requirements for staff training, as defined by state regulations, for day care centers and school-age programs (10 hours per director and provider annually), and for family day care programs (6 hours per provider annually).

- d. How does the Lead Agency define higher quality and what assumptions and data did the

Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **For the purposes of the narrow cost analysis, DSS defined higher quality as Level 4 on the Quality and Recognition Information System (QRIS), which is currently in the pilot phase. DSS determined the cost of care for this level of quality by modeling the cost impacts for each of the following standards categories, using the assumptions and data sources described below:**

Health and Safety- Additional staff hours for implementing health and safety checklist annually, completing Environmental Rating Scale (ERS) self-assessment tool for the relevant age groups and building in feedback from ERS observations for this category. Interviews with providers and technical assistance experts, and wage data from workforce study

Learning Environments- Additional staff hours for implementing space and materials checklist annually, completing ERS self-assessment tool for the relevant age groups and building in feedback from ERS observations for this category. Interviews with providers and technical assistance experts, and wage data from workforce study

Activities and Experiences- Additional staff hours for completing ERS self-assessment tool for the relevant age groups and building in feedback from ERS observations for this category, and staff time, materials and equipment required for developing enhanced interest centers and activities. Interviews with providers and technical assistance experts, and wage data from workforce study

Relationships and Interactions- Additional staff hours and licensing costs for conducting ERS classroom observations and supporting a process for building in feedback from ERS observations. Interviews with providers and technical assistance experts, and wage data from workforce study, and average provider cost of purchasing assessment tool(s), and staff enhancements to support best practices

Program Management Additional staff hours for completing application to participate and development of written policies, completion and implementation of continuous quality improvement plan, and completion of professional development plan and performance appraisal for all staff Interviews with providers and technical assistance experts

Workforce Development and Support Additional staff hours for attending required trainings for fitCare, early learning guidelines, lesson planning, social and emotional wellness, relevant ERS training, and leadership practice training for directors and family day care providers Interviews with providers and technical assistance experts, and wage data and professional development data from workforce study

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **DSS examined the per-child costs that providers incur for each type of care, age group**

served, and geographic region. DSS identified instances where the reimbursement rates set for providers was less than the actual cost of care, which can be noted in the instance of infant and toddler care in all areas. Another DSS identified area was pre-school and school rates. Some areas of the state were below, but others were above the actual cost. The majority of the rates in these two instances fell above. Effective July 1st, 2024, South Dakota implemented a historic rate increase which included infants and toddlers. In addition, infant and toddler enhanced grant funding is provided to child care providers across South Dakota. Future considerations include further enhancing rates or grants for providers serving infants and toddlers.

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

- i. Provide the date the report was completed: **6/4/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **7/1/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available:
report was posted online at the following link:
<https://dss.sd.gov/childcare/stateplan/default.aspx>. This report is posted in the same location on the DSS website where other information relevant to providers including the State Plan is posted making it easily accessible for providers.
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology:
stakeholders from Early Childhood Enrichment programs, the Child & Family Services workgroup, Child Care Providers, members of associations, as well as additional caregivers, teachers and directors as needed. Their views and comments were considered in the drafting of the survey. Views and comments are solicited throughout the year at meetings, conferences, through additional surveys, etc., and are used to guide survey development and program changes.

4.3 Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates in accordance with the results of the current MRS or ACF pre-approved alternative methodology and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates 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. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

☒ Yes.

- i. If yes, check if the Lead Agency:

☐ Sets the same payment rates for the entire State or Territory.

☒ Sets different payment rates for different regions in the State or Territory.

☐ No.

- ii. If no, identify how many jurisdictions set their own payment rates:

- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2024**
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Hourly rates are annualized by multiplying by 2340 (based on 9-hour day), then divided by 12 months, and divided by 4.3.**

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	272.09 Per Week	100.00	272.09	75.00	267.56	269.83	283.43		

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Family Child Care for Infants (6 months)	172.33 Per Week	100.00	172.33	75.00	158.72	167.79	172.33		
Center Care for Toddlers (18 months)	272.09 Per Week	100.00	272.09	75.00	267.56	269.83	283.43		
Family Child Care for Toddlers (18 months)	172.33 Per Week	100.00	172.33	75.00	158.72	167.79	172.33		
Center Care for Preschoolers (4 years)	256.22 Per Week	100.00	256.22	75.00	238.08	244.88	256.22		
Family Child Care for Preschoolers (4 years)	167.79 Per Week	100.00	167.79	75.00	154.19	158.72	167.79		
Center Care for School-Age (6 years)	208.60 Per Week	100.00	208.60	75.00	192.73	201.80	208.60		
Family Child Care for School-Age (6 years)	167.79 Per Week	100.00	167.79	75.00	154.19	154.19	154.19		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

- b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

☒ Yes.

☐ No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or

ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

- a. Does the Lead Agency provide any rate add-ons above the base rate?

☐ Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

☒ No.

- b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

☒ Yes.

☐ No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

- i. ☐ Differential rate for non-traditional hours. Describe:

- ii. ☒ Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Providers caring for a child with special needs can be reimbursed a higher hourly rate of \$6.80 per hour regardless of the age of child or county in which 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.**

- iii. ☒ 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 is paid to registered family child care providers who care for six or fewer children. The special rate is available for children in care under age three. Providers can be reimbursed up to a maximum of 25% above the established county reimbursement rate (based on the 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.**

- iv. ☐ 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:

- v. ☐ Differential rate for higher quality, as defined by the Lead Agency. Describe:

- vi. ☐ Other differential rates or tiered rates. For example, differential rates for

geographic area or for type of provider. Describe:

- vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

☐ Yes. If yes, describe:

☒ No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Lead Agency utilized the data collected March-April 2024 through the Market Rate Survey and Narrow Cost Analysis to update Child Care Assistance reimbursement rates on July 1, 2024, at the 75th percentile, which is the federal benchmark for ensuring accessibility.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Current payment rates are adequate as they are set at the 75th percentile based on the most recent Market Rate Survey and Narrow Cost Analysis using data collected March-April 2024. The 75th percentile is the federally identified benchmark for adequate payment rates, a benchmark South Dakota has historically met. In order to further support child care programs, Health and Safety grants are available to support the costs of meeting health and safety standards..**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The Lead Agency utilized the data collected during March and April 2024 through the Market Rate Survey and Narrow Cost Analysis to update Child Care Assistance reimbursement rates on July 1, 2024, at the 75th percentile, which is the federal benchmark for ensuring accessibility.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **The Quality Framework is currently being established, so in order to evaluate quality in relation to the narrow cost analysis. The draft quality framework was incorporated into the analysis. Because of the of nature and focus of the narrow cost analysis, as well as the current status of the quality framework, the quality level outcomes will be further analyzed as QRIS implementation proceeds. Implementation include plans to include funding to support the cost of meeting indicators that require financial investment. Direct quality investments, separate from the subsidy rates, will be provided to support programs at various quality levels. Market rates will be evaluated by quality level once the Quality Framework is in full use to inform possible modifications to Child Care Assistance reimbursement rates to ensure participating families have equal access to higher quality programs.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **NA**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (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. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must 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 have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

☐ Yes. If yes, describe:

☒ No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **We are currently implementing a planned system replacement for the Child Care Subsidy program with completion during the 2025-2027 State Plan timeframe. Once completed, we will begin paying providers prospectively.**

South Dakota will be requesting a waiver to allow time for the implementation of prospective payments.

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?

☒ Yes. The Lead Agency pays all providers by authorized enrollment and payment is not

altered based on a child's attendance or the number of absences a child has.

☐ No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

☐ It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

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, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

☐ Yes.

☒ No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis: **The Lead Agency provides a full weekly or daily payment for providers participating in a Memorandum of Understanding serving 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, whichever 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 also agrees not to pass any additional costs, not covered by the Lead Agency, on to the TANF family, and have agreed to participate and follow the stipulations of the Memorandum of Understanding. CCS is currently implementing a planned system replacement for the Child Care Subsidy program with completion during the 2025-2027 State Plan timeframe. Once completed, we will begin paying providers following a weekly, enrollment-based rate structure including three levels of care need. Examples of levels are full time, part time, and least time. In the interim, due to current legacy system limitations, we reimburse providers an hourly enrollment-based rate for their authorized hours that are determined based on child care need.**

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

☐ Yes. If yes, identify the fees the Lead Agency pays for:

☒ No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: **In South Dakota, registration fees are not generally accepted practices as only 45% of providers state they were charging a registration fee in the 2024 Market Rate Survey.**

- c. Describe how 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: **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, rate 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.**
- d. Describe how 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: **When a change occurs to the family's eligibility status that may impact payment, providers are notified the same day the change is processed either by email or mail. This includes a certificate closure, or change to eligibility dates, coverage level, or provider changes.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **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.**
- f. Other. Describe any other payment practices established by the Lead Agency: **NA**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **Payment practices incorporate inclusivity and coverage to facilitate provider participation: 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, as indicated on their Child Care Assistance Application; South Dakota reimbursement rates are weighted by enrollment to account for the actual number of childcare 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 and their choice of provider type; and payments are issued for the full authorized entitlement regardless of temporary changes in child attendance.**

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

☒ Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **Licensed child care centers provide the contractual services for CCDF eligible children whose families participate in TANF, one of South Dakota's most vulnerable populations with limited access to resources. Contracts are available statewide but currently only two urban areas participate. Only these two areas have enough CCDF eligible families participating in the TANF program to generate provider interest and justify slots.**

☐ Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

☐ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots:

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

☐ Children with disabilities. Number of slots allocated through grants or contracts:

☐ Infants and toddlers. Number of slots allocated through grants or contracts:

☐ Children in underserved geographic areas. Number of slots allocated through grants or contracts:

☐ Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

☐ School-age children. Number of slots allocated through grants or contracts:

☐ Children experiencing homelessness. Number of slots allocated through grants or contracts:

☐ Children in urban areas. Percent of CCDF children served in an average month:

☐ Children in rural areas. Percent of CCDF children served in an average month:

☒ Other populations. If checked, describe: **CCS partners with multiple child care centers across the state to provide 13 contracted slots for use by CCDF eligible children and families of South Dakota's most vulnerable**

populations. Although the contracted slots are designated for the most at-risk children, families utilizing the slots are still required to meet all CCDF eligibility requirements. The contracted slots are available to eligible children age birth-school age, including children with disabilities and children living in underserved geographic areas. Of the 13 slots, 7 are currently set aside for infants and toddlers and 6 are set aside for pre-school and school age. The age groups that the slots are designated for can be adjusted at the providers discretion based on child care demands. The goal of this partnership is to provide child care options for the most vulnerable CCDF eligible families who have an immediate child care need.

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **Rates are negotiated through consultation with each child care center to ensure participation.**

4.5.2 Care in the child's home (in-home care)

The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use.

Will the Lead Agency limit the use of in-home care in any way?

☒ Yes.

☐ No.

If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- i. ☐ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. ☒ Restricted based on the in-home provider meeting a minimum age requirement. Describe: **In-home child care providers must be at least 18 years of age and care for only one family's children.**
- iii. ☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. ☐ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. ☐ Restricted to care for children with special needs or a medical condition. Describe:
- vi. ☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. ☐ Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

a. In infant and toddler programs:

- i. Data sources used to identify shortages: **The Office of Licensing and Accreditation plans to collect data for child care providers with waiting lists for enrollment. This data will help identify locations where strategic efforts are needed to improve access to quality care for these age groups.**
- ii. Method of tracking progress: **Conducting an annual survey of child care providers regarding waiting lists for enrollment is a proactive approach to monitoring progress in reducing shortages for infant and toddler care. This ongoing data collection will provide valuable information about the effectiveness of efforts to address these shortages over time. By tracking changes in waiting lists and enrollment patterns, the Office of Licensing and Accreditation can identify areas of success as well as areas that may require additional attention or resources. This data-driven approach will help ensure that efforts to improve access to infant and toddler care are targeted and effective.**
- iii. What is the plan to address the child care shortages using family child care homes **To encourage smaller group sizes for infants and toddlers, Child Care Services currently offers a special rate is paid to registered family child care providers who care for six or fewer children. The special rate is available for children in care under age three. Providers can be reimbursed up to a maximum of 25% above the established county reimbursement rate (based on the 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.**

The Office of Licensing and Accreditation is actively partnering with various agencies and community stakeholders to communicate the benefits of state registration for family child care providers. Conducting presentations, sharing branded material to promote the child care profession, and recruitment activities across the state further amplifies these efforts, allowing for direct engagement with potential providers and addressing any questions or concerns they may have. This collaborative approach fosters a supportive environment for family child care providers and encourages their participation in the state registration process, ultimately contributing to the quality and accessibility of infant and toddler care within the community.

- iv. What is the plan to address the child care shortages using child care centers? **outh Dakota plans to focus efforts on workforce development and increasing the quality of early childhood education which includes care for infants and toddlers. The following outlines the comprehensive plan:**

Workforce Study: Complete a comprehensive workforce study to gain insights into the challenges faced by child care centers in South Dakota. This study will help identify areas of need and inform the development of targeted solutions, including infant and toddler care.

Scholarships: The lead agency provided funds during the 2022-2024 plan cycle to financially support individuals pursuing the Child Development Associate (CDA) Credential and two-year associate degrees. Graduates of these programs will be entering the child care workforce in the 2025-2027 plan cycle ultimately improving the quality of care provided in child care centers. Scholarships will continue to be available to cover the tuition for the SD CDA Training Program and the assessment fee scholarships for South Dakota child care providers.

Professional Development: Implement professional development programs and training opportunities for infant and toddler care staff. These programs will focus on enhancing infant and toddler teaching practices, infant and toddler child development knowledge, and infant and toddler classroom management skills to ensure high-quality care and education for infants and toddlers.

Recruitment and Retention Efforts: Launch recruitment campaigns to attract individuals to careers in early childhood education. Emphasize the rewarding aspects of working with young children, including infants and toddlers and highlight the opportunities for career advancement and professional growth within the field.

Partnerships and Collaboration: Foster partnerships with educational institutions, community organizations, and industry stakeholders to strengthen the early childhood education workforce pipeline. Collaborate on curriculum development, internship programs, and mentorship initiatives to support the education and training of future child care professionals to include infant and toddler care.

Evaluation and Continuous Improvement: Continuously monitor and evaluate the effectiveness of workforce development initiatives in addressing infant and toddler child care shortages and improving the quality of child care centers. Adjust strategies as needed based on feedback, data analysis, and emerging workforce trends.

By implementing this comprehensive plan, South Dakota aims to enhance the quality of child care centers, attract and retain qualified professionals in the early childhood education field, and ultimately alleviate infant and toddler care shortages in the state.

b. In different regions of the State or Territory:

- i. Data sources used to identify shortages: The Office of Licensing and Accreditation has collected data specific to desert areas identified in South Dakota for counties that have no regulated care, or are not diverse in representing both regulated family child care and center care. By focusing on these areas, the Lead Agency can identify regions where there is a significant need for expanded or improved childcare options. This data-driven approach allows for targeted interventions and resource allocation to ensure that all families, regardless of location or demographics, have access to quality childcare services. Additionally, by addressing disparities in childcare provision, the Office of Licensing and Accreditation can work towards promoting equity and supporting the well-being

of children and families across the state.

- ii. Method of tracking progress: Tracking progress annually by monitoring identified desert counties and the addition of child care or school-age providers, along with their capacity, is an effective method. Here's how it will work:

Identifying Desert Counties: The lead agency has identified the counties that have been designated as "desert counties" due to their lack of regulated child care services.

Baseline Data: Establish a baseline by documenting the current number of child care providers (both centers and family child care homes) and their capacity in these desert counties.

Annual Evaluation: Conduct an annual evaluation to track changes in the number of child care providers and their capacity in the desert counties. This evaluation should include:

Addition of Providers: Count the number of new child care or school-age providers that have been established in each desert county.

Capacity Increase: Measure any increase in the capacity of existing providers or the addition of new providers to accommodate more children.

Comparison and Analysis: Compare the annual data with the baseline to determine progress made in addressing child care shortages in the desert counties. Analyze trends to identify any challenges or areas for improvement.

- iii. What is the plan to address the child care shortages using family child care homes? Having voluntary family child care state registration in South Dakota does indeed provide parents with a variety of care options, which can be beneficial in meeting the diverse needs of families. However, it's also important to ensure that the care provided meets certain standards to guarantee the safety and well-being of the children. By continuing recruitment efforts with state registration, the Office of Licensing and Accreditation will work towards increasing the number of registered family child care providers, which in turn can enhance the overall quality of care available. Striking a balance between providing choice and ensuring quality is key in promoting positive outcomes for children and families.

- iv. What is the plan to address the child care shortages using child care centers? The plan to address child care shortages using child care centers involve several key steps:

Identifying Target Counties: The Office of Licensing and Accreditation (OLA) has identified counties with no regulated child care services. These counties will be the primary focus for intervention.

Assessment of Child Care Needs: OLA will conduct thorough evaluations of child care needs in the identified counties. This assessment will include factors such as population demographics, employment patterns, and existing child care infrastructure.

Community Engagement: OLA will collaborate with community leaders to raise awareness about the importance of child care and the benefits of regulated child care centers. The Office of Licensing and Accreditation will connect community leaders with local Economic Development for additional community support to combine efforts aimed to garner support for the establishment or expansion of child care centers.

Promotion of Centers and School Age Programming: OLA will promote the establishment of child care centers and school-age programming options within the targeted counties. This promotion may include providing resources, incentives, or assistance to individuals or organizations interested in opening new child care facilities.

Addressing Regulatory and Accreditation Issues: OLA will work to streamline the regulatory process and accreditation standards to facilitate the establishment of new child care centers. This may involve providing guidance and support to prospective child care providers and ensuring compliance with relevant regulations.

Monitoring and Evaluation: OLA will continuously monitor the implementation of the plan and evaluate its effectiveness in increasing child care availability. Adjustments will be made as needed to address any challenges or emerging needs.

By following this comprehensive plan, OLA aims to address child care shortages and improve access to quality child care services in targeted counties.

Professional Development: SD Child Development Associate (CDA) Training is available delivered through live online classes to increase access to the program. Scholarships will continue to be available to cover the tuition for the SD CDA Training Program and the assessment fee scholarships for South Dakota child care providers. In addition, a CDA for high school students series online training is available to junior and senior students across South Dakota. Through this series, high school students will complete the 120 hours of training and their portfolio items in preparation for applying for the CDA Credential.

- c. In care for special populations:
 - i. Data sources used to identify shortages: The Lead agency partners with The Department of Human Services and other entities that support families of children with Disabilities to identify shortages in care that meets the specific needs of children with disabilities.

- ii. Method of tracking progress: **Success of referred cases is monitored by the Lead Agency. To date all eligible children have been able to find care.**
- iii. What is the plan to address the child care shortages using family child care homes? **CCS has two special needs child care assistance programs that may be accessible for eligible families that allow for a higher rate of reimbursement to be paid to a provider who is providing accommodations for a child with disabilities in their care. Use of the special needs CCA program helps financially support providers willing to provide accommodations for these children and ease the burden of providing those accommodations.**
- iv. What is the plan to address the child care shortages using child care centers? **CS has two special needs child care assistance programs that may be accessible for eligible families that allow for a higher rate of reimbursement to be paid to a provider who is providing accommodations for a child with disabilities in their care. Use of the special needs CCA program helps financially support providers willing to provide accommodations for these children and ease the burden of providing those accommodations.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: **The lead agency partners with the Helpline Center to offer child care referral support to South Dakota families. By collecting demographic data, including location details such as county and zip code, the lead agency is effectively pinpointing areas where child care accessibility might be lacking. This data-driven approach not only helps identify gaps but also aids in devising targeted solutions to address these issues. The Statewide implementation of the Quality Recognition and Information System (QRIS) will be a proactive step towards ensuring that families across the state have access to quality child care services, regardless of their geographic location. The Office of Licensing and Accreditation (OLA) has also developed a database to track counties in South Dakota that have no regulated child care or lack diversity in the availability of care options families may wish to choose from. OLA will evaluate the need for additional care options for each county as well as track progress made over this State Plan period.**
- b. Infants and toddlers. Describe: **The lead agency partners with the Helpline Center to offer child care referral support to South Dakota families. By collecting demographic data, including ages of children served, the lead agency is effectively pinpointing areas where child care accessibility might be lacking. This data-driven approach not only helps identify gaps but also aids in devising targeted solutions to address these issues. The Statewide implementation of the Quality Recognition and Information System (QRIS) will be a proactive step towards ensuring that families across the state have access to quality child care services, regardless of the ages of children served. Child Care identifies quality gaps**

often created due to higher teacher ratio requirements and lower provider income revenue and quality of infant and toddler services through The Statewide implementation of the Quality Rating and Information System will be a proactive step towards ensuring that families across the state have access to quality infant and toddler child care services. Participating providers will have the opportunity to receive funds to further enhance infant and toddler classroom environments or training for providers. To encourage smaller group sizes for infants and toddlers, a special rate is paid to registered family child care providers who care for six or fewer children. The special rate is available for children in care under age three. Providers can be reimbursed up to a maximum of 25% above the established county reimbursement rate (based on the 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.

- c. Children with disabilities. Describe: Child Care identifies gaps in the supply of child care for children with disabilities through partnerships with the Department of Human Services, which is responsible for disability services, and South Dakota Parent Connection, a resource and referral agency working with families of children with disabilities. When children with disabilities are identified by these partners, they are referred to Child Care Services (CCS). CCS works on an individualized basis to reach out and recruit providers able to meet the child's specific needs in their area. The Early Childhood Enrichment programs provide support to classroom teachers in providing care that addresses the child's specific needs in an inclusive setting. CCS has two special needs child care assistance programs that may be accessible for eligible families that allow for a higher rate of reimbursement to be paid to a provider who is providing accommodations for a child with disabilities in their care. Use of the special needs CCA program helps financially support providers willing to provide accommodations for these children and ease the burden of providing those accommodations.
- d. Children who receive care during non-traditional hours. Describe: The lead agency partners with the Helpline Center to offer child care referral support to South Dakota families. By collecting demographic data, including hours and days of care, including weekend care needed, the lead agency is effectively pinpointing areas where child care accessibility might be lacking. This data-driven approach not only helps identify gaps but also aids in devising targeted solutions to address these issues.

Implementing a new management information system that can collect data on all regulated child care providers, including their hours of operation, is a significant step forward for the Office of Licensing and Accreditation. This system will not only streamline data collection but also facilitate better matching between providers and families, ensuring that those in need of care outside of regular hours can find suitable options.

- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: Recognizing the need to support child care programs to address workforce issues that impact program's ability to utilize all available slots, the SD Early Childhood Enrichment (ECE) System provides a number of opportunities to break down barriers to support child care programs in meeting licensing regulations. Offering training in various formats, such as on-demand, live online, and in-person, caters to the diverse needs and schedules of child care providers. This flexibility makes it more accessible for providers to meet licensing requirements and enhance their practices. Additionally, on-site technical

assistance and coaching provide personalized support, allowing teachers to receive guidance tailored to their specific needs and challenges.

Scholarships are available to support child care providers in completing training toward the Child Development Associate (CDA) Credential and also to cover the assessment fee. Financial barriers often prevent individuals from accessing higher education and professional development opportunities. By offering scholarships to cover training costs and assessment fees, as well as the availability of articulation into higher education, the lead agency is not only investing in the professional growth of child care providers but also ultimately improving the quality of care for children. By supporting child care providers in meeting licensing requirements, improving their practices, and obtaining credentials, the ECE System is fostering a more qualified and capable workforce, which benefits both providers and the children they serve.

The collaboration between the South Dakota Early Childhood Enrichment (ECE) System, SD Educators Rising, and the SD Head Start Collaboration Office to offer free online Child Development Associate (CDA) training to juniors and seniors in school districts across the state provides a pathway into the ECE field. By providing access to CDA training at no cost, they are removing financial barriers and creating opportunities for aspiring early childhood educators to pursue their career goals. This early exposure can inspire and empower young individuals to make informed choices about their career paths while contributing to the professionalization of the early childhood education workforce.

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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.

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 access to high-quality programs. **Prioritizing support for programs serving a high number of children on child care assistance is a strategic approach by Child Care and the South Dakota Early Childhood Enrichment (ECE) System. By focusing resources where they are most needed, Child Care and SD ECE ensure that vulnerable families have access to high-quality early childhood education and care.**

The ECE system has worked directly with the Sisseton-Wahpeton tribe to provide Child Development Associate (CDA) training to support staff working in the Early Head Start and Head Start programs. In addition, the lead agency helped to establish an articulation agreement between the SD CDA Training Program and Sisseton-Wahpeton College to begin a pathway into the early childhood education associate degree program. This effort is a strategic step to support quality in the workforce for tribal child care programs in the Sisseton-Wahpeton tribe.

The South Dakota Quality Recognition and Information System (QRIS) promotes continuous quality improvement within early childhood programs. By providing a framework for assessment and goal setting, it empowers programs serving children of families experiencing poverty and unemployment to identify areas for improvement and work towards higher levels of quality. The inclusion of grant funds further incentivizes participation and supports programs in implementing

necessary changes to enhance their quality of care.

Child Care Services (CCS) invests in contracts with programs in two cities identified as having the greatest TANF participation to provide contracted slots. These slots are available for emergency/immediate use by families participating in the TANF work program. The availability of the slots helps to certify access for these families who may need to begin a TANF activity in order to meet participation goals but had limited time to identify child care arrangements. These contracts financially support those programs serving children of families experiencing poverty and unemployment in maintaining staff availability.

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to [Lead Agencies](#) to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, 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 by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each [Lead Agency](#) identifies and defines its own categories of care. OCC does not expect [Lead Agencies](#) to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: **Providers who are providing group care and supervision of children on a regular basis for part of a day as a supplement to regular parental care, with or without compensation including more than 12 children outside of a person's home is known as a child welfare agency.**

All center-based child care providers are licensed and must 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 a pre-license and annual inspection that verifies compliance with all standards.

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

- b. Identify the family child care providers subject to licensing: **Family child care providers receiving federal funds are required to be registered with the Department of Social Services.**

Registered Family Day Care providers are required to have 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 a pre-license and annual inspection that verifies compliance with all standards.

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

- c. Identify the in-home providers subject to licensing: **South Dakota does not require licensing for in-home providers. This is a license exempt option for providers interesting in serving CCDF family's child(ren).**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

☐ Yes. If yes, describe:

☒ No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **NA**
 - ii. Describe the 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. **NA**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **NA**
- b. License-exempt family child care. Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Informal (care provided for one family in the providers home) are eligible to receive CCDF payments and are required to meet all federal health and safety standards, orientation and on-going training, background checks and submit to a pre-license and annual inspection. The pre-license and annual inspection cover all items required in federal law. Informal providers must be at least 18 years of age.**
 - ii. Describe the 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. **Informal providers are limited in providing care to one CCDF family's child(ren).**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Informal 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 a pre-license and annual inspection. The pre-license and annual inspection cover all items required in federal law.**
- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **In-home providers (care provided for one family in the family home) are eligible to receive CCDF payments and are required to meet all federal health and safety standards, orientation and on-going training, background checks and submit to a pre-license and annual inspection. The pre-license and annual inspection cover all**

items required in federal law. In-home providers must be at least 18 years of age.

- ii. Describe the 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. **In-home providers are limited in providing care to one CCDF family's child(ren).**
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **In-home 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 a pre-license and annual inspection. The pre-license and annual inspection cover all items required in federal law.**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **A child from birth up to age one.**
- b. Toddler. Describe: **A child age one up to age three.**
- c. Preschool. Describe: **A child from ages three up to age five.**
- d. School-Age. Describe: **A child age five and older.**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:

- i. Infant.

Ratio: **1:5**

Group size: **Maximum group sizes are determined by individual room capacity and all space used must be approved for care by the department. Room capacity is determined in accordance with 35 square feet per child. Capacity for each room approved is provided in writing based on a floor plan review during the initial license process. In spaces where more than twenty children are allowed, providers shall identify which children each provider is responsible to supervise.**

- ii. Toddler.

Ratio: **1:5**

Group size: **Maximum group sizes are determined by individual room capacity and all space used must be approved for care by the department. Room capacity is determined in accordance with 35 square feet per child. Capacity for each room approved is provided in writing based on a floor plan review during the initial license process. In spaces where more than twenty children are allowed, providers shall identify which children each provider is responsible to supervise.**

iii. **Preschool.**

Ratio: 1:10

Group size: **Maximum group sizes are determined by individual room capacity and all space used must be approved for care by the department. Room capacity is determined in accordance with 35 square feet per child. Capacity for each room approved is provided in writing based on a floor plan review during the initial license process. In spaces where more than twenty children are allowed, providers shall identify which children each provider is responsible to supervise.**

iv. **School-Age.**

Ratio: 1:15

Group size: **Maximum group sizes are determined by individual room capacity and all space used must be approved for care by the department. Room capacity is determined in accordance with 35 square feet per child or 25 square feet per child for licensed school age programs (only cares for school age children). Capacity for each room approved is provided in writing based on a floor plan review during the initial license process. In spaces where more than twenty children are allowed, providers shall identify which children each provider is responsible to supervise.**

v. **Mixed-Age Groups (if applicable).**

Ratio: The provider shall ensure children to staff ratios are maintained in all settings, including large indoor and outdoor space.

Ratios for each age grouping are as follows: Infant 1:5; Toddler 1:5; Preschool 1:10; School Age 1:15.

Group size: **A program that serves twenty or fewer children, and routinely operates a mixed age group, shall meet a ratio of ten children to one staff. Each provider may care for a maximum of four children under the age of two, with no more than two children under the age of one.**

A center program that serves more than twenty children in a mixed age group, must:

- (1) Maintain a ratio of five children to one staff, if the group includes three or more children under the age of three; and**
- (2) In all other circumstances, maintain the children to staff ratio that is based on the age range of the majority of children in the group.**

Children of program employees must be included in determining the children to staff ratio.

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
- i. **[x]** Not applicable. There are no differences in ratios and group size requirements.
 - ii. Infant:
 - iii. Toddler:
 - iv. Preschool:
 - v. School-Age:
 - vi. Mixed-Age Groups:
- c. Licensed CCDF family child care home providers:
- i. Infant (if applicable)

Ratio: **If only one provider is present, no more than four of the children may be under the age of two years, and no more than three of those children may be under the age of one. If a family day care assistant is present, no more than eight children may be under the age of two**

Group size: **No more than 12 children of any age may be in care at any one time, regardless of the number of registered assistants present.**
 - ii. Toddler (if applicable)

Ratio: **If only one provider is present, no more than four of the children may be under the age of two years. If a child is between the ages of 2 and 3 years old the ratio is 1:12.**

Group size: **No more than 12 children of any age may be in care at any one time, regardless of the number of registered assistants present.**
 - iii. Preschool (if applicable)

Ratio: **1:12**

Group size: **No more than 12 children of any age may be in care at any one time, regardless of the number of registered assistants present.**
 - iv. School-Age (if applicable)

Ratio: **1:12**

Group size: **No more than 12 children of any age may be in care at any one time, regardless of the number of registered assistants present.**
 - v. Mixed-Age Groups

Ratio: **NA**

Group size: **NA**
- d. Are any of the responses above different for license-exempt family child care homes?

☒ No.

☐ Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served.

☐ Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **NA**

Group size: **NA**

ii. Toddler (if applicable)

Ratio: **NA**

Group size: **NA**

iii. Preschool (if applicable)

Ratio: **NA**

Group size: **NA**

iv. School-Age (if applicable)

Ratio: **NA**

Group size: **NA**

v. Mixed-Age Groups (if applicable)

Ratio: **NA**

Group size: **NA**

f. Are any of the responses above different for license-exempt in-home care?

☒ No.

☐ Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Child care teachers in centers shall be at least eighteen years of age and demonstrate and maintain the ability to provide care that attends to the child's physical growth and development and to the physical, emotional, cognitive, and social needs of the child, as determined by the department. There are no additional variations based on ages of children in care.**

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed: **The program administrator is the director or individual responsible for planning and implementing the program in a licensed child care or school-age program and must be at least eighteen years of age and:**

- (1) Have a bachelor's degree in a field of education or human development;
- (2) Have a two-year degree in early childhood education;
- (3) Have a Child Development Associate credential or comparable credential, as determined by the department;
- (4) Hold certification in a child learning philosophy and have at least one year of experience in a child care setting;
- (5) Have a child development technician diploma; or
- (6) Have four years of experience in a center or school-age program.

There are no additional variations based on ages of children in care.

- b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **All providers shall be at least eighteen years of age and demonstrate and maintain the ability to provide care that attends to the child's physical growth and development and to the physical, emotional, cognitive, and social needs of the child, as determined by the department. There are no additional variations based on ages of children in care.**

- c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **NA**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. **NA**
- b. License-exempt home-based child care. **A license exempt home-based informal provider shall be at least eighteen years old in order to qualify for child care assistance payments.**
- c. License-exempt in-home care (care in the child's own home). **A license exempt in-home provider shall be at least eighteen years old in order to qualify for child care assistance payments.**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs

receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Prevention and control of infectious disease standards help 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; individual storage unit or container for each child's personal articles; diaper change practices such as sanitation and handwashing; cleaning and sanitizing of toys and equipment; staff and child hand washing after using the restroom as well as before and after food handling; and immunization requirements as a condition of enrollment with the exception of homeless and foster children who are allowed more time when needed.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Prevention and control of infectious disease standards help 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; individual storage unit or container for each child's personal articles; diaper change practices such as sanitation and handwashing; cleaning and sanitizing of toys and equipment; provider and child hand washing after using the restroom as well as before and after food handling; and immunization requirements as a condition of enrollment with the exception of homeless and foster children who are allowed more time when needed.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Prevention and control of infectious disease standards help 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; provider and child handwashing after using the restroom as well as before and after food handling; and immunization requirements as a condition of enrollment except for homeless and foster children who are allowed more time when needed.**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Prevention and control of infectious disease standards help 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; provider and child hand washing after using the restroom as well as before and after food handling; and immunization requirements as a condition of enrollment except for homeless and foster children who are allowed more time when needed.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Prevention and control of infectious disease standards help 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; individual storage unit or container for each child's personal articles; staff and child hand washing after using the restroom as well as before and after food handling; and immunization requirements as a condition of enrollment except for homeless and foster children who are allowed more time when needed.
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Before a child may be admitted to a licensed child care center, the provider must require the child's parent or guardian to submit a statement, signed by a licensed physician, physician's assistant, certified nurse practitioner, or community health nurse, or an immunization record from the South Dakota Immunization Information System, showing that the child meets the minimum immunization requirements according to 45 C.F.R. § 98.41(a)(1)(i)(A), in effect on September 30, 2016.**
 The licensed center provider shall ensure that immunizations of all children are current.
 For children who begin the series late or are more than one month behind in immunizations, the documentation must show progress toward achieving immunization requirements, as determined by a licensed physician, or other licensed practitioner. A grace period may be approved by the department for a child experiencing homelessness or a child in foster care.

 A child is exempt from meeting the minimum age-specific immunization levels if:
 - (1) The child's parent or guardian has certification from a licensed physician, or other licensed practitioner, stating that the physical condition of the child is such that an immunization would endanger the child's life or health; or
 - (2) The child's parent or guardian has signed a written statement that the child is an adherent to a religious doctrine whose teachings are opposed to such immunizations.
 Children from a family experiencing homelessness or foster child placements are offered a grace period to comply with immunization and other health and safety

requirements. In SD, a two-week timeframe is set in policy from the date of enrollment for obtaining immunization records; however, there is flexibility if additional time is needed.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Before a child may be admitted to a registered family day care provider, the provider must require the child's parent or guardian to submit a statement, signed by a licensed physician, physician's assistant, certified nurse practitioner, or community health nurse, or an immunization record from the South Dakota Immunization Information System, showing that the child meets the minimum immunization requirements according to 45 C.F.R. § 98.41(a)(1)(i)(A), in effect on September 30, 2016.**

The family day care provider shall ensure that immunizations of all children are current.

For children who begin the series late or are more than one month behind in immunizations, the documentation must show progress toward achieving immunization requirements, as determined by a licensed physician, or other licensed practitioner. A grace period may be approved by the department for a child experiencing homelessness or a child in foster care.

A child is exempt from meeting the minimum age-specific immunization levels if:

- (1) The child's parent or guardian has certification from a licensed physician, or other licensed practitioner, stating that the physical condition of the child is such that an immunization would endanger the child's life or health; or
- (2) The child's parent or guardian has signed a written statement that the child is an adherent to a religious doctrine whose teachings are opposed to such immunizations.

Children from a family experiencing homelessness or foster child placements are offered a grace period to comply with immunization and other health and safety requirements. In SD, a two-week timeframe is set in policy from the date of enrollment for obtaining immunization records; however, there is flexibility if additional time is needed.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Before a child may be admitted to an informal provider's home, the provider must require the child's parent or guardian to submit a statement, signed by a licensed physician, physician's assistant, certified nurse practitioner, or community health nurse, or an immunization record from the South Dakota Immunization Information System, showing that the child meets the minimum immunization requirements according to 45 C.F.R. § 98.41(a)(1)(i)(A), in effect on September 30, 2016.**

The informal provider shall ensure that immunizations of all children are current. For children who begin the series late or are more than one month behind in

immunizations, the documentation must show progress toward achieving immunization requirements, as determined by a licensed physician, or other licensed practitioner. A grace period may be approved by the department for a child experiencing homelessness or a child in foster care.

A child is exempt from meeting the minimum age-specific immunization levels if:

- (1) The child's parent or guardian has certification from a licensed physician, or other licensed practitioner, stating that the physical condition of the child is such that an immunization would endanger the child's life or health; or
- (2) The child's parent or guardian has signed a written statement that the child is an adherent to a religious doctrine whose teachings are opposed to such immunizations.

Children from a family experiencing homelessness or foster child placements are offered a grace period to comply with immunization and other health and safety requirements. In SD, a two-week timeframe is set in policy from the date of enrollment for obtaining immunization records; however, there is flexibility if additional time is needed.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Before a child may be admitted to an in-home provider, the provider must require the parent has exemption on file. Children receiving care in their own homes, do not have other unrelated children present and cared for in the home by the provider; therefore, in accordance with 98 (a)(1)(i)(A) this category is exempt from the immunization requirement in South Dakota.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Before a child may be admitted to a licensed school age care provider, the provider must require the child's parent or guardian to submit a statement, signed by a licensed physician, physician's assistant, certified nurse practitioner, or community health nurse, or an immunization record from the South Dakota Immunization Information System, showing that the child meets the minimum immunization requirements according to 45 C.F.R. § 98.41(a)(1)(i)(A), in effect on September 30, 2016.**
The school age care provider shall ensure that immunizations of all children are current.

For children who begin the series late or are more than one month behind in immunizations, the documentation must show progress toward achieving immunization requirements, as determined by a licensed physician, or other licensed practitioner. A grace period may be approved by the department for a child experiencing homelessness or a child in foster care.

A child is exempt from meeting the minimum age-specific immunization levels if:

- (1) The child's parent or guardian has certification from a licensed physician, or other licensed practitioner, stating that the physical condition of the child is such that an immunization would endanger the child's life or health; or
- (2) The child's parent or guardian has signed a written statement that the child is an adherent to a religious doctrine whose teachings are opposed to such immunizations.

Children from a family experiencing homelessness or foster child placements are offered a grace period to comply with immunization and other health and safety requirements. In SD, a two-week timeframe is set in policy from the date of enrollment for obtaining immunization records; however, there is flexibility if additional time is needed.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Prevention of sudden infant death syndrome and use of safe-sleep practices standards help reduce the risk infant death during sleep. Standards included are: A nap mat, blanket, or other sleep surface, other than the floor, for children over one year of age must be available for each child during nap time. A sleep surface must be maintained in good repair. A provider shall follow the safe sleep practices contained in Caring for Our Children: National Health and Safety Performance Standards, 4th Edition, for infants under the age of one.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Prevention of sudden infant death syndrome and use of safe-sleep practices standards help reduce the risk infant death during sleep. Standards included are: A nap mat, blanket, or other sleep surface, other than the floor, for children over one year of age must be available for each child during nap time. A sleep surface must be maintained in good repair. A provider shall follow the safe sleep practices contained in Caring for Our Children: National Health and Safety Performance Standards, 4th Edition, for infants under the age of one.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Prevention of sudden infant death syndrome and use of safe-sleep practices standards help reduce the risk infant death during sleep. Standards included are: 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.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Prevention of sudden infant death syndrome and use of safe-sleep practices standards help reduce the risk infant death during sleep. Standards included are: 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.**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **There are no requirements related to safe sleep or SIDS for school age programs as they do not provide care for infants.**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Standards for medication administration include: Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication.**

The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired.

The provider shall document, in the child's record, any medication administered to a child and shall include the dose, the name of the child, the time and date administered, and the name of the person administering the medication. The documentation must be retained for at least six months and be made available to the child's parent upon request.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Standards for medication administration include: Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication.**

The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired.

The provider shall document, in the child's record, any medication administered to a child and shall include the dose, the name of the child, the time and date administered, and the name of the person administering the medication. The documentation must be retained for at least six months and be made available to the child's parent upon request.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Standards for medication administration include: Medications are to be kept inaccessible to children in care. Medications are to 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.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Standards for medication administration include: Medications are to be kept inaccessible to children in care. Medications are to 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.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Standards for medication administration include: Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication. The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired.**

The provider shall document, in the child's record, any medication administered to a child and shall include the dose, the name of the child, the time and date administered, and the name of the person administering the medication. The documentation must be retained for at least six months and be made available to the child's parent upon request.

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Standards for obtaining parental permission to administer medication include: Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication. The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Standards for obtaining parental permission to administer medication include: Before any medication is administered to a child, permission of the parent or guardian must**

be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication. The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x]Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Standards for obtaining parental permission to administer medication include: A signed permission to administer medication is required by the child's parent prior to administering medication.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Standards for obtaining parental permission to administer medication include: A signed permission to administer medication is required by the child's parent prior to administering medication.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Standards for obtaining parental permission to administer medication include: Before any medication is administered to a child, permission of the parent or guardian must be documented and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication. The medication must be provided by the parent and kept in the original container, with the original label. The label for a prescription medication must contain the child's name, the amount and frequency of dosage, the expiration date, the physician or other licensed practitioner's name, and instructions for storage. The medication must be returned to the parent when no longer needed or expired.**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Prevention of emergencies due to food and allergic reactions standards included are: A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Prevention of emergencies due to food and allergic reactions standards included are: A provider shall have a written care plan for each child who has a known food**

allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Prevention of emergencies due to food and allergic reactions standards included are: 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.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Prevention of emergencies due to food and allergic reactions standards included are: 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.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Prevention of emergencies due to food and allergic reactions standards included are: A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Response to emergencies due to food and allergic reactions standards included are: A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Response to emergencies due to food and allergic reactions standards included are: A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

Response to emergencies due to food and allergic reactions standards included are: 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.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Response to emergencies due to food and allergic reactions standards included are: 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.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Response to emergencies due to food and allergic reactions standards included are: A provider shall have a written care plan for each child who has a known food allergy. The plan must contain instructions regarding any food allergens, steps to be taken to avoid that food, and a detailed treatment plan to be implemented if the child has an allergic reaction.**

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Licensed center standards for building and physical premises safety, including the identification of and protection from hazards are as follows:**
Building requirements include: All walls, ceilings, floors, and equipment must be easily cleanable, kept clean, and in good repair. Heating and cooling systems must maintain a temperature between sixty-five degrees Fahrenheit and seventy-five degrees Fahrenheit. For a child care center all heating and cooling systems must be inspected annually, by a certified technician. Food preparation areas, including tables and countertops, must be made of a smooth, nonporous material, kept clean and sanitized, be free of cracks, and be in good repair. Center programs, in which more than twenty children are cared for, must provide a ventilation hood over all cooking areas. The hood must be appropriate for the type of appliance and intended use, as required in § 61:15:01:01.
Playground requirements include: Playgrounds for all child care settings must be safe, in good repair, and free of debris, trash, and weeds. Playground equipment must be installed according to the manufacturer's instructions and maintained in good repair. For a center program, a fence that measures at least four feet high is required around the center's outdoor play space.
Construction and fire safety requirements include: Center programs operating outside of a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:05 and 61:15:06. These are specific SD Fire code requirements for buildings occupying children for the purposes of child care.
Hazardous conditions requirements include:

The following must be inaccessible to a child:

- (1) Firearms;
- (2) Pellet guns, BB guns, and cap guns;
- (3) Matches and lighters;
- (4) Tobacco products;
- (5) Choking and strangulation hazards;
- (6) Items capable of being pulled or tipped onto a child;
- (7) A platform measuring more than thirty inches above ground level, unless surrounded by a railing that is at least thirty-six inches tall with no more than five inches between openings; and
- (8) Other hazardous condition as identified by the department.

The department may direct a provider to remove or correct a hazardous condition or circumstance not covered in this chapter, if the department considers the conditions or circumstances to have the potential to cause injury or illness to the children in care.

Electrical outlet requirements include: For center programs, unused electrical outlets must have a self-closing outlet cover or tamper-resistant cover.

These regulations are aimed at ensuring a safe and secure environment for children in the licensed center setting, covering various aspects of physical safety and cleanliness.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family Child Care standards for building and physical premises safety, including the identification of and protection from hazards are as follows:**
 - Smoke Detectors:** Each level of the home must have a working smoke detector.
 - Fire Extinguisher:** A fully charged, portable fire extinguisher with a minimum 2A rating must be kept in or within fifteen feet of the kitchen or food preparation area.
 - Carbon Monoxide Detector:** If there's a fuel-burning appliance in the home, a carbon monoxide detector must be installed according to the manufacturer's instructions.
 - Exits:** Each level of the home must have at least two remote exits that remain clear of obstructions. One exit must be a standard-sized door, and the other can be either a standard-sized door or an unobstructed, operable window with specific size requirements.
 - Heater/Stove/Fireplace Safety:** Portable space heaters, wood-burning stoves, or fireplaces must be inaccessible to children when in use.
 - Inaccessibility of Hazardous Items:** Firearms, ammunition, matches, lighters, and archery equipment must be kept inaccessible to children.
 - Storm Windows and Screens:** Storm windows and screens should be easily opened to facilitate evacuation in case of a fire.
 - Doors and Windows Maintenance:** Doors and windows must be in good repair.
 - Electrical Outlet Safety:** Electrical wall outlets are to be covered using a plug, tamper resistant cover or made inaccessible to children.
 - Cleanliness:** The home must be clean and free of litter and rubbish.

Food Preparation Area Hygiene: Food storage and preparation areas must be clean.

Appropriate Temperature: The temperature of the home is to be maintained between 65-75 degrees Fahrenheit.

These regulations are aimed at ensuring a safe and secure environment for children in the registered family child care setting, covering various aspects of physical safety and cleanliness.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

License exempt family child care home standards for building and physical premises safety, including the identification of and protection from hazards are as follows:

Inaccessibility of Hazardous Items: Firearms, ammunition, matches, lighters, and archery equipment must be kept inaccessible to children.

Storm Windows and Screens: Storm windows and screens should be easily opened to facilitate evacuation in case of a fire.

Doors and Windows Maintenance: Doors and windows must be in good repair.

Electrical Outlet Safety: Electrical wall outlets should be covered when children under the age of 4 are in care.

Ventilation for Fuel-fired Room Heaters: Fuel-fired room heaters must be vented to the outside.

Cleanliness: The home must be clean and free of litter and rubbish.

Food Preparation Area Hygiene: Food storage and preparation areas must be clean.

Appropriate Temperature: The temperature of the home should be appropriate to meet the needs of children in care.

These regulations are aimed at ensuring a safe and secure environment for children in the license exempt informal family day care setting, covering various aspects of physical safety and cleanliness.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License**

exempt in-home care standards for building and physical premises safety, including the identification of and protection from hazards are as follows:

Inaccessibility of Hazardous Items: Firearms, ammunition, matches, lighters, and archery equipment must be kept inaccessible to children.

Storm Windows and Screens: Storm windows and screens should be easily opened to facilitate evacuation in case of a fire.

Doors and Windows Maintenance: Doors and windows must be in good repair.

Electrical Outlet Safety: Electrical wall outlets should be covered when children under the age of 4 are in care.

Ventilation for Fuel-fired Room Heaters: Fuel-fired room heaters must be vented to the outside.

Cleanliness: The home must be clean and free of litter and rubbish.

Food Preparation Area Hygiene: Food storage and preparation areas must be

clean.

Appropriate Temperature: The temperature of the home should be appropriate to meet the needs of children in care.

These regulations are aimed at ensuring a safe and secure environment for children in the license exempt in-home care setting, covering various aspects of physical safety and cleanliness.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed school age program standards for building and physical premises safety, including the identification of and protection from hazards are as follows:**

Building requirements include: All walls, ceilings, floors, and equipment must be easily cleanable, kept clean, and in good repair. Heating and cooling systems must maintain a temperature between sixty-five degrees Fahrenheit and seventy-five degrees Fahrenheit. For a school age program all heating and cooling systems must be inspected annually, by a certified technician. Food preparation areas, including tables and countertops, must be made of a smooth, nonporous material, kept clean and sanitized, be free of cracks, and be in good repair. School age programs, in which more than twenty children are cared for, must provide a ventilation hood over all cooking areas. The hood must be appropriate for the type of appliance and intended use, as required in § 61:15:01:01.

Playground requirements include: Playgrounds for all child care settings must be safe, in good repair, and free of debris, trash, and weeds. Playground equipment must be installed according to the manufacturer's instructions and maintained in good repair. For a school age program, a fence that measures at least forty-two inches high may be required to separate the outdoor play space, if the department determines a body of water, vehicular traffic, or other hazard poses a risk of injury or death to a child.

Construction and fire safety requirements include: School age programs operating outside of a school building shall follow applicable construction and fire safety requirements, as outlined in chapters 61:15:05 and 61:15:06. **School-age Programs Operating in a School Building:** Follow applicable construction and fire safety requirements outlined in ARSD chapters 61:15:01, 61:15:02, and 61:15:07.

Hazardous conditions requirements include:

The following must be inaccessible to a child:

- (1) Firearms;
- (2) Pellet guns, BB guns, and cap guns;
- (3) Matches and lighters;
- (4) Tobacco products;
- (5) Choking and strangulation hazards;
- (6) Items capable of being pulled or tipped onto a child;
- (7) A platform measuring more than thirty inches above ground level, unless surrounded by a railing that is at least thirty-six inches tall with no more than five inches between openings; and
- (8) Other hazardous condition as identified by the department.

The department may direct a provider to remove or correct a hazardous condition or circumstance not covered in this chapter, if the department considers the conditions or circumstances to have the potential to cause injury or illness to the

children in care.

Electrical outlet requirements include: For school age programs, unused electrical outlets must have a self-closing outlet cover or tamper-resistant cover.

These regulations are aimed at ensuring a safe and secure environment for children in the licensed school age program setting, covering various aspects of physical safety and cleanliness.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Licensed center standards for the identification of and protection from bodies of water are as follows:**
A provider shall meet the following water safety requirements:
 - (1) If an outdoor swimming pool is on the premises, it must be emptied after each use or enclosed with a five-foot fence and a self-closing, latching gate that can be locked while not in use;
 - (2) If an indoor swimming pool is on the premises, it must have an access door that restricts entry;
 - (3) A child may not play in an area where there is a body of water, unless the provider can see and hear the child, and is close enough to intervene, at all times; and
 - (4) A hot tub must be securely covered.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family child care home standards for the identification of and protection from bodies of water are as follows:**
A provider shall meet the following water safety requirements:
 - (1) If an outdoor swimming pool is on the premises, it must be emptied after each use or enclosed with a five-foot fence and a self-closing, latching gate that can be locked while not in use;
 - (2) If an indoor swimming pool is on the premises, it must have an access door that restricts entry;
 - (3) A child may not play in an area where there is a body of water, unless the provider can see and hear the child, and is close enough to intervene, at all times; and
 - (4) A hot tub must be securely covered.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Informal child care provider standards for the identification of and protection from bodies of water are as follows:**
A provider shall meet the following water safety requirements:
 - (1) If an outdoor swimming pool is on the premises, it must be emptied after

each use or enclosed with a five-foot fence and a self-closing, latching gate that can be locked while not in use;

(2) If an indoor swimming pool is on the premises, it must have an access door that restricts entry;

(3) A child may not play in an area where there is a body of water, unless the provider can see and hear the child, and is close enough to intervene, at all times; and

(4) A hot tub must be securely covered.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **In-home care provider standards for the identification of and protection from bodies of water** are as follows:

A provider shall meet the following water safety requirements:

(1) If an outdoor swimming pool is on the premises, it must be emptied after each use or enclosed with a five-foot fence and a self-closing, latching gate that can be locked while not in use;

(2) If an indoor swimming pool is on the premises, it must have an access door that restricts entry;

(3) A child may not play in an area where there is a body of water, unless the provider can see and hear the child, and is close enough to intervene, at all times; and

(4) A hot tub must be securely covered.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed school age program standards for the identification of and protection from bodies of water** are as follows:

A provider shall meet the following water safety requirements:

(1) If an outdoor swimming pool is on the premises, it must be emptied after each use or enclosed with a five-foot fence and a self-closing, latching gate that can be locked while not in use;

(2) If an indoor swimming pool is on the premises, it must have an access door that restricts entry;

(3) A child may not play in an area where there is a body of water, unless the provider can see and hear the child, and is close enough to intervene, at all times; and

(4) A hot tub must be securely covered.

- c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Licensed center standards for the identification of and protection from vehicular traffic hazards** are as follows:

A fence that measures at least four feet high is required around the center's outdoor play space.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Family**

Child Care home standards for the identification of and protection from vehicular traffic hazards are as follows:

A fence measuring at least forty-two inches high may be required to separate the outdoor play space if there's a risk of injury or death due to vehicular traffic or other hazards determined by the department.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

Informal child care standards for the identification of and protection from vehicular traffic hazards are as follows:

A fence measuring at least forty-two inches high may be required to separate the outdoor play space if there's a risk of injury or death due to vehicular traffic or other hazards determined by the department.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **In-home provider standards for the identification of and protection from vehicular traffic hazards are as follows:**

A fence measuring at least forty-two inches high may be required to separate the outdoor play space if there's a risk of injury or death due to vehicular traffic or other hazards determined by the department.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **School Age program standards for the identification of and protection from vehicular traffic hazards are as follows:**
A fence measuring at least forty-two inches high may be required to separate the outdoor play space if there's a risk of injury or death due to vehicular traffic or other hazards determined by the department.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Prevention of shaken baby syndrome and abusive head trauma standards included are: Behavior management strategies must offer limits, with positive guidance and direction, to help a child develop self-control and respect for the rights of others, be appropriate to a child's age and developmental level, and include strategies to prevent shaken baby syndrome and abusive head trauma.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Prevention of shaken baby syndrome and abusive head trauma standards included are: Behavior management strategies must offer limits, with positive guidance and direction, to help a child develop self-control and respect for the rights of others, be appropriate to a child's age and developmental level, and**

- include strategies to prevent shaken baby syndrome and abusive head trauma.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - ☒ Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Prevention of shaken baby syndrome and abusive head trauma standards included are: License exempt informal providers are prohibited from using physical, humiliating, or frightening punishment such as spanking, shaking, or hitting a child.
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Prevention of shaken baby syndrome and abusive head trauma standards included are: License exempt in-home providers are prohibited from using physical, humiliating, or frightening punishment such as spanking, shaking, or hitting a child.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Prevention of shaken baby syndrome and abusive head trauma standards included are: Behavior management strategies must offer limits, with positive guidance and direction, to help a child develop self-control and respect for the rights of others, be appropriate to a child's age and developmental level, and include strategies to prevent shaken baby syndrome and abusive head trauma.**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Prevention of child maltreatment standards include:**
Meeting Child's Needs: Providers must address the physical, social, emotional, and cognitive needs of each child in their care.
Behavior Management Strategies: Providers must develop procedures for implementing behavior management strategies that cater to the individual needs of the child.
Limitations on Delegation: Behavior management strategies cannot be delegated to older children or peers.
Supervision during Separation: If separation is used as a behavior management strategy, it must be within sight or hearing of the provider.
Prohibited Discipline Techniques: The following methods of discipline are prohibited:
Spanking, hitting, pinching, biting, shaking, or any other form of physical punishment.
Verbal abuse, shouting, threats, humiliation, or derogatory remarks about the child or their family.
Restriction of movement or confinement.
Isolating a child in a place where they cannot be seen or supervised.
Punishment related to toilet training.
Withholding or forcing of meals, snacks, naps, or outdoor time as a means of

behavior correction.

Demanding excessive physical exercise or rest.

Placing substances in a child's mouth to cause discomfort, such as soap, food, or spices.

Additionally, it's stated explicitly that a parent working at the program may not use prohibited discipline techniques on their own child. These regulations aim to ensure the safety and well-being of children in childcare settings, promoting positive behavior management practices and prohibiting harmful disciplinary methods.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard:
Prevention of child maltreatment standards include:
Meeting Child's Needs: Providers must address the physical, social, emotional, and cognitive needs of each child in their care.
Behavior Management Strategies: Providers must develop procedures for implementing behavior management strategies that cater to the individual needs of the child.
Limitations on Delegation: Behavior management strategies cannot be delegated to older children or peers.
Supervision during Separation: If separation is used as a behavior management strategy, it must be within sight or hearing of the provider.
Prohibited Discipline Techniques: The following methods of discipline are prohibited:
Spanking, hitting, pinching, biting, shaking, or any other form of physical punishment.
Verbal abuse, shouting, threats, humiliation, or derogatory remarks about the child or their family.
Restriction of movement or confinement.
Isolating a child in a place where they cannot be seen or supervised.
Punishment related to toilet training.
Withholding or forcing of meals, snacks, naps, or outdoor time as a means of behavior correction.
Demanding excessive physical exercise or rest.
Placing substances in a child's mouth to cause discomfort, such as soap, food, or spices.
Additionally, it's stated explicitly that a parent working at the program may not use prohibited discipline techniques on their own child. These regulations aim to ensure the safety and well-being of children in childcare settings, promoting positive behavior management practices and prohibiting harmful disciplinary methods.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Prevention of child maltreatment standards include: License exempt informal providers are prohibited from using physical, humiliating, or frightening

punishment such as spanking, shaking, or hitting a child.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Prevention of child maltreatment standards include: License exempt in-home providers are prohibited from using physical, humiliating, or frightening punishment such as spanking, shaking, or hitting a child.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Prevention of child maltreatment standards include: Meeting Child's Needs: Providers must address the physical, social, emotional, and cognitive needs of each child in their care. Behavior Management Strategies: Providers must develop procedures for implementing behavior management strategies that cater to the individual needs of the child. Limitations on Delegation: Behavior management strategies cannot be delegated to older children or peers. Supervision during Separation: If separation is used as a behavior management strategy, it must be within sight or hearing of the provider. Prohibited Discipline Techniques: The following methods of discipline are prohibited: Spanking, hitting, pinching, biting, shaking, or any other form of physical punishment. Verbal abuse, shouting, threats, humiliation, or derogatory remarks about the child or their family. Restriction of movement or confinement. Isolating a child in a place where they cannot be seen or supervised. Punishment related to toilet training. Withholding or forcing of meals, snacks, naps, or outdoor time as a means of behavior correction. Demanding excessive physical exercise or rest. Placing substances in a child's mouth to cause discomfort, such as soap, food, or spices. Additionally, it's stated explicitly that a parent working at the program may not use prohibited discipline techniques on their own child. These regulations aim to ensure the safety and well-being of children in childcare settings, promoting positive behavior management practices and prohibiting harmful disciplinary methods.**

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. ☒ Evacuation
- ii. ☒ Relocation
- iii. ☒ Shelter-in-place
- iv. ☒ Lock down
- v. Staff emergency preparedness

- ☒ Training
 - ☒ Practice drills
- vi. Volunteer emergency preparedness
 - ☒ Training
 - ☒ Practice drills
- vii. ☒ Communication with families
- viii. ☒ Reunification with families
- ix. ☒ Continuity of operations
- x. Accommodation of
 - ☒ Infants
 - ☒ Toddlers
 - ☒ Children with disabilities
 - ☒ Children with chronic medical conditions
- xi. If any of the above are not checked, describe:

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **For licensed centers, all toxic or hazardous substances must be:**
 - (1) Inaccessible to children;
 - (2) Used according to manufacturer's instructions;
 - (3) Stored in the original or other labeled container; and
 - (4) Disposed of according to manufacturer recommendations.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The standards for handling and storage of toxic materials includes the following: For licensed family child care homes, all toxic or hazardous substances must be:**
 - (1) Inaccessible to children;
 - (2) Used according to manufacturer's instructions.
 - (3) Stored in the original or other labeled container; and
 - (4) Disposed of according to manufacturer recommendations.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - ☒ Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard:

For license-exempt informal provider care, all toxic or hazardous substances must be:

- (1) Inaccessible to children;
- (2) Used according to manufacturer's instructions;
- (3) Stored in the original or other labeled container; and
- (4) Disposed of according to manufacturer recommendations.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **For license-exempt in-home providers, all toxic or hazardous substances must be:**

- (1) Inaccessible to children;
- (2) Used according to manufacturer's instructions;
- (3) Stored in the original or other labeled container; and
- (4) Disposed of according to manufacturer recommendations.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For school age programs, all toxic or hazardous substances must be:**

- (1) Inaccessible to children;
- (2) Used according to manufacturer's instructions;
- (3) Stored in the original or other labeled container; and
- (4) Disposed of according to manufacturer recommendations.

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **For licensed center care, bio-contaminants must be handled and disposed of properly.**

Soiled diapers must be changed promptly, in a designated area, on a non-porous surface. The diaper changing area must be clean and disinfected with a sanitizing solution approved by the department. Soiled diapers must be kept in a leakproof, nonabsorbent container that is covered with a tight-fitting lid.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed family child care homes, bio-contaminants must be handled and disposed of properly.**

Soiled diapers must be changed promptly, in a designated area, on a non-porous surface. The diaper changing area must be clean and disinfected with a sanitizing solution approved by the department. Soiled diapers must be kept in a leakproof, nonabsorbent container that is covered with a tight-fitting lid.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **For license exempt informal providers, bio-contaminants must be handled and disposed of properly.**

Soiled diapers must be changed promptly, in a designated area, on a non-porous surface. The diaper changing area must be clean and disinfected with a sanitizing solution approved by the department. Soiled diapers must be kept in a leakproof, nonabsorbent container that is covered with a tight-fitting lid.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **For license exempt in-home providers, bio-contaminants must be handled and disposed of properly.**
Soiled diapers must be changed promptly, in a designated area, on a non-porous surface. The diaper changing area must be clean and disinfected with a sanitizing solution approved by the department. Soiled diapers must be kept in a leakproof, nonabsorbent container that is covered with a tight-fitting lid.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **For school age programs, bio-contaminants must be handled and disposed of properly.**
If applicable, soiled diapers must be changed promptly, in a designated area, on a non-porous surface. The diaper changing area must be clean and disinfected with a sanitizing solution approved by the department. Soiled diapers must be kept in a leakproof, nonabsorbent container that is covered with a tight-fitting lid.

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **The standards for precautions in transporting children includes the following:**
 - (1) A parent or guardian shall provide written permission for the transportation of their child;
 - (2) The vehicle may not carry more people than its passenger capacity, as stated on the label affixed to the vehicle under 49 C.F.R. Parts 567 and 568, in effect on March 9, 2022;
 - (3) The required staff-child ratio must be maintained when children are being transported;
 - (4) The driver must be at least eighteen years of age and have a driver license to operate the vehicle being driven;
 - (5) When a child is being transported in a vehicle other than a bus, the child must be restrained in a car seat, booster seat, or seat belt appropriate for the child's weight and age; and
 - (6) Proof of liability insurance must be provided to the department, upon request, for any vehicle used for transporting children.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The standards for precautions in transporting children includes the following:**
 - (1) A parent or guardian shall provide written permission for the transportation of their child;
 - (2) The vehicle may not carry more people than its passenger capacity, as stated on the label affixed to the vehicle under 49 C.F.R. Parts 567 and 568, in effect on March 9, 2022;

- (3) The required staff-child ratio must be maintained when children are being transported;
- (4) The driver must be at least eighteen years of age and have a driver license to operate the vehicle being driven;
- (5) When a child is being transported in a vehicle other than a bus, the child must be restrained in a car seat, booster seat, or seat belt appropriate for the child's weight and age; and
- (6) Proof of liability insurance must be provided to the department, upon request, for any vehicle used for transporting children. A parent or guardian shall provide written permission for the transportation of their child.

iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **It's important for all informal providers to adhere to state laws concerning the transportation of children to ensure their safety while in transit. Here are some key points related to transporting children:**

Vehicle Capacity: informal providers must ensure that the number of children transported does not exceed the vehicle's passenger capacity. This is essential for the safety and comfort of all passengers.

Safety Belt Requirement: Each passenger must have access to a safety belt, and these belts should not be shared. Sharing belts can lead to serious injuries, especially in the event of a crash.

Child Passenger Safety Seats: Children under 40 pounds must be transported in a child passenger safety seat. This is crucial for protecting young children in the event of a collision.

Seat Belt Laws: Providers must comply with South Dakota laws regarding seat belt usage, as outlined in SDCL 32-37-1 and 32-37-1.1. These laws require that:

Children under five years of age must be properly secured in a child passenger restraint while being transported on streets and highways.

If a child under five years of age weighs at least forty pounds, they can be secured with a seat belt.

Passengers aged five to eighteen years must wear properly adjusted and fastened safety seat belts.

Adhering to these laws and regulations is essential for ensuring the safety and well-being of children while they are being transported by informal child care

providers.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **It's important for all in-home providers to adhere to state laws concerning the transportation of children to ensure their safety while in transit. Here are some key points related to transporting children:**

Vehicle Capacity: In-home providers must ensure that the number of children transported does not exceed the vehicle's passenger capacity. This is essential for the safety and comfort of all passengers.

Safety Belt Requirement: Each passenger must have access to a safety belt, and these belts should not be shared. Sharing belts can lead to serious injuries, especially in the event of a crash.

Child Passenger Safety Seats: Children under 40 pounds must be transported in a child passenger safety seat. This is crucial for protecting young children in the event of a collision.

Seat Belt Laws: Providers must comply with South Dakota laws regarding seat belt usage, as outlined in SDCL 32-37-1 and 32-37-1.1. These laws require that:

Children under five years of age must be properly secured in a child passenger restraint while being transported on streets and highways.

If a child under five years of age weighs at least forty pounds, they can be secured with a seat belt.

Passengers aged five to eighteen years must wear properly adjusted and fastened safety seat belts.

Adhering to these laws and regulations is essential for ensuring the safety and well-being of children while they are being transported by in-home child care providers.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The standards for precautions in transporting children includes the following:**
- (1) A parent or guardian shall provide written permission for the transportation of their child;**
 - (2) The vehicle may not carry more people than its passenger capacity, as stated on the label affixed to the vehicle under 49 C.F.R. Parts 567 and 568, in effect on March 9, 2022;**
 - (3) The required staff-child ratio must be maintained when children are being transported;**
 - (4) The driver must be at least eighteen years of age and have a driver license to operate the vehicle being driven;**

- (5) When a child is being transported in a vehicle other than a bus, the child must be restrained in a car seat, booster seat, or seat belt appropriate for the child's weight and age; and
- (6) Proof of liability insurance must be provided to the department, upon request, for any vehicle used for transporting children. A parent or guardian shall provide written permission for the transportation of their child.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Pediatric first aid for all staff standards include: All licensed center providers shall within ninety days after the date of employment and prior to caring for children without supervision, complete training in each of the orientation topics outlined in ARSD 67:42:17:17. Pediatric first aid is a training topic required under this rule requirement. The supervisor shall have completed their pediatric first aid training prior to an initial license issued by the Department. First aid training is required every five years.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Pediatric first aid for all staff standards include: All licensed family child care providers complete training in each of the orientation topics outlined in ARSD 67:42:17:17 prior to receiving CCDF funding or an initial license issued by the Department. Pediatric first aid is a training topic required under this rule requirement. First aid training is required every five years.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Pediatric first aid for all staff standards include: All license exempt informal providers must have pediatric first aid on file with the Department before receiving payment for care of the child(ren) of the family eligible for CCDF. First aid training is required every five years.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Pediatric first aid for all staff standards include: All license exempt in-home providers must have pediatric first aid on file with the Department before receiving payment for care of the child(ren) of the family eligible for CCDF. First aid training is required every five years.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Pediatric first aid for all staff standards include: All out-of-school program providers shall within ninety days after the date of employment and prior to caring for children without supervision, complete training in each of the orientation topics outlined in ARSD 67:42:17:17. Pediatric first aid is a training topic required under this rule requirement. The supervisor**

shall have completed their pediatric first aid training prior to an initial license issued by the Department. First aid training is required every five years.

- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Pediatric cardiopulmonary resuscitation for all staff standards include: All licensed center providers must be certified in pediatric cardiopulmonary resuscitation (CPR). The certification must include a hands-on skills test. A provider shall work under supervision until the provider has completed the training required by this section. The supervisor shall be certified in pediatric cardiopulmonary resuscitation prior to an initial license issued by the Department. CPR certification is to remain current.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Pediatric cardiopulmonary resuscitation for all staff standards include: All licensed family day care providers must be certified in pediatric cardiopulmonary resuscitation (CPR). The certification must include a hands-on skills test. A provider must have documentation of certification on file prior to receiving CCDF funds or an initial license issued by the Department. CPR certification is to remain current.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Pediatric cardiopulmonary resuscitation for all staff standards include: All license exempt informal providers must have pediatric CPR certification on file with the Department before receiving payment for care of the child(ren) of the family eligible for CCDF. CPR certification is to remain current**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Pediatric cardiopulmonary resuscitation for all staff standards include: All license exempt in-home providers must have pediatric CPR certification on file with the Department before receiving payment for care of the child(ren) of the family eligible for CCDF. CPR certification is to remain current.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Pediatric cardiopulmonary resuscitation for all staff standards include: All licensed out-of-school program providers must be certified in pediatric cardiopulmonary resuscitation (CPR). The certification must include a hands-on skills test. A provider shall work under supervision until the provider has completed the training required by this section. The supervisor shall be certified in pediatric cardiopulmonary resuscitation prior to an initial license issued by the Department. CPR certification is to remain current.**

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that

address the identification of child abuse and neglect for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Identification of child abuse and neglect standards include: The State of South Dakota mandates that all center child care providers undergo training on the recognition and reporting of child abuse and neglect. Here are the key points regarding this requirement:**
Mandatory Training: Child care providers in South Dakota are required to obtain training on the recognition and reporting of child abuse and neglect.
Timing of Training: This training is included in the orientation training required within the first 90 days of employment for child care providers.
Content of Training: The training specifically focuses on providing information on the identification of child abuse and neglect. This includes signs and symptoms of abuse, reporting procedures, and legal obligations.
By ensuring that child care providers receive training on recognizing and reporting child abuse and neglect, the State aims to protect children from harm and ensure that appropriate actions are taken if abuse or neglect is suspected. This requirement reflects a commitment to safeguarding the welfare of children in child care settings.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Identification of child abuse and neglect standards include: The State of South Dakota mandates that all state licensed family child care providers undergo training on the recognition and reporting of child abuse and neglect. Here are the key points regarding this requirement:**
Mandatory Training: Child care providers in South Dakota are required to obtain training on the recognition and reporting of child abuse and neglect.
Timing of Training: This training is included in the orientation training required prior to caring for children.
Content of Training: The training specifically focuses on providing information on the identification of child abuse and neglect. This includes signs and symptoms of abuse, reporting procedures, and legal obligations.
By ensuring that child care providers receive training on recognizing and reporting child abuse and neglect, the State aims to protect children from harm and ensure that appropriate actions are taken if abuse or neglect is suspected. This requirement reflects a commitment to safeguarding the welfare of children in child care settings.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Identification of child abuse and neglect standards include: The State of South Dakota mandates that all license-exempt family child care providers undergo training on the recognition and reporting of child abuse and neglect. Here are the key points regarding this requirement:**
Mandatory Training: Child care providers in South Dakota are required to obtain training on the recognition and reporting of child abuse and neglect.

Timing of Training: This training is included in the orientation training required prior to caring for children.

Content of Training: The training specifically focuses on providing information on the identification of child abuse and neglect. This includes signs and symptoms of abuse, reporting procedures, and legal obligations.

By ensuring that child care providers receive training on recognizing and reporting child abuse and neglect, the State aims to protect children from harm and ensure that appropriate actions are taken if abuse or neglect is suspected. This requirement reflects a commitment to safeguarding the welfare of children in child care settings.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard:
Identification of child abuse and neglect standards include: The State of South Dakota mandates that all license-exempt in-home providers undergo training on the recognition and reporting of child abuse and neglect. Here are the key points regarding this requirement:
Mandatory Training: Child care providers in South Dakota are required to obtain training on the recognition and reporting of child abuse and neglect.
Timing of Training: This training is included in the orientation training required prior to caring for children.
Content of Training: The training specifically focuses on providing information on the identification of child abuse and neglect. This includes signs and symptoms of abuse, reporting procedures, and legal obligations.
By ensuring that child care providers receive training on recognizing and reporting child abuse and neglect, the State aims to protect children from harm and ensure that appropriate actions are taken if abuse or neglect is suspected. This requirement reflects a commitment to safeguarding the welfare of children in child care settings.
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Identification of child abuse and neglect standards include:** The State of South Dakota mandates that all licensed school age program providers undergo training on the recognition and reporting of child abuse and neglect. Here are the key points regarding this requirement:
Mandatory Training: Child care providers in South Dakota are required to obtain training on the recognition and reporting of child abuse and neglect.
Timing of Training: This training is included in the orientation training required prior to caring for children.
Content of Training: The training specifically focuses on providing information on the identification of child abuse and neglect. This includes signs and symptoms of abuse, reporting procedures, and legal obligations.
By ensuring that child care providers receive training on recognizing and reporting child abuse and neglect, the State aims to protect children from harm and ensure that appropriate actions are taken if abuse or neglect is suspected. This requirement reflects a commitment to safeguarding the welfare of children in child care settings.

- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Reporting of child abuse and neglect standards include: A child care provider shall immediately report any suspected abuse or neglect of a child to child protective services, law enforcement, or the States Attorney's office, and cooperate fully in the investigation of any incident.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Reporting of child abuse and neglect standards include: A child care provider shall immediately report any suspected abuse or neglect of a child to child protective services, law enforcement, or the States Attorney's office, and cooperate fully in the investigation of any incident.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Reporting of child abuse and neglect standards include: Suspicions of child abuse and neglect are immediately reported to the Department of Social Services at 1-877-244-0864, law enforcement, or the State's Attorney.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Reporting of child abuse and neglect standards include: Suspicions of child abuse and neglect are immediately reported to the Department of Social Services at 1-877-244-0864, law enforcement, or the State's Attorney.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Reporting of child abuse and neglect standards include: A child care provider shall immediately report any suspected abuse or neglect of a child to child protective services, law enforcement, or the States Attorney's office, and cooperate fully in the investigation of any incident.**
- c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):
☒ Yes, confirmed.
☐ No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **Nutrition standards include: Providers shall post a weekly menu that indicates meals and snacks to be served that week. An**

infant shall be fed according to the infant's schedule. The provider shall hold the infant's bottle when feeding the infant. The provider may not feed an infant by propping up the infant's bottle.

Food, including breast milk and formula, must be properly stored, kept at the proper temperature, and protected from potential contamination according to the preparing, feeding, and storing standards contained in Caring for Our Children: National Health and Safety Performance Standards, 4th Edition.

- ii. Access to physical activity. Describe: **NA**
- iii. Caring for children with special needs. Describe: **NA**
- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **NA**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including	[x]	[x]	[x]

immunizations)			
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[x]	[x]	[x]
d. Prevention and response to food and allergic reactions	[x]	[x]	[x]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[x]	[x]	[x]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[x]	[x]	[x]
g. Emergency preparedness and response planning and procedures	[x]	[x]	[x]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[x]	[x]	[x]
i. Appropriate Precautions in transporting children, if applicable	[x]	[x]	[x]
j. Pediatric first aid and pediatric CPR (age-appropriate)	[x]	[x]	[x]
k. Child abuse and neglect recognition and reporting	[x]	[x]	[x]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[x]	[x]	[x]

- m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **NA**
- n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?
☒ No
☐ Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

- a. Licensed CCDF center-based providers
 - i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?
☒ Yes.
☐ No. If no, describe:
 - ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:
☒ Annually.
☐ More than once a year. If more than once a year, describe:
☐ Other. If other, describe:
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?
☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
☒ No. If no, describe: **A full annual inspection is conducting to include monitoring for health, safety, and fire standards.**
 - iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The Office of Licensing and Accreditation is responsible for completing inspections for licensed center-based providers.**
- b. Licensed CCDF family child care providers
 - i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?
☒ Yes.

- ☐ No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:
☒ Annually.
☐ More than once a year. If more than once a year, describe:
☐ Other. If other, describe:
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?
☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
☒ No. If no, describe: **A full annual inspection is conducting to include monitoring for health, safety, and fire standards.**
- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **The Office of Licensing and Accreditation is responsible for completing inspections for licensed family child care providers.**
- c. Licensed in-home CCDF child care providers
- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?
☒ No.
☐ Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?
☐ Yes.
☐ No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:
☐ Annually.
☐ More than once a year. If more than once a year, describe:
☒ Other. If other, describe: **NA**
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?
☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
☒ No.
- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **NA**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
 - i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:
 - ☐ Annually.
 - ☐ More than once a year. If more than once a year, describe:
 - ☒ Other. If other, describe: **NA**
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?
 - ☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 - ☒ No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **NA**
- b. License-exempt CCDF family child care providers
 - i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:
 - ☒ Annually.
 - ☐ More than once a year. If more than once a year, describe:
 - ☐ Other. If other, describe:
 - ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?
 - ☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 - ☒ No.
 - iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **The Office of Licensing and Accreditation is responsible for completing inspections for licensed-exempt family child care (informal) providers. The inspection visits are announced with the license-exempt (informal) provider.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **License-exempt family child care providers care for one family's child(ren) eligible for CCDF in the child(ren) own home. The same monitoring inspection checklist is used for informal and in-home license exempt family child care providers. Differential monitoring procedures are not used. Monitoring visits are announced and occur annually. South Dakota monitors that immunization records or an exemption are on file for children receiving care in their own home.**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **The Office of Licensing and Accreditation is responsible for completing inspections for licensed-exempt in-home family child care providers.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the 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. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency 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 monitoring and inspection reports.

- a. Does the Lead Agency post:
 - i. ☒ Pre-licensing inspection reports for licensed programs.
 - ii. ☒ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. ☐ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
 - iv. ☐ Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. ☒ Date of inspection.
 - ii. ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed:

https://dss.sd.gov/docs/childcare/Inspection_Results_Instructions.pdf

- iii. ☒ Corrective action plans taken by the Lead Agency and/or child care provider.
Describe: https://dss.sd.gov/docs/childcare/Inspection_Results_Instructions.pdf
- iv. ☒ A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain: **NA**
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted:
https://dss.sd.gov/docs/childcare/Inspection_Results_Instructions.pdf
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Monitoring reports are posted to the DSS website within an average of 5-10 days after the inspection visit. Once all non-compliance citations are correct, a full report showing all corrections is then posted to the DSS website reflecting the update.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
☒ Yes.
☐ No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
☒ Yes.
☐ No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
☒ Yes.
☐ No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must 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.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and 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. **Inspection Authorities: Inspections are carried out by both The Office of Licensing & Accreditation Child Care Licensing (CCL) specialists and Department of Public Safety (DPS) inspectors. DPS inspectors conduct inspections on behalf of the Office of Licensing & Accreditation.**

Training and Credentialing: Licensing specialists undergo extensive training, including completing the National Association of Regulatory Administrators (NARA) National Regulatory Professional Credential (NRPC) after two years of experience. This credential includes adherence to a code of ethics. Specialists also complete child care orientation and health and safety training modules.

Competency Standards and Evaluation: Both licensing specialists and DPS inspectors are evaluated annually on competency standards specific to their roles. These include professionalism, communication, customer service, initiative, teamwork, planning and organization, problem-solving, and others.

Initial and Ongoing Training: Inspectors undergo initial training with CCL staff to understand the philosophy, regulations interpretation, and licensing processes. They receive ongoing training on child care regulations, including fire and life safety and environmental health regulations. Specialized training includes understanding the needs of family home providers and different types of child care programs.

Collaborative Approach: Inspectors regularly meet with licensing specialists to discuss programs, inspections, challenges, successes, and to clarify issues. This collaborative approach ensures consistent enforcement and support across the child care system.

Compliance and Legal Training: CCL staff are required to complete annual training on Civil Rights and Health Insurance Portability and Accountability Act (HIPAA).

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide 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. **Regional Distribution of Child Care Licensing (CCL) Staff:** Child Care Licensing specialists are situated across various regions in the state. The number of providers in each region determines how many licensing specialists are needed to carry out inspections promptly.

Inter-Agency Agreement with Department of Public Safety (DPS): An inter-agency agreement exists between the Office of Licensing and Accreditation and the Department of Public Safety (DPS) to aid in inspections of all regulated programs. DPS completes all facility safety inspections for licensed child care and school age programs as well as approximately two-thirds percentage of licensed family child care programs. This collaborative effort ensures comprehensive coverage and timely inspections.

Staffing Numbers: Currently, there are 11 Child Care Licensing specialists and up to 22 DPS inspectors involved in conducting annual inspections across the state.

Inspector to Program Ratio: The current ratio of inspectors to programs is 1:30 for the DPS inspectors and 1:55 for child care licensing specialists. This ratio helps in determining the

workload distribution and ensuring inspections are completed efficiently.

Overall, the coordinated efforts between CCL and DPS, along with the regional distribution of staff, aim to effectively manage the inspection process and uphold regulatory standards in child care facilities across South Dakota.

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **All licensed child care center providers must obtain annual training in the topic areas identified in 45 C.F.R. § 98.41, in effect on September 30, 2016, or as identified by the department. Training must be documented and relevant to the provider's position as determined by the department. Training may include on-site or online classes. Pediatric cardiopulmonary resuscitation renewal may not be included in annual training.**

Each director and provider of center and school-age programs counted in staff-child ratios shall complete ten hours of annual training. Orientation training hours qualify as annual training hours for each provider in the year the training was completed. Every five years, all providers shall complete additional, advanced training in each of the training areas listed in § 67:42:17:17.

- b. License-exempt child care centers: **NA**
- c. Licensed family child care homes: **All licensed family child care providers must obtain annual training in the topic areas identified in 45 C.F.R. § 98.41, in effect on September 30, 2016, or as identified by the department. Training must be documented and relevant to the provider's position as determined by the department. Training may include on-site or online classes. Pediatric cardiopulmonary resuscitation renewal may not be included in annual training.**

Each family day care provider shall complete six hours of annual training. Orientation training hours qualify as annual training hours for each provider in the year the training was completed. Every five years, all providers shall complete additional, advanced training in each of the training areas listed in § 67:42:17:17.

- d. License-exempt family child care homes: **All license-exempt family child care homes which includes informal and in-home providers are required to obtain three hours of on-going annual health and safety training in topic areas identified in 45 C.F.R. § 98.41. Orientation training hours qualify as annual training hours for each provider in the year the training**

was completed.

Every five years, all providers shall complete additional, advanced training in each of the training areas listed in § 67:42:17:17.

- e. Regulated or registered in-home child care: **NA**
- f. Non-regulated or registered in-home child care: **NA**

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
☒ Yes.
☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.
- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?
☒ Yes.
☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.
- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

☒ Yes.

☐ No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
 - Knowingly made materially false statements in connection with the background check.
 - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
 - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
 - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
 - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- ☒ Yes.
- ☐ No. If no, describe the disqualifying criteria:
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **Any individual who has been placed on the South Dakota Central Registry for Child Abuse/Neglect is prohibited from providing care to children in accordance with SDCL 26-6-14.10.**
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **Any individual who has been substantiated for abuse or neglect is prohibited from providing care to children in accordance with ARSD 67:42:17:13.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

☒ Yes.

☐ No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

☒ Yes.

☐ No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

☒ Yes.

☐ No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

☒ Yes.

☐ No. Describe:

- iv. Get completed in a timely manner.

☒ Yes.

☐ No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

☒ Yes.

☐ No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

☒ Yes.

☐ No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

☐ Yes.

☒ No. If no, describe: **The Office of Licensing and Accreditation (OLA) requires all individuals submit a state and national background check request as applicable prior to employment. All results are received by OLA at one time; therefore, eligibility is determined, and notification made. However, if the FBI rejects an initial print and another request is required, the prospective staff member can proceed with care to children while under the supervision by someone who has already received a qualifying result on a background check within the past five years.**

- b. In-state criminal background check with fingerprints.

☒ Yes.

☐ No. If no, describe:

- c. In-state Sex Offender Registry.

☒ Yes.

☐ No. If no, describe:

- d. In-state child abuse and neglect registry.

☒ Yes.

☐ No. If no, describe:

- e. Name-based national Sex Offender Registry (NCIC NSOR).

☒ Yes.

☐ No. If no, describe:

- f. Interstate criminal background check, as applicable.

☐ Yes.

☒ No. If no, describe: **The Office of Licensing and Accreditation (OLA) requires all individuals submit an interstate background check request as applicable prior to employment. Until all interstate background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.**

- g. Interstate Sex Offender Registry check, as applicable.

☐ Yes.

☒ No. If no, describe: **The Office of Licensing and Accreditation (OLA) requires all individuals submit an interstate background check request as applicable prior to employment. Until all interstate background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.**

- h. Interstate child abuse and neglect registry check, as applicable.

☐ Yes.

☒ No. If no, describe: **The Office of Licensing and Accreditation (OLA) requires all individuals submit an interstate background check request as applicable prior to employment. Until all interstate background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.**

- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

☒ Yes.

☐ No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

☒ Yes.

☐ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

☒ Yes.

☐ No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

☐ Yes.

☒ No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Interstate Screening Requests: The South Dakota Division of Criminal Investigation (DCI) is responsible for conducting and responding to interstate screening requests. South Dakota allows screening for employment purposes, and the Lead Agency provides information and instructions on the CCS website to link requestors to the South Dakota DCI. This further outlines the process and provides the necessary information to submit a request for a South Dakota repository check.**

Sex Offender Registry: The Lead Agency's website includes links to the South Dakota sex offender registry and the National sex offender registry. These resources are available for requesting agencies to search, presumably to conduct background checks related to sex offenses.

Child Protection Services Screening: The South Dakota Division of Child Protection Services is responsible for conducting and responding to individuals requesting to be screened for substantiated reports of abuse or neglect. The Lead Agency provides information and instructions on Child Care Provider Forms available on the CCS website to link requestors to the form required for screening. The results are returned to the individual who requested the screening.

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

☒ Yes. If yes, describe the current policy. **In accordance with SDCL 26-8A-12.4, only central registry checks for prospective foster or adoptive parents can be conducted at the request of governmental social service agency for another state. The South Dakota Division of Child Protection Services agency is responsible to conduct and respond to individuals requesting to be screened for substantiated reports of abuse or neglect. The lead agency has information and instructions located on the CCS website. This links the requestor to the form required to be completed along with instructions on submission. The results are returned to the individual who requested the screening.**

☐ No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive

background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members:

https://dss.sd.gov/childcare/background_screening.aspx

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

- i. ☒ Agency name
- ii. ☒ Address
- iii. ☒ Phone number
- iv. ☒ Email
- v. ☒ Website
- vi. ☒ Instructions
- vii. ☒ Forms
- viii. ☒ Fees
- ix. ☒ Is the State a National Fingerprint File (NFF) State?
- x. ☒ Is the State a National Crime Prevention and Privacy Compact State?
- xi. If not all boxes above are checked, describe:

- c. Interstate sex offender registry (SOR) check:

- i. ☒ Agency name
- ii. ☒ Address
- iii. ☒ Phone number
- iv. ☒ Email
- v. ☒ Website
- vi. ☒ Instructions
- vii. ☒ Forms
- viii. ☒ Fees
- ix. If not all boxes above are checked, describe:

- d. Interstate child abuse and neglect (CAN) registry check:

- i. ☒ Agency name
- ii. ☒ Is the CAN check conducted through a county administered registry or centralized registry?

- iii. ☒ Address
- iv. ☒ Phone number
- v. ☒ Email
- vi. ☒ Website
- vii. ☒ Instructions
- viii. ☒ Forms
- ix. ☒ Fees
- x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

☒ Yes.

☐ No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

☒ Yes.

☐ No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

☐ No.

☒ Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?
A relative provider is defined as an aunt/uncle, grandparent or great-grandparent and can reside in the child's home. A sibling of the child may also provide care but must maintain a separate residence. All relative providers are exempt from all health and safety standards,

training requirements, inspections, and background checks.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. ☐ Providing program-level grants to support investments in staff compensation.
 - ii. ☐ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. ☐ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. ☒ Providing scholarships or tuition support for center-based child care staff and

family child care providers.

viii. ☐ Other. Describe:

- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **South Dakota conducted workforce and cost of care studies in 2024 to obtain information on the current wages and benefits for child care providers. Results of these studies are currently pending and will inform activities in the next plan period.**
- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **NA**
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **Beginning in 2022, Child Care Services worked with a consultant to provide training to child care providers on Trauma Resource Institute's Community Resiliency Model (CRM)®. Child Care Services will continue offering training and support around this model through trainers in the South Dakota Early Childhood Enrichment (ECE) System who completed the train the trainer. The Community Resiliency Model trains community members to not only help themselves, but to help others within their wider social network. The primary focus of CRM is to educate individuals about the biology and neurophysiology of trauma, stress and resilience as well as teach simple biologically based wellness skills, which can help re-set and stabilize the nervous system. Through CRM, individuals learn to read sensations connected to their own well-being (the "Resilient Zone"). CRM's goal is to help to create "trauma-informed" and "resiliency-informed and -focused" communities that share a common understanding of the impact of trauma and chronic stress on the nervous system and how resiliency can be restored or increased using this skills-based approach. CRM is a "research-informed" intervention.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **Child Care is partnering with SD Educators Rising and the SD Head Start Collaboration to provide CDA training for high school students. Child Care Services supports a position within the ECE System to provide live online instruction of the SD CDA Training Program for high school students across South Dakota during the school day. The program began in 2023-24 and will continue in the new plan year. Child Care Services, the Office of Licensing and Accreditation and the ECE System also plan to focus on recruitment and retention of state registered family child care providers in the new plan period. During this state plan period, the Office of Licensing and Accreditation will work with the SD ECE System to explore strategies focused on family daycare recruitment.**

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **Basic training on business practices is delivered by the ECE system through trainings such as the Management Training Series and Family Child Care Entry Level Series. These series are available online on-demand to be accessible to child care providers statewide. Staff from**

the regional ECE agencies have also completed the trainer the trainer series for the Strengthening Business Practices Series curriculum and will offer the training beginning in July 2024.

In addition to training, regional ECE and Child Care Licensing staff provide one-on-one technical assistance and coaching to child care programs to address individualized program needs. During technical assistance visits, staff utilize 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. In partnership with the state Quality Recognition and Information System pilot, the ECE system launched the SD ECE Shared Resource Hub. This hub consists of quick links to state and federal regulations and guidance, samples and templates of recordkeeping basics, procedures, policies, toolkits), parent and employee handbooks and more help for providers to manage their programs more efficiently. With over 2,600 practical, editable tools and templates, the platform offers easy access (24/7) to a wealth of resources that support, strengthen, and stabilize the business of family- and center-based child care. When more formal, in-depth training is needed, ECE agencies refer child care directors to local resources such as the Department of Labor and Regulation and the Small Business Administration who have additional expertise in this area.

Also in this plan year, DSS will be implementing the South Dakota Child Care Director 360 Support Program statewide. This program was developed with a partnership between South Dakota Office of Licensing and Accreditation and the South Dakota Early Childhood Enrichment (ECE) Programs. Child care directors have various responsibilities, from staff management to policy implementation and everything in between. The 360 Support Program is a professionally guided program that provides tools, technical assistance, education and support to child care directors. Throughout the 360 Support Program, directors will receive individualized, customized support from SD ECE Program and/or South Dakota Office of Licensing and Accreditation staff on the topics of: Health and Safety, Business Practices, Best Practices, Child Development, and Professionalism. The 360 Support program will build a positive, strong relationship between the child care program directors, SD ECE Programs and the South Dakota Office of Licensing and Accreditation.

Annually, the SD Early Childhood Enrichment System hosts an Early Childhood and School-Age Care Leadership Summit for child and school-age care program directors. Each summit provides 2-3 tracks focusing on program management and leadership topic areas.

- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
- i. ☒ Fiscal management.
 - ii. ☒ Budgeting.
 - iii. ☒ Recordkeeping.
 - iv. ☒ Hiring, developing, and retaining qualified staff.
 - v. ☒ Risk management.

- vi. ☒ Community relationships.
- vii. ☒ Marketing and public relations.
- viii. ☒ Parent-provider communications.
- ix. ☐ Use of technology in business administration.
- x. ☒ Compliance with employment and labor laws.
- xi. ☒ Other. Describe any other efforts to strengthen providers' administrative business: **Topics include Managing vs Leading; and Policy Development and Implementation.**

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **South Dakota has organizations in the Sioux Falls region that offer various programs and resources to limited English-speaking child care providers. These programs provide many connections within the community to assist with interpretation services. Limited English-speaking families themselves are a resource. Most often, familiar individuals are selected as a provider by the family and 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 contact with the potential provider. They share 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.**

CCS provides access to an online orientation training provided by Better Kid Care to provide access for individuals who speak Spanish. Closed captioning is available to complete the training at no cost to the provider for the SD Orientation to Early Childhood and School-Age Care Series. and Ongoing Health and Safety training series. CCS has collaborated with the Aspire2Tech program offered at Southeast Technical College in Sioux Falls as a way to support individuals with limited English-speaking proficiency to enter the to the child care field. The Introduction to Child Care course teaches developmental milestones, nutritional needs, and appropriate disciplinary strategies for young children. Students also gain reading and language skills and learn about the behaviors and values needed for the workplace. Students will also earn a Work Ethic Certificate through this course and upon completion are prepared to take the SD Orientation to Early Childhood and School-Age Care Series required for all individuals working in state registered and licensed child care programs.

Licensing staff work directly with providers and inform them of supports available to them. Licensing staff use pictorials to describe 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. Providers and staff who have disabilities: **Child Care supports providers on a case-by-case basis to provide individualized supports based on the needs of the provider. Special accommodations such as sign language interpreters, translators, adaptive devices, or other needed accommodations in order to fully participate are also addressed on a case-by-case basis. Licensing staff work directly with providers and inform them of supports available to them. Licensing staff use pictorials to describe compliance items such as fire extinguishers and outlet covers. Health and safety orientation training classes have a closed captioning option are available to providers at no cost to meet this training requirement.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

☒ Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **The SD Core Knowledge and Competencies document was completed and recently published. In addition, the state's Pathways to Professional Development Career Lattice is being revised and relaunched as a Career Ladder. An advisory group will be developed following the launch of the new Career Ladder. Both projects will be for individuals working in early childhood and school-age care settings. For each project a cross-sector workgroup was formed to provide guidance and input.**

☐ No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

☒ Yes. If yes, identify the other key groups: **Key groups which contributed to the development of the professional development framework included the SD Early Childhood Enrichment (ECE) System, Head Start Collaboration Office, higher education, South Dakota State University (SDSU) Quality Collaborative (QRIS pilot), child care providers, school-age educators, associations and networks, and other stakeholders as relevant.**

☐ No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:
- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **South Dakota Core Knowledge and Competencies for Early Childhood and School-Age Educators represent a core body of knowledge, skills, values, and dispositions all early childhood and school-age educators must demonstrate to effectively support the development, learning, and well-being of young children and school age youth. The Core Body of Knowledge and Competencies guides self-reflection and professional growth by describing what early childhood and school age educators need to know, understand, and be able to do at all levels of professional practice. They are designed to be inclusive of all types of early care and youth educational settings including center-based, family child care, Head Start and Early Head Start, pre-school classrooms, school-age programs, and in situations where individuals are teaching or mentoring others in the field. The intent of the competencies is that any individual, regardless of their background or where they are professionally, can view their placement on the continuum, set goals, and work toward improvement.**
 - ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The South Dakota Career Ladder is a voluntary workforce registry. The revised Career Ladder is proposed to be eight levels that range from Entry Level Training to Masters & Doctoral Degrees. The training system provides training opportunities from entry level training to age-specific certificates which leads to 120 hours of training required for the CDA credential and has articulation agreements to assist providers in moving into associate or a bachelor's degree program at one of five South Dakota higher education institutions.**
 - iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **CCS is currently working with a cross-sector workgroup to revise the Career Ladder. When implemented, there will be an Advisory Committee that will provide feedback on the SD Career Ladder. The Committee includes the State Head Start Collaboration director, Early Childhood Enrichment staff, and CCS representatives. When developing professional training and technical assistance opportunities, CCS works with the five regional 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 of the project.**
 - iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **CCS has articulation agreements with five higher education institutions (South Dakota State University (SDSU), Black Hills State University**

(BHSU), Oglala Lakota College (OLC), Southeast Technical College, and Sisseton Wahpeton College) to enable childcare providers to articulate training completed through the South Dakota Child Development Associate (CDA) Training Program into 9 or more college credits toward an associate or bachelor's degree program. All current articulation agreements will be revised in the next state plan due to a recent revision of the SD CDA Training Program curriculum.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Career Ladder collects workforce data relative to those individuals who voluntarily participate. Additional workforce data is collected registration for the South Dakota Orientation to Early Childhood and School-Age Care Series and Ongoing Health and Safety Series, program profile updates through the child care provider portal for child care referrals, and other provider surveys. This data includes provider characteristics such as educational level of the provider/director and hours and days of operation. ECE staff provide presentations to high school students in area schools to introduce them to the early childhood field. In SD, the Child Development Associate (CDA) Credential qualifies a person as a program planner in a child care center. CCS and Office of Licensing and Accreditation (OLA) staff participate on the SD early childhood informal workforce development group.**

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **CCS provides financial support in the form of an online, on-demand orientation training series to providers to assist them in meeting that training requirement. Funding has been provided to the SD Early Childhood Enrichment (ECE) system to cover the CPR Certification fee cost so that the costs are not passed on to providers. As the CDA credential is one option to meet the licensing educational requirement for a program planner, CCS funds scholarships to cover the full cost of SD CDA Training through the ECE System along with scholarships. In addition, scholarships are provided to cover the Assessment Application Fee as well as CDA Renewal scholarships to support to child care providers working in state registered and licensed child care programs to obtain and maintain their CDA credential. After receiving the national CDA credential can articulate their SD CDA Training into free college credit by enrolling into a specified associate or bachelor's degree program at a South Dakota college or university. CCS also provides funding to support a position within the SD Early Childhood Enrichment System to provide the SD CDA Training curriculum to high school students during the school day making the training opportunity free for students.**

- b. Does the Lead Agency use additional elements?

☒ Yes.

If yes, describe the element(s). Check all that apply.

- i. ☒ Continuing education unit trainings and credit-bearing professional development. Describe: **As the Council for Professional Recognition accepts training in the form of three college credits, 4.5 Continuing Education Units (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 ECE System. Although there are few many advertised CEU classes, there are several 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.

- ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **Most of the early childhood and school-age training opportunities in South Dakota are provided by the ECE System. CCS 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. A training pathway has been established for child care programs from orientation to credential training. In addition, CCS works with representatives from higher education to maintain current articulation agreements for the SD Child Development Associate (CDA) Training Program and implementation of the SD Early Learning Guidelines and SD Core Knowledge and Competencies and incorporating those into the early childhood and school-age care field.**
- iii. ☐ Other. Describe:
- ☐ No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? **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. The South Dakota Core Knowledge and Competencies (CKCs) document represents a core body of knowledge, skills, values, and dispositions all early childhood and school-age educators must demonstrate to effectively support the development, learning, and well-being of young children and school age youth. This includes a section on program administration with a focus on centers and school-age care programs and another on family child care. 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.**
- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **South Dakota has**

developed a training pathway that begins with an online, on-demand orientation training series that is offered free of charge to all providers through the Child Development Associate and SD Out-of-School Time Credential programs. Access to ongoing quality in-person and online training from the South Dakota Early Childhood Enrichment (ECE) System is available at no or low cost to programs. Management classes are available statewide online not only to current 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 CDA credential. Income-based scholarship opportunities are available to providers to support the cost of the 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.

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **Following the creation of new core knowledge and competencies for the early childhood and school-age care workforce, CCS is currently working with a cross-sector workgroup to revise the Career Ladder to align with the current child care workforce and available educational opportunities. The goal for the professional development framework is to create a clear vision of opportunities in the field of early childhood and school-age care and support individuals in attaining their career goals. Through the framework, CCS aims to raise the status of early care and education as a viable and critical profession in South Dakota. Practitioners can use the career ladder to accumulate an accurate record of their education and receive recognition for their professional commitment. The advisory structure will aid CCS in aligning current resources such as scholarships and identifying ways to support child care providers in their individual professional development journey.**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **Articulation agreements with higher education provide an opportunity for child care providers to obtain free college credit upon enrollment in an associate or bachelor's degree program. South Dakota also partners with SD Educators Rising and the SD Head Start Collaboration Office in the SD Department of Education to provide CDA training to high school students to encourage entrance into the field and provide access to articulation agreements.**
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the

Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **In 2024, South Dakota conducted the cost of care and a workforce study that gathered information such as current wages and benefits. Results of these surveys are pending and will be used to inform work in this area in the coming state plan period.**

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **South Dakota does not set a minimum living wage. Child Care Assistance provider agreements do not have requirements for compensation levels. Guidance is provided to inform businesses, providers and stakeholders regarding this topic as requested. Funding is provided to support scholarships to assist child care providers in obtaining their CDA Credential**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **Ten hours of ongoing training is required annually.**
- b. License-exempt child care centers: **NA**
- c. Licensed family child care homes: **NA**
- d. License-exempt family child care homes: **Three hours of ongoing training is required annually.**
- e. Regulated or registered in-home child care: **Six hours of ongoing training is required annually.**
- f. Non-regulated or registered in-home child care: **NA**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable).

Variety of Training Opportunities: Child Care Services (CCS) ensures that child care providers statewide, including those supported by Indian tribes across the nine tribal areas of the state, have access to a variety of training opportunities. These range from entry-level to advanced training, provided both onsite in various communities and through statewide and regional online platforms.

Online Orientation and Health & Safety Training: CCS offers online, on-demand orientation

training series that cover federally identified health and safety topics. Additionally, a Level II Ongoing Health and Safety training series was introduced in 2020. These training series are available to all child care providers at no cost, including those supported by tribal organizations.

Monthly Training Calendars and Notifications: Early Childhood Enrichment (ECE) agencies publish monthly training calendars on their websites and provide notifications of upcoming training opportunities through emails and newsletters to all regulated providers, including tribal programs. These calendars are also posted on the CCS website for easy access.

Collaboration with Tribal Entities: ECE agencies collaborate with licensing staff and tribal entities to identify and address potential gaps in training needs and accessibility. This collaboration includes providing on-site classes upon request, Child Development Associate (CDA) training classes to child care providers in tribal communities and establishing articulation agreements with colleges to encourage further education and degree attainment.

Online Training Organization Partnership: CCS has license agreements with an online training organization to improve the accessibility of CDA training and Continuing Education Units (CEUs) to child care providers in rural areas of the state. This initiative aims to address geographical barriers to training access.

Overall, CCS's training initiatives demonstrate a commitment to providing accessible, culturally relevant, and comprehensive professional development opportunities for child care providers across South Dakota, including those in tribal communities. This approach supports the continuous improvement of child care quality and the well-being of children in care.

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **The Child Care Services (CCS) in South Dakota has established a comprehensive approach to training and professional development for child care providers, recognizing the importance of meeting the diverse needs of families and children in their care. Here's a summary of their training initiatives:**

Generalized and Specialized Training: While basic training and professional development requirements are generalized for all providers, specialized training is available throughout the state specific to the types of care provided. This includes age-specific entry-level training for infant-toddler care, preschool age care, or care of school-age children.

Cultural Competence Training: CCS acknowledges the unique cultural backgrounds of families and offers training to help child care providers understand and support families of various cultures and economic levels.

Understanding Cultural Diversity: Professional development opportunities provided by the Early Childhood Education (ECE) System assist providers in understanding cultural diversity, creating partnerships with families, and supporting children who have English as a second language or a disability.

Inclusive Practices for Children with Disabilities: 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 programs. Providers are also supported on a case-by-case basis for specific training needs.

SD Early Learning Guidelines (ELG): The ELG serves as a resource for child care providers serving children with disabilities. This document, for children birth to age five years, includes information on working with English Language Learners and offers a variety of strategies and suggestions for setting up the environment to support all children.

Direct Support from Licensing Staff: Licensing staff work directly with providers and inform them of available supports with limited English proficiency. They use pictorials to describe compliance items and overcome communication challenges on a case-by-case basis with the help of interpreters or English-speaking family members.

Overall, CCS's approach to training and professional development emphasizes cultural competence, inclusivity, and meeting the diverse needs of children and families. By offering specialized training and resources, they ensure that child care providers are well-equipped to create nurturing and supportive environments for all children in their care.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (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.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Information on accessing developmental screenings is provided to child care providers through a variety of regional training opportunities offered by the ECE System. Available statewide training offerings such as the SD Orientation to Child and School-Age Care series, the South Dakota Child Development Associate (SD CDA) Training Program and the Infant and Toddler Entry Level series address developmental screenings and provide related resources. Child Care Services participates on the state Learn the Signs, Act Early team lead by SD Parent Connections and distributes materials such as the developmental milestones checklist to child care providers and parents to improve early identification of developmental delays and disabilities by encouraging developmental monitoring and promoting developmental screening to help families access the early services and support they need. Through this work, CCS also assists**

with by providing additional resources for parents and providers that address how to inquire about or request services, and how to approach the subject of screening with a parent. Referrals to local developmental screening opportunities including South Dakota's EPSDT Program, Birth to Three, and vision and hearing screenings are also made upon request from child care programs. resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delay.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
 - i. ☒ Research-based.
 - ii. ☒ Developmentally appropriate.
 - iii. ☒ Culturally and linguistically appropriate.
 - iv. ☒ Aligned with kindergarten entry.
 - v. ☒ Appropriate for all children from birth to kindergarten entry.
 - vi. ☐ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe: **The SD Early Learning Guidelines document and plans for implementation and dissemination through training opportunities with child care providers have been shared with the Child and Family Services workgroup.**
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
 - i. ☒ Cognition, including language arts and mathematics.
 - ii. ☒ Social development.
 - iii. ☒ Emotional development.
 - iv. ☒ Physical development.
 - v. ☒ Approaches toward learning.
 - vi. ☐ Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe: **This document, for children**

birth to age five years, also includes information on working with English Language Learners and a variety of strategies and suggestions for setting up the environment.

- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The SD Early Learning Guidelines were last updated in 2023 to be in line with the identified 5-year review plan. CCS will work with the South Dakota Head Start Collaboration Office and the Department of Education to continue to conduct a review of the Early Learning and Development Guidelines document every five years.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.
https://dss.sd.gov/docs/childcare/early_learning_guidelines.pdf

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The South Dakota ELG 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 ELG. A statewide online on-demand ELG training series is available to providers at no cost. In addition, training on the ELG is embedded into other offerings such as the SD CDA Training program through the ECE agencies. The goal of these trainings is 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.**
- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
 - i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.
 - iv. **[x]** Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child

care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated: **Child Care Services (CCS) is committed to gathering feedback from stakeholders to inform projects and initiatives. Instead of relying on one assessment of stakeholders to inform quality expenditures, CCS uses a variety of methods, including surveys, focus, and advisory groups, to ensure that diverse perspectives from individuals working in center-based, school-age care, and family daycare programs are gathered throughout the plan period. The involvement of stakeholders such as ECE agencies, Child Care Licensing staff, child care providers, tribal coordinators, and the Head Start Collaboration Office ensures that the feedback is comprehensive and representative of the field. By continually engaging with stakeholders, CCS commits to continuously improving the quality of early childhood and school-age care. This approach allows CCS to adapt initiatives based on real-world feedback and the evolving needs of child care providers and families in their communities. Additional feedback will be solicited during the State Plan timeframe through providing stakeholder input activities such as focus groups and surveys as current quality initiatives are reviewed and revised and to gather feedback to direct the development of future quality activities.**

In addition to CCS data collection, the SD Early Childhood Enrichment (ECE) agencies conduct annual provider surveys to evaluate the quality of their services and gather input from the child care providers on logistical information such as preferred times, delivery

methods and suggested training topic areas to inform development of annual training calendars. 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 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, regulated child care providers, the Child & Family Services Inter-Agency workgroup, tribal CCDF coordinators, and Head Start program staff.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **Stakeholder feedback continues to highlight statewide issues such as a workforce shortage, need for additional grant funding opportunities, additional business training and technical assistance opportunities, and revision of the Pathways to Professional Development Career Lattice.** In addition, during ECE and licensing staff meetings, safe sleep practices, program management and workforce recruitment and retention topics were identified as top priorities.

Work in these areas will continue into this plan period related to implementation of the state Quality Recognition and Information System (QRIS), and components of the professional development framework such as core knowledge and competencies and launch of the revised career ladder. CCS and OLA will coordinate with the ECE System to implement business supports such as Strengthening Business Practices curriculum, SD ECE Resources Hub and the annual Early Childhood and School-Age Care Leadership Summit. Advisory groups such as one formed for the QRIS pilot also provide valuable feedback to inform system development. The SD QRIS Advisory Group consisted of individuals working in center-based, out of school time and family daycare. DSS plans to continue a provider advisory group for the QRIS and Career Ladder as those projects are fully implemented.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF 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. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Quality Progress Report and most recent ACF696 report are available to the public by request from the Department of Social Services and can be accessed online at: <https://dss.sd.gov/childcare/stateplan/default.aspx>**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency's current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce,

including birth to five and school-age providers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Child Care Services contracts with 5 agencies known as Early Child Enrichment (ECE) offices to provide training and technical assistance to state registered and licensed childcare providers to meet licensing requirements as well as improve program quality. The ECE System partners with CCS to provide services to child care providers and families that address other quality activities outlined in this plan thus measurable outcomes are reported under the other quality funding areas.**

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **The SD ECE System will provide copies of the SD ELG document through training opportunities such as the online, on-demand ELG training series as well embed content into other training offerings such as the SD CDA Training program. The goal of these trainings is 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.**

- iii. Developing, implementing, or enhancing a quality improvement system.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **In the previous plan period, Child Care Services contracted with the South Dakota State University (SDSU) Quality Collaborative to complete a pilot of a state center-based, family daycare, and school-age Quality Recognition and Information System (QRIS) framework. Based on the outcome of the pilot, Child Care Services plans to move from pilot to statewide implementation in this plan period. Funding supports items such as program staffing and program incentives to enhance quality and reduce barriers.**

- iv. Improving the supply and quality of child care services for infants and toddlers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **The South Dakota ECE System utilizes the Program for Infants and Toddler Care (PITC) philosophy of care and the Pyramid Model as the foundation for all infant and toddler training. A state pathway for infant and toddler training provides training for child care providers new to infant and toddler care through training towards an Infant Toddler Center-Based CDA Credential. In each of the five ECE offices, there is an identified infant and toddler specialist who provides training, technical assistance, and coaching to providers who care for infants and toddlers. Infant toddler funding will also be used to support grant funding for programs with infant**

toddler classrooms participating in the state QRIS program.

- v. Establishing or expanding a statewide system of CCR&R services.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **CCS utilizes CCDF quality funds to support the State's ECE System to promote the health, safety, and development of young children in child care settings. The ECE agencies coordinate and provide early childhood and school-age training, technical assistance, and coaching to assist programs in meeting state licensing requirements. In addition to training and technical assistance, CCS also offers grant funding opportunities to child care programs needing to meet licensing compliance issues.**

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- viii. Accreditation support.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **The SD ECE System supports to assist programs in developing high quality standards through training opportunities such as Safe Sleep Policy, Early Learning Guidelines, and the SD Out-of-School Time (OST) Credential training. The SD ECE System also provides individualized technical assistance opportunities to support program leaders in implementing or revising policies. The fitCare initiative is a collaboration for children birth to age 5 that includes CCS, SD Department of Health (DOH), 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. Building on the work of fitCare, the Physical Activity Technical Assistance (PATA) program works with child care program directors and family childcare providers to evaluate and promote best practices within their program's physical activity policy. Finally, 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.

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

☒ No plans to spend in this category of activities at this time.

☐ Yes. If yes, describe current and future investments.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies 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.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The involvement of the Office of Licensing and Accreditation (OLA) and the Child Care Services (CCS) Quality Initiatives representatives in the Child and Family Services Interagency Workgroup demonstrate a coordinated and multi-agency approach to addressing issues related to children in South Dakota. Here's a breakdown of the key points regarding this interagency workgroup:**

Composition of the Workgroup: The Child and Family Services Interagency Workgroup comprises representatives from various state government entities that play significant roles in serving young children. These entities include:

Department of Social Services (DSS): Behavioral Health, Child Protection Services, Medical Services (Medicaid), Economic Assistance, and Child Care.

Department of Education: Head Start Collaboration Office and Birth to Three Program.

Department of Health: Community Health Services, Child and Family Services, Maternal Child and Health, and WIC (Women, Infants, and Children).

Department of Human Services: Developmental Disabilities.

Department of Tribal Relations.

Frequency of Meetings: The workgroup meets quarterly to discuss goals and objectives related to addressing common issues faced by children from birth through school age. This regular meeting schedule allows for ongoing collaboration and communication among the agencies involved.

Sharing of Data, Information, and Resources: Each agency represented in the workgroup routinely shares data, information, and resources. This sharing of resources facilitates coordination and collaboration across agencies, enabling them to collectively make a difference for children in the state.

Focus on Child Well-being: The workgroup's discussions focus on addressing common issues related to children's well-being, encompassing various aspects such as health, education, family support, and developmental disabilities. By bringing together diverse perspectives and expertise, the workgroup seeks to identify solutions and strategies to improve outcomes for children in South Dakota.

Overall, the Child and Family Services Interagency Workgroup serves as a valuable platform for collaboration and coordination among state agencies involved in serving children and families. By working together, these agencies can leverage their collective resources and expertise to better meet the needs of children across the state.

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **Oversight and Coordination:** Child Care Services (CCS) and the Office of Licensing and Accreditation (OLA) connect with tribal child care administrators who oversee the 24 state-licensed programs to ensure continuity of provider requirements and enhance the supply of providers for children from birth through school age. This coordination helps meet the accessibility needs of families and ensures consistent support for child care providers.

Formal Meetings and Updates: Formal meetings occur at least once per plan cycle with tribal administrators to share program updates and any changes that may affect providers in their service areas. This communication ensures that tribal child care administrators are informed about relevant developments and can effectively support providers in their communities.

Coordination of Training Needs: CCS and OLA staff, along with Early Childhood Enrichment programs, coordinate training needs with tribal child care and Head Start programs. This collaborative approach ensures that training opportunities are tailored to the needs of providers serving tribal communities and support the professional development of child care staff.

Monthly Coordination Efforts: CCS facilitates monthly coordination efforts with tribal child care administrators regarding families who are dually eligible for services. This coordination helps prevent duplication of services and ensures efficient use of resources to support families' child care needs.

Tribal Consultations and Input Gathering: CCS conducted a formal meeting in January 2024 with Tribal CCDF Coordinators specifically to gather input for the development of the 2025-2027 Plan. Tribal consultations will continue throughout the plan period to ensure coordinated efforts for all child care providers and families in South Dakota. CCS sends semi-annual program update notifications to Tribal CCDF leaders that include surveys to help identify areas for ongoing coordination.

Overall, these coordinated efforts foster collaboration, communication, and mutual support between CCS, CCL, tribal child care administrators, and other stakeholders. By working together, they can better address the needs of child care providers and families, promote access to high-quality child care services, and support the well-being and development of children across South Dakota.

[] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **Membership in Birth to Three Program: The Office of Licensing and Accreditation (OLA), Child Care Licensing Program Manager is a member of the Birth to Three Program, which serves as the Lead Agency for Part C early intervention services within the Department of Education. This membership allows for coordination and collaboration between OLA and Birth to Three Program initiatives.**

Quarterly Meetings with Interagency Coordinating Council: OLA meets quarterly with the Birth to Three Interagency Coordinating Council to discuss issues related to early intervention services and provide input on the development of the Birth to Three Program State Plan and performance reporting requirements. This collaboration ensures alignment of efforts and maximizes the impact of services provided to children and families.

Contracting with Regional ECE Programs: Child Care Services (CCS) contracts 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. This includes offering training, onsite technical assistance, and coaching to child care providers to support their ability to accommodate the needs of children with special needs.

Individualized Supports and Services: Through this collaboration, each provider receives individualized supports specific to the child's needs. This may include coordinating access to other services and supports as needed, offering special services on a case-by-case basis for families facing challenges in finding or maintaining child care for children with special needs.

Multi-disciplinary Team Approach: The team involved in providing supports and services includes regional ECE staff, OLA specialists, subsidy program specialists, and others depending on the family's needs. This multi-disciplinary approach ensures comprehensive support and coordination of services to meet the unique needs of each child and family.

Goal of Smooth Transitions and Appropriate Care: The overarching goal is to ensure the most appropriate care setting for the child and facilitate smooth transitions into programs by ensuring caregivers are properly trained and appropriately compensated for specialized care needs. This approach aims to promote the well-being and development of children with special needs while supporting their families.

Overall, this collaborative effort between OLA, the Birth to Three Program, CCS, and regional ECE programs exemplifies a commitment to providing high-quality, inclusive early childhood education and care services for children with special needs and their families in South Dakota.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The coordination between Child Care Services (CCS) and the South Dakota Head Start Collaboration Office, housed within the Department of Education, is aimed at enhancing professional development opportunities for early childhood educators and ensuring continuity of care for children participating in both child care and Head Start programs. Here's how CCS is working to achieve these goals:**

Promotion of Pathways to Professional Development Career Ladder Program: CCS is increasing promotion of the Pathways to Professional Development Career Ladder program. This initiative provides early childhood educators with opportunities for professional growth and advancement through structured pathways. By promoting this program, CCS aims to support the professional development of child care providers and improve the quality of early childhood education in South Dakota.

Stand-alone and Integrated Training on Early Learning Guidelines: CCS collaborates with the Head Start Collaboration Office to provide stand-alone and integrated training on the Early Learning Guidelines for Head Start and child care programs. This training ensures that educators in both settings are equipped with the knowledge and skills to support children's development effectively. By aligning training efforts, CCS and the Head Start Collaboration Office promote continuity of care and a seamless transition for children between child care and Head Start settings.

Maintaining Availability of Child Care Slots for Head Start Participants: CCS ensures continuity of care for children attending both child care and Head Start programs by

continuing to pay child care providers for care during the time children are attending Head Start. This practice maintains availability of child care slots for children who may only attend Head Start for a portion of the day, ensuring that their child care arrangements remain stable and accessible.

Overall, the coordination between CCS and the Head Start Collaboration Office aims to support the professional development of early childhood educators, promote continuity of care for children, and improve the quality of early childhood education programs in South Dakota. By working together, these agencies contribute to the well-being and development of young children in the state.

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The coordination between Child Care Services (CCS), Office of Licensing and Accreditation (OLA), and the Department of Health (DOH) in South Dakota demonstrates a collaborative effort to enhance and align quality services, ensure a healthy child care environment, and provide parents with information about available services and resources. Here's a breakdown of the coordinated activities:**

Access to Immunization Information System: OLA collaborates with DOH to grant licensed child care programs and OLA specialists' access to the DOH SD Immunization Information System. This allows providers to expedite enrollment in programs by accessing immunization records for children. OLA also reviews child immunization records during annual inspection visits. DOH provides ongoing training to licensing inspectors to ensure they understand SD immunization requirements.

Floor Plan Reviews: OLA contracts with DOH to conduct formal floor plan reviews for programs seeking licensure. This coordination ensures child and school age facilities meet health standards.

Sharing Information and Services: Child Care Services promotes the use of developmental screenings conducted by DOH by providing information on the DSS website and including it in child care provider and parent trainings. Information on available services such as the Children's Health Insurance Program (CHIP) and well-child checkup information is also shared with providers.

Implementation of DOH Funded Programs: CCS oversees the implementation of DOH-funded programs such as the Physical Activity and Technical Assistance (PATA) and fitCare, which aim to promote physical activity, nutrition, and overall wellness among children in child care settings.

Overall, these coordinated efforts between CCS, OLA, and DOH demonstrate a commitment to ensuring the health, safety, and well-being of children in child care programs, as well as providing valuable support and resources to parents and providers. Collaboration between agencies strengthens the effectiveness of services and contributes to a healthier and safer child care environment.

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The coordination between**

Child Care Services (CCS) and the South Dakota Department of Labor and Regulation (DLR) exemplifies a proactive approach to meeting the needs of vulnerable populations and ensuring effective child care options. Here's how CCS works closely with DLR to facilitate seamless services:

Mutual Case Collaboration: CCS and DLR Employment Specialists collaborate on mutual cases, ensuring that families receiving employment services also have access to appropriate child care options. By working together, they can address the holistic needs of families, including child care, to support employment and workforce development goals.

Monitoring Contract Slot Usage: CCS and DLR monitor contract slot usage to ensure that child care options are effectively utilized and meet the needs of vulnerable populations. This collaborative effort helps to optimize the allocation of resources and ensures that families have access to the child care services they require.

Coordinating Changes: If a contracted child care facility is no longer convenient for families due to location or transportation issues, CCS and DLR coordinate changes to better align with family needs. This proactive approach ensures that families have access to child care options that are both convenient and suitable for their circumstances.

Training for DLR Staff: CCS provides ongoing training for DLR staff to ensure they are knowledgeable about child care policies, procedures, and any rule or policy changes. This training helps DLR staff address questions from families, understand start dates for child care services, and ensure consistency in implementation and messaging.

Overall, the partnership between CCS and DLR demonstrates a commitment to supporting families in accessing quality child care services while pursuing employment and workforce development opportunities. By working collaboratively, these agencies can better address the needs of vulnerable populations and provide seamless, effective services to families across South Dakota.

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The coordination efforts between the South Dakota Department of Education and Child Care Services (CCS) and Office of Licensing and Accreditation (OLA) demonstrate a commitment to streamlining access to early childhood and school-age services for families. Here's how these coordinated activities enhance family access:**

Information Sharing about Child and Adult Care Food Programs: CCS and OLA ensure that child care providers are informed about the Child and Adult Care Food programs offered through the Department of Education. This ensures that regulated family child care, day care centers, and before and after school programs are aware of and can access nutritional support services for the children they serve.

Coordination with Head Start Collaboration Office: Coordinating with the Head Start Collaboration Office, CCS and OLA oversee the development and review of the SD Early Learning Guidelines. This collaboration ensures alignment between Head Start programs and other early childhood education providers, promoting consistency and quality in early

childhood education practices. CCS also coordinates with the Head Start Collaboration Office regarding the delivery of CDA training for high school students.

Inclusion of Homeless Education Information in Training: CCS coordinates with the McKinney-Vento Homeless Education Coordinator to ensure homeless education information are incorporated into training provided to child care providers. This ensures that providers are equipped with the necessary knowledge and resources to support the development and well-being of the children they serve, including those experiencing homelessness.

Support for 21st Century Community Learning Centers: OLA works with 21st Century Community Learning programs to identify programs that require licensure. OLA provides support to these programs to assist them in becoming licensed and conducts ongoing monitoring to ensure compliance with regulatory standards. This collaboration helps to ensure the safety and quality of out-of-school time programs for children and families.

Overall, the coordinated efforts between the South Dakota Department of Education, CCS, and OLA aim to improve access to early childhood and school-age services for families. By working together, these agencies enhance the quality and availability of programs that support the well-being and development of children across the state.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Office of Licensing and Accreditation (OLA) is the DSS agency responsible for child care licensing. There is close coordination between OLA and Child Care Services (CCS) as these are the two co-administering CCDF lead agencies. Our coordinated efforts are crucial in the development of the CCDF State Plan, ensuring compliance with goals and requirements, and promoting the health and safety of child care programs. Here's how OLA and CCS work together:**

Routine Meetings and Information Sharing: OLA and CCS meet routinely to exchange information, address challenges, and coordinate efforts to achieve State Plan goals and requirements. These meetings provide opportunities for collaboration, problem-solving, and ensuring alignment between the two offices' activities.

Shared Database System for CCDF Funding Eligibility: OLA informs CCS about which child care providers are eligible for Child Care and Development Fund (CCDF) funding through systems that are interfaced. This collaboration ensures that eligible providers can access necessary funding to support the care and education of children.

Feedback Collection and Training Support: OLA gathers feedback from licensed and registered child care programs to identify training and support needs related to health and safety requirements and program quality. This feedback informs CCS of necessary training and support services to help programs meet standards and operate as high-quality child care providers.

Overall, the coordination between OLA and CCS ensures effective collaboration, resource utilization, and support for child care programs, ultimately promoting the health, safety, and quality of care for children in South Dakota.

- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The coordination between the Office of Licensing and Accreditation (OLA) and the South Dakota Department of Education's Child and Adult Care Food Program (CACFP) demonstrates a concerted effort to ensure that child care providers receive comprehensive support and access to vital resources. Here's how CCL and CACFP work together:**

Biannual Meetings with CACFP Staff and Sponsors: OLA holds regular meetings with state CACFP staff and local sponsors twice a year. These meetings serve as a platform to share program updates, address concerns, and coordinate communication about services provided. By meeting regularly, OLA and CACFP can ensure alignment of goals and objectives, as well as address any issues that may arise.

Regulation Consistency and Information Sharing: OLA specialists work closely with CACFP sponsors to ensure consistency in regulations between the two programs. This coordination ensures that child care providers receive accurate and up-to-date information on regulations and requirements from both OLA and CACFP. Sharing current and correct information helps providers maintain compliance and access available resources.

Sharing Provider Status Changes with CACFP: OLA shares changes in child care provider status with state CACFP staff. This coordination allows CACFP to update their records and outreach efforts accordingly, ensuring that providers receive uninterrupted access to CACFP benefits and support services.

Incorporating CACFP Information During Inquiries and Application Process: OLA specialists include information about CACFP benefits and participation opportunities during the inquiry process for child care providers. They also encourage participation in CACFP during the provider application process, highlighting the benefits of the program for registered and licensed programs.

Overall, the coordination between OLA and CACFP enhances support for child care providers by ensuring consistency, communication, and access to essential resources and benefits. By working together, these agencies can better meet the needs of child care providers and promote the well-being of children in South Dakota.

- j. 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 and results of the coordination: **The coordination between Child Care and key organizations like the South Dakota Department of Education Title X Part C - McKinney-Vento Homeless Education Office highlights a commitment to ensuring that child care services are accessible to homeless populations in the state. On-going coordination efforts include the sharing of resources and identifying ongoing training opportunities for Lead Agency staff, the Early Childhood Enrichment (ECE) System, and child care providers. This ensures that staff and providers are equipped with the knowledge and skills to effectively support homeless families and address their unique needs.**

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **State agency responsible for TANF is located in the DSS - Division of Economic Assistance (EA). Because CCS also housed within the Division in EA and working with many of the same families, several opportunities exist to ensure coordination of services, information, and input throughout the year. In addition, the EA division director meets regularly with the CCS Program Administrator 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. Through this coordination we have identified ways to better communicate information between the TANF and CCA programs, such as adding an appendix to the TANF manual related to CCS, to ensure that staff in both programs have the information available to efficiently assist mutual recipients. CCS and other EA programs including TANF are continuing to work on specific goals and efforts to enhance state technology systems to benefit customers and improve service delivery.**
- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **The State agency responsible for Medicaid CHIP is located within the DSS. The State Medicaid director is located in the Division of Medical Services. Staff who determine eligibility for Medicaid and CHIP are located within the Division of Economic Assistance (EA). EA Benefits Specialists are responsible for determinations for multiple programs including Medicaid, CHIP, Supplemental Nutrition Assistance (SNAP) and Temporary Assistance for Needy Families (TANF). Benefits Specialist assess family needs and assist in connecting those families to a variety of DSS programs, including CCS and to community resources that may assist the family. Department division directors and division staff work closely to ensure coordination of services and sharing opportunities across multiple divisions and programs. Effort is taken to align programs and processes where possible to provide a streamlined experience for our common customers. For example, the CHIP brochure is shared with all families applying for child care assistance and with Child Care providers for distribution to families.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **The Behavioral Health Division responsible for mental health is housed within DSS. Child Care recognizes that mental health of children is an important aspect to their growth and development. The coordinated goal includes enhancing awareness of early childhood mental health by focusing on building capacity across the State to increase accessibility to mental health services for young children. The result of this coordination effort has started the process to increase mental health services to child care providers in South Dakota which will result in improved care to children.**
- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The coordination between Child Care Services (CCS) and Early Childhood Enrichment (ECE) programs plays a vital role in supporting child care providers, families, and communities across South Dakota. Here's how CCS and ECE programs work together to enhance program quality and support:**

Training Delivery and Technical Assistance: CCS contracts with five ECE programs to deliver training, onsite technical assistance, and coaching to family, center, and school-age

providers. These programs help providers meet licensing requirements and continuously improve program quality. They also offer consumer education services to families seeking child care or technical assistance related to child development, as well as assistance to communities in addressing early care and school-age care needs.

Coordination and Communication: CCS coordinates with ECE programs through monthly conference calls and in-person meetings. These meetings serve to develop and implement new quality initiatives, discuss provider needs, and address technical assistance requests. Additionally, CCS and ECE programs coordinate with other organizations that provide direct services to families and caregivers, ensuring seamless service delivery across the state.

Accessibility and Support in QRIS: In this plan period, CCS and ECE programs will coordinate all training requirements and participant coaching offered in the Quality Recognition and Improvement System (QRIS). This ensures accessibility for providers entering and progressing through the system. Planning and implementation meetings will be scheduled throughout the plan period to facilitate coordination and collaboration. The QRIS team will also coordinate with ECE programs to administer Environmental Rating Scale observations to support implementation of the evaluation component as needed. ECE staff have completed reliability training on the tools and are prepared to support programs involved in QRIS as well as through technical assistance.

Overall, the coordination between CCS and ECE programs is essential for promoting high-quality child care services, supporting providers, and meeting the diverse needs of families and communities across South Dakota. By working together, they can enhance program quality, accessibility, and effectiveness, ultimately benefiting children and families statewide.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The collaboration between Child Care Services (CCS), the South Dakota School Age Care Alliance (SoDakSACA) and South Dakota After School Network (SDAN) is essential for supporting the development of high-quality afterschool programs and enhancing professional development opportunities for staff members. Here's how CCS, SoDakSACA and SDASN are working together to achieve their goals:**

Professional Development Support: CCS collaborates with SoDakSACA and SDAN to provide professional development opportunities for staff members in afterschool programs. By working together, they can offer training sessions, workshops, and resources aimed at enhancing the skills and knowledge of afterschool program staff, ultimately improving the quality of care provided to children.

School-Age Care QRIS Framework: CCS and the SDSU Quality Collaborative worked closely with SDAN in development of the SD School-Age Care QRIS framework for the QRIS pilot supporting the project with resources and connections to programs in operating in other states. This collaboration will continue into the current plan period to support the state implementation of the program.

Information Sharing and Updates: CCS will provide state and federal updates to SoDAkSACA and SDAN through participation in meetings and conferences. By keeping SoDAkSACA and SDAN informed of relevant updates and changes in regulations or policies, CCS helps ensure that afterschool programs stay informed and compliant with requirements, ultimately benefiting the children and families they serve.

Referral System for Parents: Through coordinated efforts, licensed school-age programs identified by CCS are provided to the SDAN for a referral system. This system helps parents find accessible school-age programming in South Dakota, facilitating access to afterschool care options for families across the state.

Overall, the collaboration between CCS, SoDAkSACA and SDAN demonstrates a commitment to promoting quality and accessibility in afterschool programming. By working together, they can support the professional development of staff, establish quality standards, and improve access to high-quality afterschool care for children and families in South Dakota.

- p. **Agency responsible for emergency management and response.** Describe the coordination and results of the coordination: **The coordination between Child Care Services (CCS), Office of Licensing and Accreditation (OLA), and other relevant stakeholders in revising the Child Care Emergency Preparedness and Response Plan demonstrates a proactive approach to ensuring the safety and well-being of children in child care settings. Here's an overview of the key points regarding the revision process and goals for implementation:**

Plan Revision Process: CCS and OLA revised the existing Child Care Emergency Preparedness and Response Plan to ensure its effectiveness and relevance in addressing potential emergencies and disasters. The plan was shared with key stakeholders, including the Office of Emergency Management (OEM).

Plan Accessibility: Upon completion, the revised Child Care Emergency Preparedness and Response Plan was successfully placed on the CCS website. Making the plan readily accessible to child care providers and other stakeholders enhances preparedness and ensures that relevant information is easily accessible in the event of an emergency.

Enhanced Website Resources: DSS successfully updated templates for providers to access in creating their own Emergency plans.

Future Goals:

Regular Review Process: Establish a structured process for conducting annual reviews of the Child Care Emergency Preparedness and Response Plan. This process should involve key stakeholders, including representatives from DSS, CCS, OLA, and relevant partner agencies.

Assessment of Applicability and Currency: During the annual review, assess the applicability and currency of the information content within the plan. Consider factors

such as changes in regulations, emerging threats or hazards, lessons learned from past incidents, and feedback from child care providers and stakeholders.

Engagement with Providers: Solicit feedback from child care providers regarding their experiences and challenges related to emergency preparedness and response. This input can help identify areas for improvement and ensure that the plan addresses the practical needs of providers.

Alignment with Best Practices: Stay abreast of best practices in emergency preparedness and response within the child care industry. Incorporate relevant updates and recommendations into the plan to enhance its effectiveness and alignment with industry standards.

Documentation and Reporting: Document the outcomes of the annual review process, including any updates or revisions made to the plan. Provide a summary report detailing the rationale behind the changes and any future actions or initiatives identified during the review.

Training and Awareness: Ensure that child care providers are informed about the annual review process and the importance of keeping their emergency plans current. Offer training or informational sessions to support providers in implementing and maintaining effective emergency preparedness measures.

- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
- i. ☐ State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:
 - ii. ☒ State/Territory institutions for higher education, including community colleges. Describe: **CCS has articulation agreements with five higher education institutions: South Dakota State University (SDSU), Black Hills State University (BHSU), Southeast Technical College, Oglala Lakota College, and Sisseton-Wahpeton College. Each of the institutions has agreed to articulate the 120 hours of training and 480 hours of on-the-job training from the South Dakota Child Development Associate Training Program into 9 or more college credits. A representative from CCS serves on the Southeast Technical College 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. The result of this partnership is increased accessibility to degree seeking programs in higher education which enables providers increased access to ongoing professional development opportunities and gain knowledge that will enable them to increase their ability to provide nurturing and responsive care.**
 - iii. ☒ Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: **The South Dakota Department of Human Services (DHS) Family Support 360 program offers 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. A need for the availability of child care options for children with significant special needs was identified. Providing care for these children and meeting their needs requires accommodations on the provider's part. Many of these accommodations are an expense for the provider. As a result of this CCS has developed a partnership with the DHS for 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 child care. Families qualifying under the advanced special service needs program within the CCA program are eligible if their income falls below 85% of the state median income and a higher rate can be authorized for provider reimbursement. DHS coordinators often assist families in applying for childcare assistance and work closely with the family and the CCS to identify the child's needs. If the family needs assistance in securing child care, a Child Care Subsidy Program Specialist works with the CCL Specialist from the OLA and the family to help identify a provider so the family can secure a child care arrangement. If special training is needed for the child care provider, the regional ECE training program can provide training and supports or refer the provider to community services that provide training in the area of need. The goal is to increase the availability of care for children with special needs. 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 can meet the needs of children who may not be successful in other settings. 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.

- iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) 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. The Office of Licensing and Accreditation (OLA) continues to participate in the state Child Death Review team if there are death cases that occur and involve a state licensed or registered child care provider.**
- v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **The agency responsible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is the Division of Medical Services withing DSS. Ongoing communication and coordination occur 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 DSS 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. The result of this collaboration is to provide an awareness of and access to families needing Early and Periodic Screening, Diagnostic and Treatment for their child(ren).

- vi. **[x] State/Territory agency responsible for child welfare. Describe: The coordination between the Office of Licensing and Accreditation (OLA) and the Division of Child Protection Services (CPS) within the Department of Social Services (DSS) underscores a shared commitment to safeguarding the well-being of children in child care settings. Here's how OLA and CPS work together:**

Timely Investigation of Allegations: In cases where allegations of child abuse or neglect arise in child care settings, OLA and CPS coordinate to ensure that investigations are conducted in a timely manner. This prompt response is critical for protecting children and addressing any concerns about their safety and well-being.

Quality Training for Child Care Providers: OLA and CPS coordinate efforts to provide quality training for child care providers related to indicators of child abuse and neglect, as well as reporting requirements. By equipping providers with the knowledge and skills to recognize signs of abuse or neglect and report concerns appropriately, this collaboration helps to create a safer environment for children in child care.

Overall, the coordination between OLA and CPS demonstrates a comprehensive approach to ensuring the safety and well-being of children in child care settings. By working together to investigate allegations and provide training, OLA and CPS contribute to the protection of vulnerable children and the promotion of a nurturing and secure environment in child care programs.

- vii. **[x] Child care provider groups or associations. Describe: CCS and OLA work with South Dakota state child care provider associations to assist in the marketing of DSS programs such as the state Quality Recognition and Information System (QRIS) to their members. In addition, CCS and OLA reach out association leadership to share office updates including survey opportunities with the goal of increasing response rates to gain valuable information to guide DSS decision-making.**
- viii. **[x] Parent groups or organizations. Describe: South Dakota Parent Connections connects families caring for children/youth with the full range of disabilities or special health care needs to provide 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. CCS**

is partnering with the CDC's Learn the Signs Act Early Ambassador for South Dakota that is housed within SD Parent Connection to share information with parents and child care providers. A representative from CCS serves on the South Dakota Act Early COVID-19 Response Team led by SD Parent Connection. In addition, staff from CCS and staff from SD Parent Connection sit on various advisory boards together where information is shared. CCS will continue to coordinate with Parent Connection staff when becoming aware of families in need of child care.

- ix. ☒ Title IV B 21st Century Community Learning Center Coordinators. Describe: **OLA works with 21st Century Community Learning programs to identify programs that require licensure. OLA provides support to these programs to assist them in becoming licensed and conducts ongoing monitoring to ensure compliance with regulatory standards. This collaboration helps to ensure the safety and quality of out-of-school time programs for children and families.**
- x. ☐ Other. Describe:

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds 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, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency 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 pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

☐ No. (If no, skip to question 8.2.2)

☒ Yes.

- i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:
 - ☒ Title XX (Social Services Block Grant, SSBG)
 - ☐ Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)
 - ☐ State- or Territory-only child care funds
 - ☐ TANF direct funds for child care not transferred into CCDF
 - ☐ Title IV-B funds (Social Security Act)
 - ☐ Title IV-E funds (Social Security Act)
 - ☐ Other. Describe:
- ii. If yes, what does the Lead Agency use combined funds to support, 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.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

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 must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

☐ Yes. If yes, describe which funds are used:

☒ No.

b. Does the Lead Agency use donated funds to meet match requirements?

☐ Yes. If yes, identify the entity(ies) designated to receive donated funds:

- i. ☐ Donated directly to the state.
- ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

☒ No.

- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

☐ Yes.

☒ No. If no, describe: **NA**

8.3 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the Lead Agency, 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).

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 Part B, 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 Lead Agency.
- 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 Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

☒ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

☐ No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

☐ Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage 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) 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.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **Child Care Services and the Office of Licensing & Accreditation take a community-driven approach to address child care workforce and access issues. By working directly with communities, solutions can be tailored to meet the unique needs and challenges of each area. The recent workforce study identified case studies of community, business and child care provider partnerships to address child care issues . These case studies can serve as models for other communities facing similar challenges, providing insights into effective strategies and collaborative approaches. By sharing these models and facilitating collaboration between stakeholders, Child Care Services and the Office of Licensing & Accreditation can empower communities to develop innovative solutions that meet their specific needs and improve child care accessibility and quality for families. This approach fosters a sense of ownership and investment among community members, leading to more sustainable and**

impactful outcomes. Child Care recently invested ARPA funds in grants administered by the Governor's Office of Economic Development for community strategic planning to improve child care services in grantee localities.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and 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.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **Updating the Statewide Disaster Plan for Child Care Services and the Office of Licensing & Accreditation in March 2024 demonstrates a commitment to ensuring readiness and effectiveness in responding to emergencies and disasters. Here's an overview of the key aspects of the update:**

General Review and Updates: The plan underwent a general review of processes to ensure that all aspects are up-to-date and comprehensive. This includes reviewing protocols, procedures, and resources to ensure readiness for various types of emergencies and disasters.

Completeness: The completeness of the plan was evaluated to ensure that all necessary components are included. This may involve verifying that all key areas, such as communication protocols, evacuation procedures, and resource allocation plans, are adequately addressed.

Contact Information Updates: Contact information for key stakeholders, agencies, and personnel involved in disaster response and recovery efforts was updated as needed. This ensures that communication channels remain current and effective during emergencies.

Input from SD Department of Public Safety: The plan was reviewed by the South Dakota Department of Public Safety Office of Emergency Management to provide input and feedback. This collaboration enhances the plan's comprehensiveness and alignment with broader emergency management efforts at the state level

By conducting these updates and seeking input from relevant stakeholders, Child Care Services and the Office of Licensing & Accreditation are taking proactive steps to enhance their preparedness and response capabilities in the face of emergencies and disasters. This ensures the safety and well-being of children, families, and child care providers across the state.

- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
 - i. The plan was developed in collaboration with the following required entities:

- ☒ State human services agency.
- ☒ State emergency management agency.
- ☒ State licensing agency.
- ☒ State health department or public health department.
- ☒ Local and State child care resource and referral agencies.
- ☒ State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- ii. ☒ The plan includes guidelines for the continuation of child care subsidies.
- iii. ☒ The plan includes guidelines for the continuation of child care services.
- iv. ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.
- v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - ☒ Procedures for evacuation.
 - ☒ Procedures for relocation.
 - ☒ Procedures for shelter-in-place.
 - ☒ Procedures for communication and reunification with families.
 - ☒ Procedures for continuity of operations.
 - ☒ Procedures for accommodations of infants and toddlers.
 - ☒ Procedures for accommodations of children with disabilities.
 - ☒ Procedures for accommodations of children with chronic medical conditions.
- vi. ☒ The plan contains procedures for staff and volunteer emergency preparedness training.
- vii. ☒ The plan contains procedures for staff and volunteer practice drills.
- viii. If any of the above are not checked, describe:
- ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
https://dss.sd.gov/docs/childcare/blockgrant/CCS_Emergency_Preparedness_Response_Plan.pdf

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. 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. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. 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:
Hotline and Reporting Mechanisms: The Office of Licensing and Accreditation (OLA) provides a toll-free hotline for parents or the public to report complaints about child care providers. Additionally, complaints can be submitted online through the DSS website at <https://dss.sd.gov/childcare/licensing/>

Routing of Complaints: When a complaint is received, whether through the hotline or online report, it is routed to the appropriate OLA specialist and supervisor.

Initial Review: The OLA specialist reviews the complaint to ensure that all necessary information is obtained. This step ensures that the complaint is valid and that relevant details are documented.

Investigation: After the initial review, the specialist proceeds with an investigation into the reported issue. This investigation likely involves gathering additional information, interviewing relevant parties, and assessing the situation thoroughly.

Resolution: Based on the findings of the investigation, appropriate action is taken to address the complaint. This could include anything from providing guidance or training to the child care provider to implementing a corrective action plan or revoking their license, depending on the severity of the issue.

By having a structured process in place, OLA aims to ensure that complaints are handled promptly and effectively, ultimately contributing to the safety and well-being of children in child care settings.

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **Utilizing Google Analytics on the Department of Social Services (DSS) website for language transcription is a practical approach to enhance accessibility and cater to diverse language preferences. Here's how the process typically works:**

Language Selection: Users visiting the DSS website are presented with an option to select the language they prefer. This selection is likely available through a dropdown menu or a similar interface element.

Translation: Once a user selects their preferred language, Google Analytics kicks in to facilitate language transcription. The content of the DSS website is dynamically translated into the chosen language. This translation covers various aspects of the website, including text content, menus, forms, and other elements.

Accessibility: By providing language options, the DSS website ensures accessibility for individuals who may not be proficient in the default language of the website. This inclusivity allows a broader audience to access and understand the information provided by the Department.

Google Analytics Integration: Google Analytics is integrated into the website to facilitate this language translation feature seamlessly. It utilizes Google's robust translation capabilities to accurately convert the content into the selected language in real-time.

User Experience: This feature enhances the overall user experience by allowing individuals to navigate and consume content in their preferred language. It promotes engagement with the website and facilitates better understanding of the services and information provided by the Department of Social Services.

Overall, leveraging Google Analytics for language transcription reflects the Department's commitment to accessibility and ensuring that its services are accessible to all individuals, regardless of language barriers.

- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **By contracting with Sight Improve, DSS can leverage specialized expertise in web accessibility to identify and implement best practices for accommodating individuals with disabilities. This partnership facilitates the implementation of features and functionalities that enhance accessibility across the website. Hover-over Text:** The ability to hover over words for better readability can greatly benefit users with visual impairments. This feature likely provides enlarged or highlighted text upon hovering, making it easier for individuals with low vision to read the content.

TTY (Text Telephone) options are crucial for individuals who are deaf, hard of hearing, or speech impaired. By offering TTY support, DSS ensures that these individuals can effectively communicate with the agency via text-based telecommunications devices.

Overall, DSS's proactive approach to website accessibility demonstrates a commitment to equitable access to information and services for individuals with disabilities. By continuing to invest in improvements through its partnership with Sight Improve, DSS is taking meaningful steps to create a more accessible digital environment

- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

☒ Yes. If yes, describe: **Receipt of Complaints:** Complaints can be received from various sources, including other agencies, phone calls, written submissions, or in-person contacts. These complaints may pertain to regulated, informal, or in-home child care providers, including those eligible to receive CCDF funds.

Initial Screening: Upon receipt, all complaints are reviewed by Office of Licensing and Accreditation (OLA) specialists and supervisor. Complaints that do not involve violations of state laws, licensing regulations, or endangerment of a child are typically screened out.

Referral for Child Abuse and Neglect: Complaints related to child abuse and neglect are referred to Child Protection Services for investigation. Collaboration between Child Protection Services and (OLA) may occur when the child is under the care of a child care provider.

Investigation Process: Complaints alleging non-compliance with regulations are investigated through unannounced, onsite monitoring visits conducted by OLA specialists. These visits are typically completed within one to two weeks, with high-risk concerns addressed within one to two days.

Substantiation and Corrective Action: Based on the findings of the investigation, complaints may be substantiated onsite or require further discussion with the OLA supervisor. If a complaint is substantiated, corrective action is implemented to ensure compliance in the future. This may involve providing additional training or resources to the provider.

Follow-Up Visits: OLA specialists conduct unannounced follow-up visits to ensure that the provider has achieved and maintained compliance with regulations.

Overall, this process reflects a commitment to ensuring the safety and quality of child care services by promptly addressing complaints, conducting thorough investigations, and implementing corrective measures when necessary. By enforcing compliance with regulations and providing support to child care providers, OLA aims to uphold high standards of care for children in regulated child care settings.

☐ No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **Record Keeping:** The Office of Licensing & Accreditation (OLA) maintains a comprehensive record of all substantiated parental complaints. These records include details such as the nature of the complaint, the investigation process, and the outcome of the investigation.

Management Information System: A dedicated management information system is used to record and track complaints from submission to resolution. This system provides a structured framework for managing complaints efficiently and ensuring that they are handled in a timely manner.

Public Availability: Information about investigations resulting in non-compliance citations with licensing standards is made available to the public. This may be accessible through the Child Care Services (CCS) website or by request. By providing access to this information, OLA promotes transparency and empowers parents and the community to make informed decisions about child care providers.

Accountability: Making investigation outcomes public holds child care providers accountable for their actions and ensures that any instances of non-compliance with licensing standards are appropriately addressed. This helps maintain the integrity of the child care system and fosters trust between providers, parents, and regulatory authorities.

Continuous Improvement: By monitoring and analyzing complaint data, OLA can identify patterns or trends that may indicate systemic issues within the child care industry. This enables proactive measures to be taken to address areas of concern and improve overall service quality and safety for children in care.

Overall, OLA's commitment to maintaining transparent records of parental complaints and investigation outcomes reflects a dedication to ensuring the well-being and safety of children in child care settings. By providing accessible information to the public, they foster accountability and promote a culture of continuous improvement within the child care industry. https://dss.sd.gov/docs/childcare/Inspection_Results_Instructions.pdf

- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Transparency:** By making substantiated parental complaints publicly accessible, the Child Care Services (CCS) website promotes transparency in the child care industry. Parents, guardians, and other interested parties can access information about complaints and investigations to make informed decisions about child care providers.

Accountability: Holding child care programs accountable for substantiated complaints encourages providers to maintain high standards of care and compliance with regulations. Providers are more likely to address issues promptly and implement corrective measures to prevent future complaints.

Empowerment: Access to information empowers parents and guardians to advocate for their children's well-being and choose child care options that align with their preferences and values. It also allows them to be proactive in identifying any concerns or red flags regarding a particular provider.

Continuous Improvement: Publicly available complaint data can serve as valuable feedback for regulatory agencies and child care providers. Analyzing trends and patterns in complaints helps identify areas for improvement in regulatory oversight, training, and

support services for providers.

Community Trust: By demonstrating a commitment to transparency and accountability, regulatory agencies build trust with the community. Stakeholders are more likely to have confidence in the regulatory process and believe that their concerns are taken seriously and addressed appropriately.

Overall, making substantiated parental complaints readily accessible on the CCS website serves to enhance the quality and safety of child care services by promoting transparency, accountability, and informed decision-making. All substantiated parental complaints on regulated child care programs or license exempt (informal/in-home providers) are available on the CCS website at <https://dss.sd.gov/keyresources/statistics.aspx#CCS> and updated annually.

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency's consumer education website homepage:
<https://dss.sd.gov/childcare/default.aspx>
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
[x] Yes.
[] No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
[x] Yes.

☐ No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: <https://dss.sd.gov/childcare/licensing/>
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers::
https://dss.sd.gov/docs/childcare/Inspection_Results_Instructions.pdf
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
https://dss.sd.gov/childcare/background_screening.aspx
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
https://dss.sd.gov/childcare/background_screening.aspx

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
☒ Yes.
☐ No. If no, describe:
 - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://apps.sd.gov/ss45provinform/search.aspx>
 - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:
 - ☐ License-exempt center-based CCDF providers.
 - ☒ License-exempt family child care CCDF providers.
 - ☐ License-exempt non-CCDF providers.
 - ☐ Relative CCDF child care providers.
 - ☐ Other (e.g., summer camps, public pre-Kindergarten). Describe:
- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results
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	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- i. ☐ All licensed providers. Describe:
- ii. ☐ License-exempt CCDF center-based providers. Describe:
- iii. ☐ License-exempt CCDF family child care providers. Describe:
- iv. ☐ License-exempt, non-CCDF providers. Describe:
- v. ☐ Relative CCDF providers. Describe:
- vi. ☐ Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. ☐ Quality improvement system.
 - ii. ☒ National accreditation.
 - iii. ☐ Enhanced licensing system.
 - iv. ☐ Meeting Head Start/Early Head Start Program Performance Standards.
 - v. ☐ Meeting pre-Kindergarten quality requirements.
 - vi. ☐ School-age standards.
 - vii. ☐ Quality framework or quality improvement system.
 - viii. ☐ Other. Describe:
- b. For what types of child care providers is quality information available?
 - i. ☒ Licensed CCDF providers. Describe the quality information: **Providers may be accredited by The National Association for the Education of Young Children (NAEYC) or programs can be recognized by the Council on Accreditation Child and Youth Development Programs.**
 - ii. ☒ Licensed non-CCDF providers. Describe the quality information: **Providers may be accredited by The National Association for the Education of Young Children (NAEYC) or programs can be recognized by the Council on Accreditation Child and Youth Development Programs.**
 - iii. ☐ License-exempt center-based CCDF providers. Describe the quality information:
 - iv. ☐ License-exempt FCC CCDF providers. Describe the quality information:
 - v. ☐ License-exempt non-CCDF providers. Describe the quality information:
 - vi. ☐ Relative child care providers. Describe the quality information:
 - vii. ☐ Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.
 - ii. **[x]** The total number of deaths of children in care by provider category and licensing status.
 - iii. **[x]** The total number of substantiated instances of child abuse in child care settings.
 - iv. **[x]** The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe:
- b. Certify by providing:
- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Reporting Serious Injuries and Deaths: Child care providers are mandated to report all serious injuries and deaths to the Office of Licensing and Accreditation (OLA). This requirement ensures prompt attention to any incidents that may jeopardize the safety or health of children in child care programs.**

Notification of Involvement with Law Enforcement or CPS: Providers are required to notify OLA if they become involved with law enforcement or Child Protection Services (CPS). This provision aims to ensure that regulatory authorities are informed of any legal or child protection issues that may impact the provider's ability to offer safe and appropriate care.

Reporting Suspected Child Abuse and Neglect: Child care providers are obligated to report suspected cases of child abuse and neglect to CPS or law enforcement agencies. This requirement underscores the critical role that child care providers play in safeguarding children and promoting their welfare.

Provider Awareness and Annual Review: Providers are informed of these reporting requirements before becoming regulated or providing care. Additionally, the regulation is reviewed annually with each provider to reinforce compliance and ensure understanding of their responsibilities.

Documentation and Collaboration with CPS: CPS maintains documentation of all abuse investigations, whether conducted by CPS or law enforcement agencies. If a report of substantiated abuse or neglect in a child care program is received, CPS notifies OLA. This collaboration facilitates information sharing and ensures appropriate follow-up actions are taken.

Access to Aggregate Data: CPS provides aggregate data of substantiated child abuse or neglect, as well as information on deaths or serious injuries occurring in child care programs, to OLA upon request. This data enables OLA to monitor trends, identify potential risks, and take proactive measures to enhance child safety.

Overall, the administrative rule 67:42:17:06 underscores the importance of effective communication, collaboration, and transparency among child care providers, regulatory agencies, and child protection authorities to ensure the well-being and protection of children in child care settings.

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **Substantiated child abuse is defined 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 (SDCL) 26-8A-2.**
- iii. The definition of “serious injury” used by the Lead Agency for this requirement: **A serious injury is defined as an injury that requires medical treatment to the child in care.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
https://dss.sd.gov/docs/statistics/Child_Care_Data/2022_2023.pdf

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
☐ Yes.
☐ No.
☒ Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information:

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?
☒ Yes.
☐ No.
- b. Provide the direct URL/website link to this information:
<https://dss.sd.gov/contactus/default.aspx>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

☒ Yes.

☐ No.

- b. Provide the direct URL/website link to the sliding fee scale.

https://dss.sd.gov/docs/childcare/assistance/Sliding_Fee_Scale.pdf

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The availability of child care services is included on the Child Care Services (CCS) application, brochure, and on the Child Care website for parents, providers, and the public. All South Dakota 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 as 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. The Helpline Center is also 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 <https://dss.sd.gov/childcare/linksandresources/>.**

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.

- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

☒ Yes.

☐ No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

☒ Yes.

☐ No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **Child Care in South Dakota is taking a comprehensive approach to disseminating information about research and best practices in child development to parents, providers, and the general public. Here's a breakdown of the various channels through which this information is made available:**

Child Care Website: The Child Care Services (CCS) website serves as a central hub for accessing

information on child development, including resources, classes, and guidelines. This online platform provides easy access for parents, providers, and the general public to stay informed about best practices in child care.

Birth to Three Parenting Classes and Resources: Offering parenting classes for parents with children birth to age three that provides resources and practical guidance and support to parents in nurturing their child's development. These classes cover a range of topics such as child health, nutrition, and developmental milestones and offer an interactive and engaging opportunity for parents to learn about child development and parenting techniques.

Healthy South Dakota Website: Healthy South Dakota serves as a comprehensive resource for parents, child care providers, and communities on topics related to nutrition, healthy eating, and physical activity. This resource offers practical tips and guidelines for promoting overall health and well-being in children.

Direct Emails to Child Care Providers: Direct email communication with child care providers ensures that they stay informed about the latest research and best practices in child development. These emails contain updates, resources, and training opportunities relevant to their role.

Distribution and Training Surrounding South Dakota Early Learning Guidelines (ELG): The South Dakota Early Learning Guidelines (ELG) serve as a framework for supporting children's developmental progress. Distributing and providing training on these guidelines ensures that child care providers have the knowledge and tools to promote optimal development in the children they care for.

Early Childhood Enrichment (ECE) Training System Offerings: Training offerings through the Early Childhood Education (ECE) training system cover a range of topics, including child development, family child care best practices, and licensed program best practices. These training sessions provide valuable insights and strategies for promoting positive child outcomes.

fitCare Program: The fitCare program offers 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. This program empowers providers to promote holistic health and well-being in the children they serve.

By leveraging these various channels and resources, the CCDF lead agency in South Dakota is effectively disseminating information about research and best practices in child development, ultimately supporting the well-being and healthy development of children across the state.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

☒ Yes.

☐ No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and 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: **Foundational knowledge of social and emotional development is incorporated at various levels of the professional development system. Licensing regulations identify Guidance and Discipline as a specific training topic. Knowledge and application of the early learning and development guidelines, health and safety standards and social and 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. In addition, the SD ECE System provides two online, on-demand training series based on the Pyramid Model - the Preschool Foundations for Social Wellness and Emotional Wellness and the Infant/Toddler Foundations for Social Wellness and Emotional Wellness series. Resources from the National Center on Pyramid Model Innovations are regularly shared with child care providers during training, technical assistance, and coaching opportunities to expand the knowledge and implementation skills of child care providers. Resources to support the social and emotional wellness of children such as the SD Early Learning Guidelines and Learn the Signs Act Early Developmental Milestone checklists are also made available to families and the general public through the Child Care Services website. In addition, resources are provided directly to families through the SD ECE System through birth to three parenting training opportunities and individually through the Social and Emotional Foundations Project.**

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have 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. Describe those policies and how those policies are shared with families, providers, and the general public: **Utilization of Support and Training: Child care providers are encouraged to utilize the support, training, and technical assistance provided through Early Childhood Education (ECE) programs. These resources are intended to equip providers with the knowledge and skills necessary to effectively manage challenging behaviors and create supportive environments for children.**

Dissemination of Policy Information: The policy information is distributed through various channels to ensure that providers are aware of and understand the expectations. This includes mailing the information to all regulated providers, sharing it during provider webinars and trainings, and including it in handbooks for regulated, informal, and in-home providers.

Accessibility: The policy document is made available on the Child Care Services (CCS) website, ensuring accessibility for providers, parents, general public, and other stakeholders. This allows individuals to reference the policy at their convenience and serves as a centralized resource for information related to expulsion and suspension prevention.

Training and Education: By providing support, training, and technical assistance, the policy aims to empower child care providers to effectively address challenging behaviors and implement strategies to support children's social and emotional development. This

approach promotes a proactive and preventive approach to managing behavior issues in child care settings.

Collaborative Efforts: The policy underscores the importance of collaboration between child care providers, ECE programs, and regulatory agencies in promoting positive outcomes for children. By working together and leveraging available resources, providers can better meet the needs of all children in their care.

Overall, the policy reflects a commitment to creating inclusive and supportive environments in child care settings while addressing the unique needs of children with challenging behaviors. By providing guidance, support, and resources, the policy aims to foster positive outcomes for both children and providers in the child care system.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: https://dss.sd.gov/docs/childcare/educational_opportunities/Expulsion_Policy.pdf.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated 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; and,
- 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.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
☒ Yes.
☐ No. If no, describe:
- b. 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 Part B, Section 619 and Part C of

the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

☒ Yes.

☐ No. If no, describe:

- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

☒ Yes. If yes, 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 website at <https://dss.sd.gov/childcare/linksandresources/> 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 information. For additional service needs that are brought up in conversations with the caseworkers, parents are referred to the regional ECE program or SD Parent Connection to consult with local screenings services to meet the family's needs.**

☐ No. If no, describe:

- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.

☒ Yes.

☐ No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The CCDF program is administered by personnel within the DSS Division of Economic Assistance and the Office of Licensing and Accreditation the Child Care Services**

program and office within the Division of Economic Assistance responsible for CCA and quality initiatives consists of an administrator, five program specialists, an eligibility supervisor, five eligibility and payment processing caseworkers, and two secretaries. The licensing of Child Care programs is under the Office of Licensing and Accreditation. Child Care Licensing consists of a program manager, a licensing supervisor, and ten licensing specialists. DDS finance oversees fiscal management and support investigation and recovery services related to CCDF. Checks and balances are built into the program through internal file reviews and system limitations that help to prevent inadvertent eligibility or payment errors. Within the Child Care Services program, Program Specialists divide duties between facets of program operation including eligibility policy, payment and provider management, quality initiatives, and grants and contract management. The eligibility supervisor is responsible for supervisory reviews that are completed on a weekly basis. The cases for review are pulled at random for all caseworkers. The eligibility supervisor is also responsible for staff training which includes reviewing all processed case files until new staff show a complete understanding of the child care policies and procedures. Program Specialists and the Program Administrator share responsibility in implementing program integrity measures including file review, contract monitoring practices, and quality control audits which include Improper Payments. DSS finance staff oversee and track program expenditures and review invoicing. Child Care Licensing Staff provide regulatory oversight to child care providers. DSS finance staff oversee and track expenditures and review invoicing. DSS leadership and program staff monitor fiscal and red flag reporting. Program policy changes are communicated to staff, recipients, and providers through policy memos, instruction manuals, and ongoing training to help ensure understanding and improve awareness which leads to reduced risk. The Child Care programs participate in ongoing quality control evaluations including legislative and department audits. If fraudulent activity is suspected or reported regarding a customer, it is forwarded to the appropriate office for review and any needed follow-up.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **All contracted entities submit goals and objectives related to services provided through the contract and a budget estimating expenditures. Monthly activity and expense reports are required to be submitted. Onsite overviews of processes and procedures are conducted by Child Care Services. 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.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **The Department of Social Services Division of Finance tracks expenditures with specific accounts, funding sources, and grant years to track costs to specific federal grant and general fund match requirement. The Child Care programmatic staff reviews invoices to ensure costs are allowable with Child Care rules and regulations. The invoices are also reviewed by the accounting staff and the auditor's office staff to ensure the costs are allowable under state regulations and the Uniform administrative requirement 2 CFR 200.**
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The ACF-696 Financial report is prepared based on the cost allocation worksheets and expenditure schedules (EXP schedules) and in some cases external information received from time studies, program personnel, or other departmental sources. This report is compiled and completed by DSS Finance who also submits the report. If information is needed for the report the Program Administrator, Program Specialist, and additional financial documents supply it. Indirect costs are allocated to each benefiting program or fund source based on its proportionate share of the total salaries and wages for all benefiting programs within the department. Directly allocated costs are distributed to each benefiting program or fund source based on actual usage of the units as identified in the Department's time study procedures. The EXP schedule includes direct and allocated costs and provides the total year-to-date expenditures and current quarter information for the program in addition to identifying the federal portion of the total expenditures. The EXP schedules capture the required information to track and complete the ACF-696 Financial Report.**
- d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **Effective financial management is having a clear business plan to meet defined outcomes while being good stewards of state and federal dollars. Fiscal practices include budgeting, monitoring obligations, tracking expenditures and earmarks associated with grants efficient and proper cash management ensuring compliance with state and federal rules and regulations, and financial audits.**
- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **Fiscal management practices are evaluated monitored on an ongoing basis through program participating in internal and legislative audits and reviews. An internal control document has been developed and is followed. Results of monitoring or auditing are shared with program staff and department leadership and used to impact staff training and organizational decisions.**
- c. How the results inform implementation. Describe: **Results of monitoring or auditing are shared with program staff and department leadership and used to impact staff training and organizational decisions.**

- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **Child Care Service's Program Specialists, Program Administrator, and DSS Finance establish checks and balances to ensure program integrity and mitigate risks. Examples include eligibility staff utilizing information available to the division through other programs including TANF or SNAP, to validate information received from applicants. Audits of eligibility cases and provider records are conducted periodically to detect inaccuracies. Onsite visits to contracted entities help to ensure program integrity and reduce risks.**
- b. The frequency of each risk assessment. Describe: **Risk assessment is completed on an ongoing basis. Daily evaluation occurs in eligibility determination. Weekly supervisory quality control reviews are ongoing as well. Child Care participates in the triennial improper payments review. Child Care also participates in frequent legislative audits at a minimum triennially.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **Results of assessments, audits, and monitoring inform ongoing staff training plans, policy development and refinement, as well as used to inform organizational decisions.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **Child Care has received successful results in error rate reviews, internal and Legislative audits, and monitoring that reinforce successful program implementation and risk management.**
- e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **Subsidy caseworkers receive regular training on program policies, regulations and requirements, and updates when changes are made. 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 program specialist provides periodic training for other entities such as TANF employment specialists who work with mutual recipient families and share child care assistance information. As policy is updated, notices of changes are provided to TANF and Child Protection staff when**

changes impact mutual cases. The Child Care Assistance program maintains the Child Care Subsidy Policy Manual and Subsidy Caseworker Desk Guide. When policy updates occur staff are notified during staff meetings and receive copies of updated manuals and guides either physically or by email. Staff have online access to electronic versions of manuals. Subsidy caseworkers receive regular training on program policies, regulations and requirements found in the Subsidy Policy Manual and Subsidy Caseworker Desk Guide.

- ii. Describe how staff training is evaluated for effectiveness: **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. Error rates are established for caseworkers and used in performance evaluation. If areas of concern are identified staff will receive additional training.**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **CCS staff evaluate all program integrity data and track error rates on an ongoing basis. This data is used to identify risk areas for training and or policy clarifications. 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 ongoing case reviews and challenging cases are reviewed with all eligibility staff to ensure that they are implementing policy and rules with a uniform understanding. These discussions are used to influence changes to policy, procedure, and enhance staff training materials leading to better identification of risks.**
- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
- i. Describe the training for providers around CCDF program requirements and program integrity: **All child care providers receive a Child Care Assistance Reimbursement Guide when they begin participating in the program. The guide is available online. All child care providers complete an annual 'provider agreement which outlines their responsibilities for participation and aligns with CCDF integrity expectations. Licensed child care providers that are new to Child Care Assistance are personally contacted to receive an orientation of Child Care Assistance, including policy requirements, which aligns with CCDF integrity expectations. Child Care providers have access to a dedicated CCS staff member that can provide technical assistance with Child Care Assistance and reimbursement which align with CCDF integrity expectations. All child care providers receive policy change notices, which comply with CCDF requirements via email or mail.**
 - ii. Describe how provider training is evaluated for effectiveness: **Provider training is evaluated through audit outcomes and based on informally extracting recurrent themes in provider inquiries.**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results,

risk assessment data) to inform ongoing provider training needs: **Program integrity data is used to drill down and identify policy targets that need clarification through enhanced provider outreach or revising of current documents, processes, and front-line staff training.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **CCS participates in the triennial Improper Payments Review process. Information complied through this process and the report is shared directly with eligibility staff, program administration, as well and Division and Department leadership. Results inform staff training, policy development and refinement, and inform organizational decisions.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Child Care submits to legislative audits at a minimum triennially. This audit evaluates program internal controls. Results are shared with eligibility staff, program administration, as well and Division and Department leadership. Results inform staff training, policy development and refinement, and inform organizational decisions.**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. ☒ No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. **The Child Care program submits to frequent legislative audits that evaluate overall program internal controls and verify compliance. The most recent Legislative audit was completed for Child Care evaluated FFY22 and was completed in 2023. These audits occur at a minimum triennially. No risks were identified in the most recent audit.**
- b. ☐ Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls?

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls 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 and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. **[x]** 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)).
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **When processing applications, the Subsidy Caseworkers 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 and Internal Program Violation (IPV) prevention by allowing discrepancies to be identified, investigated, and resolved prior to eligibility determination preventing errant payments. Staff are trained how to cross check information between multiple programs.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **When processing applications, Subsidy Caseworkers 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 from these programs. This helps to maintain program integrity by identifying when additional information is needed to verify information in order to prevent unintentional program violations by allowing discrepancies to be identified, investigated, and resolved prior to eligibility determination preventing errant payments. Staff are trained how to cross check information between multiple programs.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **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 South Dakota information from other programs. This helps to ensure CCS 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. This helps to maintain program integrity by allowing discrepancies to be identified, investigated, and resolved prior to eligibility determination preventing errant payments.**
- b. **[x]** Run system reports that flag errors (include types).
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **There are several reports that flag errors. A monthly auto-generated report identifies individuals receiving both State and Tribal administered CCDF funds. Use of this report allows for duplicative assistance to be identified and for recovery to be implemented if duplicative**

assistance has occurred. A monthly autogenerated 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. Staff receive ongoing training on how to utilize these reports and what information reflected on the reports are considered red flags and require follow up.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **There are several reports that flag errors. A monthly auto-generated report identifies individuals receiving both State and Tribal administered CCDF funds. Use of this report allows for duplicative assistance to be identified and for recovery to be implemented if duplicative assistance occurred. A monthly autogenerated 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. These reports can also point to unintentional program violations.**
- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **A monthly auto-generated report monitors against duplicate certificates for families and if duplicate certificates are discovered, the Caseworker immediately corrects the error. Monitoring of this report has decreased the number of duplicative active certificates, preventing additional errors. Use of this report allows for duplicative certificates to be identified and for recovery to be implemented if needed.**
- c. **[x]** Review enrollment documents and attendance or billing records.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **These records are frequently audited to validate information submitted by the childcare providers or to identify inaccurate provider billing practices. Any resulting over-issuance is established using these records, and they are used to identify potential fraud. The use and review of attendance records has been a longstanding practice for the Child Care Assistance Program and has allowed the lead agency a mechanism to measure discrepancies and validate billing. Audits are conducted in response to provider questions, when possible red flags are identified by Child Care and other Department staff, and based on customer, provider and public tips.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **These records are frequently audited to validate information submitted by the childcare provider. This assists CCS in learning which providers may need technical assistance or training to improve practices. Any resulting over-issuance due to an unintentional program violation is established using these records. The use and review of provider attendance records has been a longstanding practice for the Child Care Assistance Program and has allowed the lead agency a mechanism to measure discrepancies and validate billing. Audits are conducted in response to provider questions, when possible red flags are identified by Child Care and other Department staff, and**

based on customer, provider and public tips.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Provider enrollment and attendance records are reviewed during any audit to determine compliance with program requirements. Provider practice and interpretation of program requirements can inform needed clarifications in policy.**
- d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Subsidy Program Supervisor conducts periodic quality assurance reviews of each 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. These reviews help to identify potential fraud and prevent intentional program violations through a secondary review and secondary validation of information including review of data available through other programs and review of procedural accuracy on the part of the Caseworker.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Subsidy Program Supervisor conducts periodic quality assurance reviews of each 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. These reviews help to identify fraud and prevent unintentional program violations through a secondary review and secondary validation of information including review of data available through other programs and review of procedural accuracy on the part of the Caseworker.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **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. These reviews include secondary review and secondary validation of information and allow the Supervisor to identify individual need for improvement for Caseworkers as well as overall gaps in training. When gaps are identified, policy or training material is updated, and additional training is provided leading to a reduction in overall errors in the identified category.**
- e. **[x]** Audit provider records.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Provider attendance records are reviewed during any audit to determine compliance with program requirements. Resulting over-issuance is established using these records, and they are used to identify potential fraud. The use and review of provider attendance records has been a longstanding practice for the Child Care Assistance Program and has allowed the lead agency a mechanism to measure discrepancies and validate billing. Audits are conducted in response to provider questions, when possible red**

flags are identified by Child Care and other Department staff and based on customer, provider and public tips.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Provider attendance records are reviewed during any 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. Any resulting over-issuance due to unintentional program violations is established using these records. The use and review of provider attendance records has been a longstanding practice for the Child Care Assistance Program and has allowed the lead agency a mechanism to measure discrepancies and validate billing. Audits are conducted in response to provider questions, when possible red flags are identified by Child Care and other Department staff and based on customer, provider and public tips.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Provider records are reviewed during any 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.**
- f. **[x]** Train staff on policy and/or audits.
- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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. These meetings with subsidy staff have proven beneficial in identifying discrepancies in the application of policy and procedure related to both the eligibility determination process and risk management practices. These discussions are used to influence changes to policy, procedure, and enhance staff training materials leading to better identification of risks..**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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. These meetings with subsidy staff have proven beneficial in identifying discrepancies in the application of policy and procedure related to both the eligibility determination process and risk management practices. These discussions are used to influence changes to policy, procedure, and enhance staff training materials leading to better identification of risks.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **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. 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. These meetings with subsidy staff have proven beneficial in identifying discrepancies in the application of policy and procedure related to both the eligibility determination process and risk management practices. These discussions can then be used to influence changes to policy, procedure, or training materials leading to better identification of risks. South Dakota maintains a low error rate.

- g. ☐ Other. Describe the activity(ies):
 - i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. ☐ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **Department of Social Services, Office of Recoveries and Fraud Investigations.**
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
 - i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **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.**
 - ii. ☒ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **The Lead Agency coordinates with the Department of Social Services, Office of Recoveries and Fraud Investigations (ORFI) when further investigation is necessary in a potential fraud case or intentional program violation case. ORFI staff have**

expertise in fraud detection and recovery. ORFI staff are utilized to perform on location investigation including obtaining records, conducting interviews, and surveillance to substantiate fraud.. In a case of fraud which may impact various assistance 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.

- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Recovery of improper payment due to fraud or intentional program violations is coordinated by the Department of Social Services, ORFI and may include repayment plans if a lump sum repayment is not negotiated. OFRI staff have expertise in fraud detection and recovery.**
 - iv. ☐ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
 - v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
 - viii. ☐ Other. Describe the activities and the results of these activities:
- c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?
- ☐ No.
- ☒ Yes.

If yes, check and describe below 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.

- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **Typically, a minimum dollar amount of \$50 must be met before recovery due to Improper Payments from Unintentional Program Violations is implemented. Minimum dollar amounts help ensure efficient use of staff time spent in recovery activities. Currently The Lead Agency does not track information on Unintentional Program Violations that would lead to Improper Payments that are not pursued, or below the minimum dollar amount. This again is to ensure efficient use of staff time spent in recovery activities. The Lead Agency is developing new processes to include the tracking of unpursued improper payments due to Unintentional Program Violations or minimum dollar amount to ensure this data is readily available.**

- ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **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. Over the past FFY year we have 33 cases that were determined to need to be repaid. Of those cases all of them had payment plans set up. 0 are still in progress and paying as agreed, 31 have completed the repayment plan, and 2 have not upheld the repayment plan and have had reduced payments.**
- iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **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. Out of the total 33 cases over the last FFY year only 2 did not uphold their repayment plans. The Lead Agency then moved forward with reducing their payments in the following months. Of the 2 cases that we had to reduce payment. 2 are complete and 0 are still in progress.**
- v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
- viii. ☐ Other. Describe the activities and the results of these activities:
- d. Does the Lead Agency investigate and recover improper payments due to agency errors?
☒ No.
☐ Yes.
 If yes, 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.
 - i. ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
 - ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g.,

- State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii. ☐ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:
 - iv. ☐ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
 - v. ☐ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
 - viii. ☐ Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. ☒ Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **If a recipient is proven to have committed an IPV, he/she may be disqualified from receiving assistance. The disqualification prevents further improper payments on behalf of the client. The first offense IPV is disqualification from receiving any monies or assistance from CCS 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 CCS. 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. Funds related to IPV are subject to repayment by the client. Recovery of funds occurs through the department Office of Recoveries and Fraud Investigations (ORFI).**
 - ii. ☒ Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **If a provider is proven to have committed an IPV, he/she may be disqualified from receiving subsidy reimbursement. Disqualification of the provider prevents further fraudulent reimbursement. First offense IPV is disqualification from receiving any monies or assistance from CCS for a period of one year. The second offense IPV is disqualification from receiving any monies or assistance from CCS for a period of two years. The third offense IPV is permanent disqualification from receiving any monies or assistance from CCS. 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 inwriting, signed and submitted to the Department of Social Services, Office of Administrative Hearings. Funds related to IPV's are subject to repayment by the provider.

- iii. ☒ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **In cases of fraud, which are handled by Department of Social Services, Office of Recoveries and Fraud Investigations (ORFI), the Department may pursue criminal prosecution.**
- iv. ☐ Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		