

# SIOUX FALLS HEALTH DEPARTMENT

## Family Day Care Home

### Renewal Form—Provider

State Registered \$25.00 City only \$125.00

Receipt Number \_\_\_\_\_

Receipt Date \_\_\_\_\_

#### Applicant/Billing Information

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address of Child Care Home \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# or DL# \_\_\_\_\_

Please list names of **anyone 15 years of age** and older who reside or who will be present on the premises on a regular basis. Please note whether or not individual is a helper who works with children.

Name	Date of Birth	SS# or DL#	Helper
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Have you or any person who frequents the home, as a provider or otherwise, ever been arrested or convicted of an offense for which they would need to register as a sex offender in South Dakota or any other jurisdiction or any lesser or similar related charge?  Yes  No

If yes, explain \_\_\_\_\_

Have you or any person who frequents the home ever been arrested, convicted, or put on notice for child abuse and/or neglect?  Yes  No

If yes, explain \_\_\_\_\_

Have you or any person who frequents the home been arrested and/or convicted of a felony in the past five years?  Yes  No

If yes, explain \_\_\_\_\_

Have you or any person who frequents the home been incarcerated in a federal, state, county, or local correctional facility in the last 10 years?  Yes  No

If yes, explain \_\_\_\_\_

**(Continued on back)**



City of Sioux Falls  
SOUTH DAKOTA

**Please check that you have provided or have on file with the City of Sioux Falls the following additional information with this registration form:**

- Documentation that no individuals 15 years of age and older who are regularly in the home are on the central registry for abuse and neglect.
- Documentation that no individuals 15 years of age and older who are regularly in the home have not been convicted of a felony in the last five years. **(To meet state requirements, one-third of all providers to be checked each year.)**
- Current Infant/Child CPR and First Aid. Call Sanford at 312-8390 to register.
- Copies of 6 hours of continuing education (required each year with renewal—*CANNOT REPEAT CLASSES WITHIN 3 YEARS*). Call Sanford at 312-8390 to register.
- Updated master list of children at day care with contact information (in case of an emergency).
- The appropriate fee has been submitted (required each year with renewal).
- Registered helper’s renewal forms and requirements.
- A current Certificate of Liability insurance in the amount of \$300,000.

The Sioux Falls Health Department will issue or renew a registration permit only after payment of the proper fee, ascertainment that facts set forth in the application are true and complete, and satisfactory evidence of the applicant’s ability to comply with the provisions of Chapter 92 of the Code of Ordinances of Sioux Falls. The registration fee is \$25.00 if you currently have your State certificate or \$125.00 if registering with the city only. This is a nonrefundable fee for the application process and will not be returned. It is not a guarantee of registration, since all requirements for registration according to City ordinance must be met prior to certificate issuance. **Registration fee must accompany application for processing.**

If all required information for processing is not included, the application and its contents will be kept on file for 90 days or until all requirements are met and all required documentation provided, whichever is shorter. A late fee and citation can be charged if all information is not postdated by December 31 of this year.

By signing I am verifying the accuracy of this information to the best of my knowledge. I agree to allow City Health Department to perform all appropriate screenings and to allow **City Health Department representatives access to all parts of the property where I operate a Family Day Care.**

**I have read, understand and agree to City ordinance, Chapter 92 Family Day Care Homes available at [www.siouxfalls.org/Business/Daycare](http://www.siouxfalls.org/Business/Daycare) or by request from the Health Department.**

Make checks payable to: **City of Sioux Falls**

Submit to: **Sioux Falls Health Department  
521 North Main Avenue, Suite 101  
Sioux Falls, SD 57104-5963  
605-367-8760**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Approved By: \_\_\_\_\_ Sex Registered Check: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Time	Notes	Initials