

## Instruction Form and Checklist

The following is a simple checklist for you to keep track of the progress of your application process. Providers and helpers, please fill out the following:

- A properly filled out, **signed**, and dated registration application form returned to the Sioux Falls Health Department.
- Complete all information in Section B of the application. All individuals 15 years or older who reside or who will be present on the premises on a regular basis will be screened for Felony Records by the Health Department staff. Return completed forms to the Sioux Falls Health Department, 521 North Main Avenue, Sioux Falls, SD 57104.
- A copy of current Infant/Child CPR and First Aid (covers initial 6 hours of education). For child care classes, call 312-8390. **These need to be completed before starting.**
- A copy of completed central registry check for abuse and neglect results for **all** individuals 15 years or older who reside at or who will be present on the premises on a regular basis.

### Providers only, please fill out the following:

- Application fee for City license. Checks made payable to City of Sioux Falls.
- A Certificate of Liability Insurance (minimum \$300,000 liability)
- A properly filled out master list of current children's contact information (in case of emergency).
- Or** a copy of current State license (this **only** covers abuse and neglect check and class work).

The following item needs to be mailed to a **different location** and the **results** you receive back will need to be mailed to the City of Sioux Falls.

- Request for Screening for Substantiated Reports of Abuse and Neglect.

Mailed to: Central Registry Check  
Child Protection Services  
700 Governors Drive  
Pierre, SD 57501

(Over)

Just a few reminders:

1. 6 hours continuing education credits are required for your renewal by December 31 of each year.
2. Be sure to contact Sioux Falls Planning and Zoning at 605-367-8254 to find out zoning requirements for your In Home Day Care location.
3. We are including an application to the Volunteer Information Center. You may fill this out if you would like to have that information provided to them and return it to the address listed on their application. Please do not return this to the Health Department.
4. Brochures from the State of South Dakota Child Care Licensing Program have been included for your convenience. Please take a moment to review the brochures and determine what your responsibilities are as a child care provider under the State Department of Social Services Child Care Services regulations. If you are caring for 13 or more children, licensure by the State is mandatory; just as if you are caring for 12 or fewer, licensure by the City Health Department is mandatory.

If there are still any questions, please call the Sioux Falls Health Department at 605-367-8760 or:

Todd—367-8787 (Providers whose last names start with A–G.)

Zack—367-8762 (Providers whose last names start with H–Q.)

Tori—367-8783 (Providers whose last names start with R–Z.)