



USE PERMIT ON REVIEW DAY CARE SUPPLEMENT

Name of Facility: _____

Address of Facility: _____

Name of Owner: _____

Address of Owner: _____

Name of Operator _____

Address of Operator _____

SD Dept of Social Services Certified Facility: ___ Yes ___ No Date Certified: _____ Certification Number: _____

Y/N	REQUIREMENT	NOTES / COMMENTS Initials of Operator
	Affirmation that there will be 12 or fewer children, including children of the applicant under the age of six years who will be in attendance at the family day care home at any one time.	
	Department of Social Services web site has been reviewed. www.dss.sd.gov	
	Family Day Care Inspection has been conducted and completed form submitted to City for review along with Use Permit on Review.	
	All persons 15 years of age and older who reside at or who will be present on the premises on a regular basis have passed a background check within 90 days immediately prior to registration.	
	All providers and helpers have completed accredited First Aid and Infant CPR Training.	
	Emergency Plan has been completed and attached. (See Family Day Care Handbook on www.dss.sd.gov for examples)	
	Orientation Training has been completed. (See Family Day Care Handbook on www.sdd.sd.gov)	

Annual Fee \$50.00 (January 1st thru December 31st)

ORDINANCE 1229: AN ORDINANCE REVISING TITLE XV-LAND USAGE, CHAPTER 155: ZONING CODE-§155.004 USES PERMITTED ON REVIEW (D) DAYCARE FACILITIES

City of Hot Springs | 303 North River St | Hot Springs SD 57747
Office: 605-745-3135 | Fax: 605-745-5180 | hsinspect@hs-sd.org
The City of Hot Springs is an equal opportunity provider

Providers and Helpers

NAME	ADDRESS	DATE OF BACKGROUND CHECK (15 YRS & OLDER)	DATE OF FIRST AID / INFANT CPR TRAINING (Attach)	DATE COMPLETED SD DSS CHILD CARE ORIENTATION TRAINING

DATE	ANNUAL DAY CARE FEE FOR	AMOUNT
4-26-21	1-1-2021 THRU 12-31-2021	\$50.00

OFFICE USE ONLY:	
DATE PAID: _____	RECEIPT NO: _____