North Dakota is encouraging all childcare providers to continue to serve children and their families during the pandemic using modified operating practices. These modified operating practices will be in effect as long as the public health situation calls for the additional precaution.

**Group Sizes / Staffing / Masking (Child Care selects Option 1 or Option 2)**

**General Principle:** Establish modified group sizes and/or masking expectations to align with CDC and/or DoH guidance; adjusting staffing / practices accordingly.

- **REVISED Option 1:** Establish a limit of 15 total people per room (includes both adults and children); masking not required for staff or children.

- **REVISED Option 2:** Return to group sizes as outlined in licensing regulations; require all staff to wear masks while indoors and/or not able to maintain physical distancing. Masks for children over age 2 are optional. Refer to separate guidance related to how masks can be worn safely in a child care setting.

Regardless of whether a provider selects Option 1 or Option 2:

- Square footage requirements will not change; minimum of 35 sq.ft. per child still applies.

- Adjust staffing patterns as needed to comply with established staffing ratios by age group.

- Stagger/limit common area usage as much as possible.

- Keep staff with the same group of children as much as possible; floating should not take place unless it’s required to maintain ratio. If floating is necessary, staff should change soiled clothing and wash hands or use hand sanitizer upon entering the classroom.

- Center Directors must be on site at least sixty (60) percent of the time when the center is open, or a minimum 30 hours per week, whichever is the less.

**NOTE:** Providers can elect Option 1 or Option 2 based on the unique characteristics of their situation.

**NOTE:** Each provider will need to be mindful of physical building capacity limitations. Total number of kids in any one facility should be governed by the provider’s ability to observe appropriate social distancing, especially in terms of utilization of common spaces that need to be shared by all children. A provider would still be required to ensure they are not exceeding the current license capacity for their physical space.
NOTE: Refer to separate guidance related to options for dividing rooms, utilizing existing space in different ways, or considering options for additional space.

Screening / Drop Off

General Principle: Limit access to the childcare facility as much as possible

- Child cares must screen employees and children (ask the parent/guardian) entering the childcare facility each day upon arrival using the following questions.
  1. Have you had any known contact with someone who is exhibiting symptoms (fever of 100.4, shortness of breath or cough) or tested positive for COVID-19 in the last 14 days?
  2. Have you had any new symptoms you feel are consistent with COVID-19 virus such as fever (100.4°F or higher) OR two or more of the following symptoms: fatigue, body aches, cough, sore throat, runny nose, nausea, vomiting, diarrhea, abdominal pain OR loss of taste and/or smell?

    If a thermometer is not available, ask:
    Have you ever felt feverish within the last 24 hours?

  3. Have you been tested for or diagnosed with COVID-19 in the last 14 days? If the answer to all 3 screening questions is “no”, the adult and child can enter the facility. If the answer to any of the 3 screening questions is “yes”, the person should be directed to call their health care provider, if ill, or visit the ND Department of Health website for further guidance.

- For any child that enters the child care facility, utilize the modified “Daily Health Check” procedure for children
  - If a child exhibits one or more of the indicated symptoms or screened “yes” to the facility screening questions, the child should not be allowed to remain at the child care facility.

- The presence of individuals not essential to the operation of the child care should be minimized. All individuals entering the child care facility should complete the entrance screening questions.

- Ask parents to drop off child(ren) at the entrance with a staff member instead of coming inside the child care program. If parent/guardian has to enter the building, require parent/guardians to wear masks and use hand sanitizer when they enter the building.

- If you are a sole provider, you need to self-screen. If you answer yes to any of these questions, neither you nor anyone within your home should be providing care at this time.
Meal / Play

**General Principle:** Minimize interactions that could facilitate community spread of virus

- Suspend family-style dining; replace with provider plating each meal and distributing to the child.

  
  - Group size restrictions and social distancing should be maintained while playing outdoors.
  
  - Do not use public playgrounds, including water playgrounds, located within local, state and national parks. Instead, focus outside play within home or center playgrounds and on open “green” space as appropriate for the age of the children involved in play.
  
  - Limit travel that requires transporting groups of children in vehicles. When vehicle use is necessary, use appropriate precautions (social distancing, group sizes, disinfection).
  
  - Sanitize touchpoints and outdoor “toys” used by children using similar decision-making protocols that are used for indoor play.
  
  - In addition to the standard first aid kit, staff must have hygiene supplies available for outdoor play, including but not limited to hand sanitizer, baby wipes (to remove visible soil and to clean infants’/toddler’s hands), tissues, and a garbage container.

- Sanitize the table setting before and after each meal and between each group utilizing the table/meal setting.

Hygiene / Safety

**General Principle:** Operate using enhanced hygiene and safety practices, as per operating procedures standard for child care facilities during times of public health emergency

- Have children and staff wash their hands upon arrival to child care and whenever they re-enter their classroom, enter another classroom, or work with/join a different group of children.

- If a child becomes ill during the day, it is important to keep the child in the classroom to contain the germs and prevent contaminating other areas. Provide an area in the classroom where the child can be comfortable and is supervised. Try to keep the child at least 6 feet from the other children until the child’s parent/guardian arrives. A portable divider could be used to create a more confined area if the child is coughing.

NOTE: Refer to additional guidance related to hygiene, cleaning and practices to decrease illness in the era of COVID-19