

## **Modified Operating Practices**

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*Updated November 15, 2020 to incorporate reference to state/local mandates*

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.

The Modified Operating Practices are intended to function as a supplement to existing licensing requirements, not as a replacement for. Likewise, the Modified Operating Practices are a supplement to existing state and local laws, including mandates related to masking and other public health expectations. These Modified Operating Practices do not supersede other state and local laws. The language noted below is intended to help clarify how various public health-related guidance and expectations align and ultimately affect child care settings.

The Practices are intended to help child care providers identify enhanced precautions that can help guide operation in a time of pandemic (i.e., a disease event that is widespread and affects a large number of people). They are themselves, not a basis for license violation or corrective action. They are, however, an expectation associated with participation in the state's Childcare Emergency Operating Grant Program; all participating providers are expected to follow the Modified Operating Practices as outlined, to the best of their ability, working with their licensing specialist and child care coaches to problem-solve issues as unique needs arise.

### **Quarantine**

If a child care provider learns of a positive COVID case in their program, they should:

1. Contact the ND Department of Health at [dohcovidchildcare@nd.gov](mailto:dohcovidchildcare@nd.gov) or call the hotline at 1-866-207-2880.
2. Call your licensing specialist and report any need to quarantine or program closure due to COVID.
3. Notify affected families. Since DoH is NOT initiating contact tracing at this time, it is the provider's responsibility to contact their families to let them know of the exposure. ND DoH staff will provide a letter for providers to share with families.

## **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.

- Option 1: Establish a limit of 15 total people per room (includes both adults and children); masking not required for staff or children, unless otherwise required by a state or local mandate
- Option 2: Return to group sizes as outlined in licensing regulations; require all staff and children age two and older to wear masks while indoors and/or not able to maintain physical distancing. 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 onsite 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 to follow 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 physical 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

- Childcares 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 has tested positive for COVID-19 or is a close contact with symptoms 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
- Provide opportunities for outside play whenever possible. Follow CDC guidance related to utilization of parks and recreational facilities. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/visitors.html>
  - Group size restrictions and physical distancing should be maintained while playing outdoors.
  - Limit travel that requires transporting groups of children in vehicles. When vehicle use is necessary, use appropriate precautions (physical 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’/toddlers’ 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