

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 620-01, Early Childhood Services. Revisions are in **red**, new language is underlined and old language is struck through. If the section is new the description below will add to the online manual.

Par. 2. **Effective Date** – Changes included in this manual letter are effective on or after 4/3/2023 unless otherwise indicated.

Self-declaration Effective Date 620-01-30-05

(Repealed with PI 22-03)

~~The earliest effective date for a new self-declaration will be the date that both the fingerprint background check memo and the authorized agent signature have been received. All required materials must be received by the authorized agent by this date. The date the regional office signs the self-declaration document may then be different than the effective date of the self-declaration. Example: Provider signs/notarization June 2nd Stamped in at the county June 3rd Authorized agent signs June 8th Pre-approval visit June 8th Fingerprint memorandum dated July 1st Regional office signs July 7th Effective date July 1st The Licensing Supervisor regional office should contact the central office if there appears to be a problem with timely issuance of SFN 865. The Licensing Supervisor regional office should contact the central office if special circumstances apply that would require a different effective date.~~

Application for Licensing 620-01-35-02

1. All persons/groups wishing to be licensed to provide Early Childhood Services shall make application on SFN 832, Application to Provide EarlyChildhood Services.)

2. Application shall be made for a one year or two year license.

2.3. A Provisional License or Self-Declaration Document shall be issued for the operation of an initial child care for a 6-month period, if

the program is unable to, show evidence of compliance to applicable standards and rules of the department at the time of licensure. This includes but is not limited to evidence of staff requirements being met. Refer to Early Childhood License Policy 620-01-80-01.

4. Applications for Early Childhood Services must be signed by the owner/operator. The application must be signed by the individual or board designee who has the legal responsibility and administrative authority for the childcare. Applications cannot be signed by the Director/Acting Director or Group Supervisor of the childcare. The application must be signed by the individual or board designee who has the legal responsibility and administrative authority for the childcare.
- ~~3.5. The complete application packet form must be accompanied by the licensing fee to begin the licensing study. The license is not transferable from one residence to another or one provider to another.~~
- 4.6. The Licensing Specialist authorized agent shall inform the applicant when there are additional local or regional requirements which must be met, for example fire inspections, food and lodging preplan visits, and city ordinances.
- ~~5. Authorized agent will work with regional office and CBCU to complete background check.~~
- ~~6. Authorization for background check must be submitted whenever a name change occurs.~~
- ~~7. —~~
- 8.7. Upon completion of licensing study, there may be deficiencies identified and in need of correction prior to issuing a license.
8. The license and license numbers are not transferable from one residence to another or one provider to another.
- ~~9. A new application and licensing study must be submitted whenever a provider changes type of license (i.e., family to group). The authorized agent may waive the application fee at their discretion.~~
- ~~10. A new application and licensing study must be submitted whenever a~~

~~program relocates to a new facility or changes owner/operator. The authorized agent may waive the application fee at their discretion.~~

~~11.9. A request in writing to a Licensing Specialist is required if the applicant chooses to withdraw their application, after the application has been submitted in CCL. If the applicant chooses to withdraw their application, the request to the authorized agent should be in writing. If the applicant makes a request by phone, they shall withdraw the application, document the call with date and time. The call must be followed up with a letter reiterating their request.~~

~~12.10. The application fee is non-refundable.~~

Self-declaration Effective Date 620-01-30-05

(Repealed with PI 22-03)

~~The earliest effective date of an early childhood license will be the date that both the fingerprint background check memo and the authorized agent signature have been received. All required materials must be submitted to the authorized agent by this day.~~

~~The date the regional office signs the license may be different than the effective date of the license.~~

~~Example for New Application~~

~~Provider contacts county _____ May 1st~~

~~County returns call _____ May 2nd~~

~~Orientation** _____ May 8th~~

~~Application and fee received _____ May 10th~~

~~Authorized agent calls to make appointment
for licensing study _____ May 12th~~

~~Appointment for licensing study by authorized
agent _____ May 17th~~

~~Fingerprint memorandum dated _____ May 19th~~
~~Final documentation arrives at county office* _____ May 20th~~
~~Date of authorized agency signature _____ May 20th~~
~~Authorized agent sends all required documentation to regional office _____ May 22nd~~
~~Regional office reviews, completes background checks, dates, and signs _____ May 28th~~
~~EFFECTIVE DATE _____ May 20th~~

~~NOTE: Regional office shall contact the central office if special circumstances arise regarding issuance of license.~~

~~Example for Renewal of license, Expiration June 30~~

~~License expires _____ June 30th~~
~~Provider contacts county _____ May 1st~~
~~County returns call _____ May 5th~~
~~Application and fee received _____ May 15th~~
~~Appointment for licensing study _____ June 10th~~
~~*Final documentation received at county _____ June 17th~~
~~Date of authorized agent signature _____ June 17th~~
~~County sends all required documentation to Regional office _____ June 19th~~
~~Regional office reviews, completes background checks, signs, and dates _____ June 27th~~
~~LICENSE EXPIRES JUNE 30TH - EFFECTIVE DATE July 1st~~

Assigning Provider Numbers 620-01-50

Provider numbers are assigned by the regional office. Providers licensed/self-certified prior to the Child Care Licensing system will retain their previously assigned number.

- Converted providers will keep their original/converted license number indefinitely, unless they change license type (ie: family to group) at which time they will be issued a new license number with the new x-xx-xxxxx-x sequence.
- If converted providers renew before their current license expires the system will not issue them a new number (it will re-issue their original/converted license number).
- If converted providers close and then reopen, the system will issue the provider a new license number (with the new x-xx-xxxxx-x sequence)
- A provider whose license is not renewed prior to the license expiration date will have 90 days to renew and retain their current number, after 90 days the license would be considered new and a new number (x-xx-xxxxx-x) would be issued.

New provider numbers will be generated by the Child Care Licensing system. The numbering system is as follows:

| | | | |
|--|---|-------------------------|----------------------|
| <u>X-XX-XXXXX-X</u> | | | |
| <u>1 Digit Zone/County Number*</u> <u>Area Number</u> | <u>2 Digit County Number Sequence</u> | <u>5 Digit Sequence</u> | <u>Provider Type</u> |

Zone Numbers *

| | |
|----------|----------------------|
| <u>1</u> | <u>NW Supervisor</u> |
| <u>2</u> | <u>NE Supervisor</u> |
| <u>3</u> | <u>SE Supervisor</u> |
| <u>4</u> | <u>SW Supervisor</u> |

*Zone numbers will be manually entered by the Supervisor in CCL when reviewing an application

PROVIDER NUMBER

County Numbers

| | | | |
|-----------|----------------------|-----------|------------------|
| <u>01</u> | <u>Adams</u> | <u>28</u> | <u>McLean</u> |
| <u>02</u> | <u>Barnes</u> | <u>29</u> | <u>Mercer</u> |
| <u>03</u> | <u>Benson</u> | <u>30</u> | <u>Morton</u> |
| <u>04</u> | <u>Billings</u> | <u>31</u> | <u>Mountrail</u> |
| <u>05</u> | <u>Bottineau</u> | <u>32</u> | <u>Nelson</u> |
| <u>06</u> | <u>Bowman</u> | <u>33</u> | <u>Oliver</u> |
| <u>07</u> | <u>Burke</u> | <u>34</u> | <u>Pembina</u> |
| <u>08</u> | <u>Burleigh</u> | <u>35</u> | <u>Pierce</u> |
| <u>09</u> | <u>Cass</u> | <u>36</u> | <u>Ramsey</u> |
| <u>10</u> | <u>Cavalier</u> | <u>37</u> | <u>Ransom</u> |
| <u>11</u> | <u>Dickey</u> | <u>38</u> | <u>Renville</u> |
| <u>12</u> | <u>Divide</u> | <u>39</u> | <u>Richland</u> |
| <u>13</u> | <u>Dunn</u> | <u>40</u> | <u>Rolette</u> |
| <u>14</u> | <u>Eddy</u> | <u>41</u> | <u>Sargent</u> |
| <u>15</u> | <u>Emmons</u> | <u>42</u> | <u>Sheridan</u> |
| <u>16</u> | <u>Foster</u> | <u>43</u> | <u>Sioux</u> |
| <u>17</u> | <u>Golden Valley</u> | <u>44</u> | <u>Slope</u> |
| <u>18</u> | <u>Grand Forks</u> | <u>45</u> | <u>Stark</u> |
| <u>19</u> | <u>Grant</u> | <u>46</u> | <u>Steele</u> |
| <u>20</u> | <u>Griggs</u> | <u>47</u> | <u>Stutsman</u> |
| <u>21</u> | <u>Hettinger</u> | <u>48</u> | <u>Towner</u> |
| <u>22</u> | <u>Kidder</u> | <u>49</u> | <u>Traill</u> |
| <u>23</u> | <u>LaMoure</u> | <u>50</u> | <u>Walsh</u> |
| <u>24</u> | <u>Logan</u> | <u>51</u> | <u>Ward</u> |
| <u>25</u> | <u>McHenry</u> | <u>52</u> | <u>Wells</u> |
| <u>26</u> | <u>McIntosh</u> | <u>53</u> | <u>Williams</u> |

| | |
|----|----------|
| 27 | McKenzie |
|----|----------|

The codes for areas are:

| | |
|----|-------------|
| 81 | Williston |
| 82 | Minot |
| 83 | Devils Lake |
| 84 | Grand Forks |
| 85 | Fargo |

Provider Types The codes for program type are:

| | |
|----------|------------------------------|
| F | Family Child Care |
| G | Group Child Care Home |
| H | Group Child Care Facility |
| C | Child Care Center |
| E | Preschool Education Facility |
| M | Multiple Licensed Facility |
| K | School Age Child Care |
| <u>P</u> | <u>Public Approval</u> |
| S | Self-declaration |
| R | Tribal Registration |
| Q | Approved Relative |
| <u>I</u> | <u>In-Home Provider</u> |

Inspection Code

| | |
|---|---------------------------------|
| H | Health & Sanitation Inspections |
| F | Fire Inspections |
| B | Both |

REPEAL: County Listing 620-01-50-01

| | | | |
|---|--------|----|--------|
| 1 | Adams | 28 | McLean |
| 2 | Barnes | 29 | Mercer |

| | | | |
|----|---------------|----|-----------|
| 3 | Benson | 30 | Morton |
| 4 | Billings | 31 | Mountrail |
| 5 | Bottineau | 32 | Nelson |
| 6 | Bowman | 33 | Oliver |
| 7 | Burke | 34 | Pembina |
| 8 | Burleigh | 35 | Pierce |
| 9 | Cass | 36 | Ramsey |
| 10 | Cavalier | 37 | Ransom |
| 11 | Dickey | 38 | Renville |
| 12 | Divide | 39 | Richland |
| 13 | Dunn | 40 | Rolette |
| 14 | Eddy | 41 | Sargent |
| 15 | Emmons | 42 | Sheridan |
| 16 | foster | 43 | Sioux |
| 17 | Golden Valley | 44 | Slope |
| 18 | Grand Forks | 45 | Stark |
| 19 | Grant | 46 | Steele |
| 20 | Griggs | 47 | Stutsman |
| 21 | Hettinger | 48 | Towner |
| 22 | Kidder | 49 | Trail |
| 23 | LaMoure | 50 | Walsh |
| 24 | Logan | 51 | Ward |
| 25 | McHenry | 52 | Wells |
| 26 | McIntosh | 53 | Williams |
| 27 | McKenzie | | |

REPEAL: Lists of Child Care Providers 620-01-60

~~A statewide Child Care Resource and Referral (CCR&R) program was created by the North Dakota legislature in 1991. As a result, contracts to provide the services identified in the N.D.C.C. § 50-11.1-11.1 were developed in 1992.~~

~~CCR&R, as mandated by law, are to provide referral services to parents looking for child care. The provider database consists of information on licensed child care program such as:~~

- ~~• Where they are located~~
- ~~• Hours they are open~~
- ~~• How many children they can take~~
- ~~• What ages they will accept~~
- ~~• Special qualifications they have~~
- ~~• Any current vacancies they may have~~
- ~~• If there are pets in the home~~
- ~~• Rate information~~
- ~~• Activities offered to the children in their child care~~

~~The authorized agent should refer requests for child care lists to the local Child Care Resource and Referral Office. If an individual requests the child care list after being referred to Child Resource and Referral, the authorized agent shall release the child care list to the individual. The list must be the most current list.~~

- ~~• The list must include self-declared and licensed providers~~
- ~~• The authorized agent may not recommend specific providers~~
- ~~• The authorized agent shall inform the individual that a provider's regulatory history is public record and that the individual may request the history of concerns and corrective action on any potential provider they choose.~~

REPEAL: Child Care Registry/Add and Delete Notices 620-01-65

~~The central office maintains a listing of all child care providers that have been registered, self-declared, or licensed.~~

~~This information is generated for the purpose of:~~

- ~~1. Mailing list~~
- ~~2. Data collection~~
- ~~3. Ensuring timely CCAP payments for eligible providers~~

REPEAL: Process for Maintaining and Updating a Current Child Care Registry 620-01-65-01

~~The authorized agent shall submit the following information to the regional office:~~

- ~~1. New telephone number for a provider.~~
- ~~2. New address for a provider.~~
- ~~3. Provider name change.~~
- ~~4. Change in the number of children licensed.~~

~~The regional office shall input the appropriate licensing information into the child care registry.~~

REPEAL: Delete Notices 620-01-65-05

~~When a license or self-declaration has expired and a new application has not been completed:~~

- ~~1. The authorized agent must inform the regional office of provider's closing.~~
- ~~2.1. _____ The regional office must delete the provider from the child care registry.~~

REPEAL: Delete Process When Revocation is Issued 620-01-65-10

~~The regional office shall immediately delete a provider after time period expires for an appeal and no appeal is filed by the~~

~~provider. If a revocation appeal is filed by the provider, the regional office shall delete the provider at the time the revocation is final. The revocation is final the date that the final order is signed by the executive office.~~

When a Program Closes 620-01-70

When an early childhood program, self-declared child care, or in-home registered child care voluntarily closes, the provider is responsible for notifying the Licensing Specialist~~authorized agent~~.

The Licensing Specialist~~will authorized agent shall~~:

1. Require the program to provide written documentation stating the date of closure.
- ~~1.2. _____~~ Close the license in CCL within 48 hours of receiving the closure information.
3. Email the Licensing Supervisor and Professional Development the written documentation of the closure.
- ~~1. Document closure in provider's file.~~
- ~~2. Instruct the operator to return the license to authorized agent.~~
- ~~3. Notify regional office to have the provider's number deleted from central office computer registry.~~
- ~~4. Instruct CCA to delete them from the provider database.~~

When Changes Occur in a Home, Facility, or Program 620-01-75

When a provider ~~needs to make changes to their current license or self-declaration, wishes to change the number of children they are licensed to provide child care for,~~ the provider must notify the Licensing Specialist ~~authorized agent~~ of their intent and submit all applicable documentation for approval prior to implementation of any changes. and request an issuance of a new license. Documentation must be submitted if applicable, for example, a new floor plan.

~~Changes may require the provider to complete a new W-9 form and submit the form to the State CCAP Office. The following circumstances will require a new W-9 form:~~

- ~~1. New CCAP provider~~
- ~~2. Lapse between certification or relicensure of more than three months~~
- ~~3. Change in name~~
- ~~4. Change in provider number~~
- ~~5. Change in social security number or employer identification number~~

Name/Address Change of Provider 620-01-75-01

1. The current provider who is requesting a name change must complete a new application and submit documentation verifying the name change.
2. A current provider who is relocating to a new address must complete a new application, and a new licensing study or self-declaration will be completed. A new license number will be issued upon license approval.
3. Fees and fee adjustments during a licensing, self-declaration, or registration period falls under the discretion of the Licensing Specialist ~~authorized agent~~.

Change of License Type 620-01-75-05

1. The current provider who is requesting a change of license type must complete a new application, submit all required documentation, and a new licensing study will be completed. Refer to Early Childhood Services Licensing Policy 620-01-35-01.
2. Fees and fee adjustments during a licensing, self-declaration, or registration period falls under the discretion of the Licensing Specialist.
3. Licensing Specialist will complete an inspection and review application packet and required documentation.

Licensing Supervisor will review application packet and required documentation and determine if a new license will be issued.

Change of Owner/Operator 620-01-75-10

1. The current provider who is requesting a change of owner/operator must complete a new application, submit all required documentation, and a new licensing study will be completed. Refer to Early Childhood Services Licensing Policy 620-01-35-01.
2. Fees and fee adjustments during a licensing, self-declaration, or registration period falls under the discretion of the Licensing Specialist.
- ~~1-3.~~ Licensing Specialist will complete an inspection and review application packet and required documentation.
- ~~2-4.~~ Licensing Supervisor will review application packet and required documentation. A new license number will be issued if it is determined a new license will be issued.

Change of Director/Supervisor 620-01-75-15

1. The current provider who is requesting a change of director/supervisor must complete a new application and submit the new director/supervisor's credentials.

2. Licensing Specialist will review application and required director/supervisor records.
 - If credentials do not meet the criteria, the Licensing Specialist will contact the provider to provide further guidance.
3. If credentials meet the criteria, the Licensing Supervisor will then review the application and required director/supervisor records.
5. The provider will be notified of the determination.

Change of Capacity 620-01-75-20

1. Licensing Specialist informs the provider that it is the provider's responsibility to make sure all applicable city ordinances are met.
2. If new space is being added, the provider will need a new fire inspection and comply with all city and county ordinances as they apply.
3. The current provider who is requesting a change of capacity must complete a new application and submit a new floor plan, if applicable.
4. Licensing Specialist completes inspection, checking to make sure that staffing and equipment are adequate to support the increase in capacity.
 - a. Licensing Specialist re-measures indoor and outdoor space to determine capacity, ensuring that only usable space is counted in measurement, and that space is arranged in a way that ensures proper supervision.
 - b. Licensing Specialist verifies that there is at least 1 toilet per fifteen children, excluding those not toilet trained.
5. Licensing Supervisor reviews request and approves license increase if complete and in compliance.

Provisional Licensing and Self-Declaration Document 620-01-80-01

A Provisional License or Self-Declaration Document shall be issued for the operation of an initial child care for a 6-month period, if the program is unable to, show evidence of compliance to applicable standards and rules of the department at the time of licensure. This includes but is not limited to evidence of staff requirements being met.

An unannounced visit is required 3 months after issuance of a Provisional License or Self-Declaration Document.

A child care who can show evidence of compliance at 6 months shall be issued a License or Self-Declaration Document without a Provisional.

The Licensing Specialist, Supervisor, and Administrator will determine if a second 6-month Provisional License will be issued for a child care who is out of compliance at the end of the Provisional License or Self-Declaration document.

A Provisional License or Self-Declaration Document may be issued during a licensing period if the applicant or operator fails to, or is unable to, comply with all applicable standards and rules of the department.

Refer to Administrative Rules for more details about when the department may issue a Provisional License or Self-Declaration Document.

Steps for Issuing a Provisional License/Self-Declaration Document:

1. The Licensing Specialist shall request that a Provisional License or Self-Declaration Document be issued by the Licensing Supervisor.
- ~~1. If the authorized agent feels the request is warranted, the authorized agent shall request that a provisional license be issued by the regional office.~~
2. The Licensing Supervisor shall prepare the Provisional Agreement and consult with the Licensing Administrator and Legal Advisory Unit before a Provisional License or Self-Declaration Document is issued. Regional office shall contact central office to discuss request on a case-by-case basis.

3. ~~When the decision is made to~~ issue a ~~Provisional License or Self-Declaration Document:~~
- a. ~~The approved Provisional Agreement is provided to the Licensing Specialist by the Licensing Supervisor.~~
 - b. ~~The Licensing Specialist shall go over the Provisional Agreement with the provider and send the approved Provisional Agreement to the provider.~~
 - c. ~~The a-written Provisional Agreement with the provider must be signed by the provider and returned to the Licensing Specialist, authorized agent, and regional office.~~
 - d. ~~The Licensing Specialist signs the Provisional Agreement and forwards the document to the Licensing Supervisor.~~
 - e. ~~The Licensing Supervisor signs the Provisional Agreement and issues the Provisional License/Self-Declaration Document.~~
 - f. ~~The word "Provisional" and the items of noncompliance explanation for the provisional license must be written on the face of the License/Self-Declaration Document.~~
 - g. ~~The Licensing Specialist reviews the document with the provider and forwards the documents to the provider. The provider must sign the agreement and return a signed copy of the agreement to the Licensing Specialist.~~
 - h. ~~The provider must post the signed Provisional Agreement with the Provisional License/Self-Declaration Document.~~
 - i. ~~Extensions to the Provisional License/Self-Declaration Document are not permitted, however, the provider may request a new Provisional License/Self-Declaration Document.~~

REPEAL: School Age Child Care License 620-01-80-20

~~School age child care rules are exclusively for programs which care only for school age children. Multiple licenses are not issued to include a school age child care program because the definition states the school age child care center rules are for centers that exclusively provide services to school age children. However, a center can provide services to children ages birth to age twelve years with a center license.~~

~~A school age child care center may have a main location with satellite programs. The license is issued to the main location. Satellite sites with capacity are listed on the license. Copies of the license must be displayed at all sites.~~

~~When licensing a school age child care center that has satellite sites, the satellite site must be part of the licensing study. A school age child care center satellite site checklist must be completed for each satellite site.~~

REPEAL: Licensing Exemption: CACFP/CCAP 620-01-80-35

~~Programs exempt from licensure such as those identified under N.D.C.C. § 50-11.1-02(7)(a-j), may be given an exempt status on an individual basis in consultation with the state administrator of CCAP and the state administrator of early childhood services.~~

REPEAL: Group Provider Requesting an Increase from 18 to 30 620-01-80-40

~~Effective July 1, 2013, based on legislative action, the definition of a group child care was revised to include a license capacity of 30, instead of 18.~~

~~Group providers who request an increase in their license capacity must first confirm compliance with any local ordinances. The following steps shall then be followed.~~

- ~~1. Provider submits request, in writing, for increase in capacity.~~
- ~~2. Licenser informs the provider that it is the provider's responsibility to make sure all applicable city ordinances are met.~~
- ~~3. Licenser re-measures indoor and outdoor space to determine capacity, ensuring that only usable space is counted in measurement, and that space is arranged in a way that ensures proper supervision.~~
- ~~4. Licenser verifies that there is at least 1 toilet per fifteen children, excluding those not toilet trained.~~
- ~~5. Licenser completes inspection, checking to make sure that staffing and equipment are adequate to support the increase in capacity.~~
- ~~6. If new space is being added, the provider will need a new fire inspection and health inspection if applicable.~~
- ~~7. Licenser sends documentation to regional office:
 - ~~• Request for capacity increase, provided by the operator.~~
 - ~~• Written narrative of visit~~
 - ~~• Updated floor plan with square footage and map of outdoor space with square footage~~
 - ~~• Copies of inspections if applicable~~
 - ~~• SFN 508s for additional staff~~~~
- ~~8. Regional Office reviews request and approves license increase if complete and in compliance.~~

Staffing Requirements 620-01-85

The operator must maintain proper ratio at all times. In a center setting, when children are napping, it is allowable for staff to be engaged in other activities on the premises, such as cleaning or planning, as long as one staff person is directly supervising the napping children, and other staff counted in the ratio are readily accessible. When children are awake, staff ratio must be met with staff who are directly supervising the children.

On a weekly basis, the provider (family license) or director/supervisor (center/group/preschool/school age license) must be present at the program no less than 60% of the programs' hours of operation. If the operator has legal responsibility and the administrative authority over two or more school-age child care programs, a director shared between two or more school-age child care programs shall be present, on a weekly basis, a combined total of sixty percent of the school-age programs' hours of operation.

REPEAL: Regional Substitute Staff Member Approval 620-01-85-20

~~An individual who wishes to be identified as a regional substitute staff member must annually submit to regional office a completed SFN 508 form. When applicable, the individual must also submit verification of completion of the FBI fingerprint based background check.~~

~~The individual may also submit:~~

- ~~• Verification of certification for Pediatric CPR and First Aid~~
- ~~• Verification of a department approved Basic Child Care Course~~
- ~~• Verification of a department approved SIDS training~~
- ~~• Verification of licensing history~~
- ~~• Verification of additional training and or education~~

~~The regional supervisor shall provide a letter verifying approval to the regional substitute staff member. The regional substitute staff member will provide this letter to each program where substitute care is provided. The operator of the program shall maintain a copy of this letter as verification of staff member qualifications. Once a program has this letter on file, the program is not responsible for submitting additional documentation, such as a SFN 508. The regional office shall maintain a list of approved regional substitute staff members.~~

Health and Safety 620-01-95

The health and safety of children is of primary concern to the department. Not every health and safety hazard will be specifically addressed in statute, rule, and policy. Therefore, the Licensing Specialist~~authorized agent~~ shall look for the existence of health and safety hazards that the provider may not be aware of and provide education where necessary.

Supervision 620-01-95-01

1. "Supervision" means a staff member responsible for caring for or teaching children being within sight or hearing range of an infant, toddler, or preschooler, according to staff child ratios at all times so that the staff member is capable of intervening to protect the health and safety of the child. For the school age child, it means a staff member responsible for caring for or teaching children being available for assistance and care so that the child's health and safety is protected.
2. To determine if supervision is adequate, consideration must be given to:
 - a. Child's age: Refer to staff child ratio based on specific age of child ; school age children may need less hands on care than children aged 0-5.
 - b. Individual needs of child; 0-5 aged children may need more direct care and supervision than school aged children. Children with special needs may need more direct care.
 - c. Potential safety issues; and Direct supervision would be needed in outdoor or while on field trips, aquatic activities and walks.
 - b.d. Proximity of child to staff member
3. ~~Staff members must directly and strictly supervise children around water at all times to ensure their safety.~~

4.3. 3. Staff Breaks which leave staff out of ratio this includes bathroom breaks. These type of breaks will be monitored on an individual basis. Example: If a Licensing Specialist enters a room and is told a staff person is in the bathroom the Licensing Specialist will need to time the person's absence, if the room is left out of ratio for more than 10 minutes a correction order may be issued.

Safety of Equipment, Materials, and Furnishings 620-01-95-02

Child Care and Development Fund Health and Safety Requirements specify equipment, materials, furnishings, and play areas should be sturdy, safe, in good repair, and meet the recommendations of the Consumer Product Safety Commission. Programs should attend to, including, but not limited to, the following safety hazards:

- Openings that could entrap a child's head or limbs;
- Elevated surfaces that are inadequately guarded;
- Lack of specified surfacing and fall zones under and around climbable equipment;
- Mismatched size and design of equipment for the intended users;
- Insufficient spacing between equipment;
- Tripping hazards;
- Components that can pinch, shear, or crush body tissues;
- Equipment that is known to be of a hazardous type;
- Sharp points or corners;
- Splinters;
- Protruding nails, bolts, or other parts that could entangle clothing or snag skin;
- Loose, rusty parts;
- Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that

- present a choking, aspiration, or ingestion hazard to a child;
- Strangulation hazards (e.g., straps, strings, etc.);
- Flaking paint;
- Paint that contains lead or other hazardous materials; and
- Tip-over hazards, such as chests, bookshelves, and televisions.
- Plastic bags that are large enough to pose a suffocation risk as well as matches, candles, and lighters should not be accessible to children.

Infant Sleep/Infant Equipment 620-01-95-05

BACK SLEEPING

- Providers and staff members shall always initially place infants completely flat on their backs for sleep. Once an infant can roll from back to front and front to back, the infant can be allowed to remain in the sleep position the infant chooses. The infant does not have to be returned to a back sleeping position.
- An infant may not sleep in any equipment or place other than an approved crib or portable crib, or in any other position other than completely flat on his/her back, unless the parent has supplied the provider with a written order from a medical provider instructing otherwise stating the medical reason and the time frame to follow the order. Written parental permission to follow the order is recommended to be obtained.
- Children may not be confined to car seats, swings, bouncy chairs, inclined sleepers (ex. Rock 'n Play), or other equipment for extended periods of time. It is recommended that infants spend no more than 15 minutes at a time, twice a day, confined to infant equipment. Research indicates that when an infant is not allowed adequate time to crawl, stretch, roll, or move freely, the infant's brain development and motor skills may be delayed.

- Safety straps provided by the manufacturer must always be used and adjusted properly to fit the infant when the infant is placed in equipment.
- Children are recommended to be within sight at all times when using restrictive equipment.
- If an infant falls asleep in a piece of restrictive equipment, the infant must be moved immediately to a crib or portable crib for sleep.
- Positioning devices (ex. wedges) are not allowed unless a written order from a health care provider is provided with a medical reason and a time frame to follow the order. It is recommended to obtain written parental permission to follow the order.

CRIBS/PORTABLE CRIBS

- All cribs must be approved by the Consumer Product Safety Commission (CPSC).
 - All cribs are required to have a date of manufacture on the crib, usually under the mattress.
 - If the crib was manufactured before June 28, 2011 the crib may not be in compliance and the provider must show proof of compliance with 16 CFR 1219 or 1220. Proof of compliance must come from the manufacturer of the crib.
 - Cribs manufactured after June 28, 2011 meet compliance standards.
 - Programs should check all cribs/portable cribs used in the program to see if the crib/portable crib has been recalled on the CPSC website (www.cpsc.gov).
 - Recalled cribs/portable cribs cannot be used.

- Portable cribs are defined as a playpen, play yard or pack and play type of equipment approved by the manufacturer for infant sleep, following the manufacturer's guidelines.
- Cribs/portable cribs must be used according to the manufacturer's guidelines and should not be used if the child is able to climb out.
- Bassinets are not allowable, except for child care facilities that have been utilizing bassinets in infant rooms for non-mobile (not yet rolling) infants prior to December 1, 2014; those designated programs may continue to utilize them in accordance with the manufacturer's guidelines. Bassinet inserts for portable cribs are not allowed.
- For information regarding Mattresses/Pads and sheets go to www.childcare.org/providers/safe-sleep.html.

ALTERNATE SLEEP SURFACES

- Find more information on alternate sleep surfaces at ndchildcare.org/providers/safe-sleep.html

VISUAL CHECKS

- Infants that are sleeping are required to be visually checked regularly (every 10-15 minutes is recommended) even if a staff member is in the same room.
- It is required to have a monitor in the room with sleeping infant(s) unless a staff member is in the room with the infant(s) at all times while the infant(s) are sleeping. The monitor can be a video or sound monitor. Video monitors cannot replace regular visual checks.
- Visual checks require the staff person to physically walk over to the crib/portable crib to closely view the infant.
- Visual checks consist of the following: re-adjust clothing/blanket if needed; make sure infant's head and face are uncovered; make sure

infant is breathing; check color of infant's skin to make sure it is normal for the infant.

- The lighting in the room must be bright enough to assess the infant's color of skin and breathing.
- Music/sound machines must be placed at a low volume to ensure infant's noises can be heard.
- Vital sign monitors are not allowed unless a written order from a health care provider is provided with a medical reason and a time frame to follow the order. It is recommended to obtain written parental permission to follow the order.
- All monitors and music/sound machines, along with their cords, must be kept out of the reach of children.

SPACING

- The provider shall ensure that there is a minimum of two feet of space between cribs or portable cribs to minimize the transmission of illness, prevent children from touching each other and ensure staff have easy access to each infant in an emergency.
- In infant rooms with infants who are not able to pull themselves up to standing, the cribs or portable cribs may be lined up end-to-end with a solid barrier between the ends, and a 2 feet space between aisles.
- In infant rooms where the infants are able to pull themselves up to standing, there must be a two feet aisle all around the crib or portable crib, with the exception of those against walls.
- Cribs/portable cribs can be against walls, as long as there is 2 feet between cribs/portable cribs and between aisles.
- Crib/portable crib must be placed in a safe location. It must be away from heaters, monitor cords, blind cords, bi-fold doors, top of stairs,

etc. Picture frames/wall hangings or shelves should not be hung above a crib/portable crib.

The Early Childhood Licensing Staff will follow Child Care Aware safe sleep recommendations as CCA's Infant Sleep Permission form. More information on safe sleep can be found at ndchildcare.org/providers/safe-sleep.html.

~~All cribs must be approved by the Consumer Product Safety Commission. All cribs are required to have a date of manufacture on the crib, usually under the mattress. If the crib was manufactured before June 28, 2011 the crib may not be in compliance and the provider must show proof of compliance with 16CFR 1219 or 1220. Proof of compliance must come from the manufacturer of the crib. Any crib manufactured after June 28, 2011 will meet compliance standards.~~

~~An infant may not sleep in any equipment other than an approved crib or portable crib, unless the parent has supplied the provider with a note from a medical provider instructing otherwise. Portable cribs may be a play pen or pack-and-play type of equipment approved by the manufacturer for infant sleep through twelve months of age. Montessori floor beds are allowed in infant rooms in child care facilities where a staff person is directly supervising the infants at all times. Bassinets and other types of equipment designed for very young infants are not allowable, except that child care facilities that have been utilizing bassinets in infant rooms for non-mobile infants prior to December 1, 2014 may continue to utilize them in accordance with the manufacturer's recommendations.~~

~~Infants that are sleeping in a room are required to be visually checked regularly and also have a monitor in the room with sleeping infants unless a staff member is in the room with the infants while the infants are sleeping. The monitor can be a visual or auditory monitor however vital monitors are not allowed.~~

~~Mattresses and manufacturer's pads and sheets are to fit properly. Mattress/manufacturer's pad must maintain shape, lay flat, and meet all four corners of the crib or portable crib's frame. The provider shall ensure that sheets are changed whenever they become soiled or wet, when used by different infants, and at least weekly.~~

~~The provider shall ensure that there is a minimum of two feet of space between cribs or portable cribs to minimize the transmission of illness. In infant rooms with non-mobile infants, the cribs or portable cribs may be lined up end-to-end with a solid barrier between the ends, and a 2-foot space between aisles. In infant rooms where the infants are mobile, there must be a two-foot aisle all around the crib or portable crib.~~

~~Providers and staff members shall always initially place infants on their backs to sleep. The crib may not contain soft bedding or other suffocation hazards.~~

~~If swaddling an infant it must be discontinued once an infant becomes mobile.~~

~~"Mobile" is defined as when an infant shows signs of rolling. Signs of rolling: gaining more control over arms and legs; having more head control; rolling from side to side etc.~~

~~A child may not be placed on a waterbed unless the child has attained both a developmental and chronological age of thirty-six months.~~

~~Children may not be confined to car seats, swings, bouncy chairs, rock n play, or other equipment for extended periods of time. It is recommended that infants spend no more than 20 minutes at a time confined to infant equipment. Research indicates that when an infant is not allowed adequate time to crawl, stretch, roll, or move freely, the infant's brain development and motor skills may be delayed.~~

Immunizations 620-01-95-10

N.D.C.C. § 23-07-17.1

N.D.A.C. §§ 33-06-05 and 33-06-05-01

Providers are required to verify that each child in their care has received all immunizations appropriate for the child's age, as prescribed by the state department of health, or have on file a document stating that the child is

medically exempt or exempt from immunizations based on religious, philosophical, or moral beliefs, ~~unless the child is school age or drop-in.~~

All children must be up-to-date according to child care immunization requirements or have claimed an exemption within 30 days of enrollment or be excluded from child care.

A provider may not disclose the identity of children who are exempt from immunizations.

The Licensing Specialist will monitor for immunization compliance during on-site reviews.

- Annual review/renewal visit
 - Providers with less than 30 children enrolled
 - Files of all enrolled children will be reviewed
 - Providers with 30 or more children enrolled
 - A review no less than 30 child files must be conducted on site.
 - If the abbreviated review reveals incomplete records, an additional 30 files must be reviewed.
 - This process will continue, 30 files at a time, until no incomplete records are found or until all files have been reviewed.
- Unannounced visit
 - A review of no less than 30 files will be conducted.
 - For facilities with less than 30 children enrolled, all files will be reviewed.

Water Temperature 620-01-95-15

Hot water heaters must be turned down or there must be a tempering valve or an anti-scalding device on the faucets used by children so that the temperature of hot water supplied to sinks does not exceed 120 one hundred twenty degrees Fahrenheit (94.2 degrees Celsius).

Authorized agents shall take into consideration that slight variations in water temperature will be expected, as water heaters fluctuate throughout the day

and thermometers used to measure water temperature may also result in slightly different readings.

Verbal warnings should be issued rather than written correction orders when temperatures are between 120 and 125 degrees Fahrenheit.

Length of Exposure Required to Receive a Third-Degree Burn:

| | | |
|-----------------------|----------------------|------------|
| 68° C | 155 6 ° F | 1 second |
| 64 65.6° C | 148 9 ° F | 2 seconds |
| 60° C | 140° F | 5 seconds |
| 56.6° C | 133° F | 15 seconds |
| 5 2 3° C | 127° F | 60 seconds |

Playground Safety 620-01-95-20

Providers are responsible for ensuring outdoor play areas are safe. The following checklist is provided as a guide to increase playground safety:

1. Surfaces under and around playground equipment should be safe. It is recommended that areas under and around playground equipment be of loose-fill material such as have at least 6 inches of wood chips, mulch, sand, ~~or~~ pea gravel, etc. ~~or there are mats made of safety-tested rubber or rubber-like materials.~~
 - It is recommended to have an initial fill of 12 inches of loose-fill material, and be maintained at no less than 9 inches deep. High use areas should be filled in as needed.
 - Mats manufactured as protective surfacing may be used in place of loose-fill material.
 - Mats are recommended to meet ASTM F1292 standards as playground surfacing.
 - It is recommended that the mats provide impact protection equal to or greater than the height of the playground equipment.
2. Protective surfacing should extend at least six feet in all directions around play equipment. For swings, the surfacing should extend in the back and front, twice the height of the suspending bar.

3. It is recommended that playground equipment be anchored into the ground to prevent the equipment tipping or moving.
- 3.4. Play structures more than 30 inches high should be spaced at least nine feet apart.
- 4.5. Dangerous hardware, like open 'S' hooks or protruding bolt ends, must be removed or fixed. All hardware should be in place and secure.
- 5.6. Spaces that could trap children, such as openings in guardrails or between ladder rungs, should measure less than 3.5 inches or more than 9 nine-inches to prevent head entrapment/strangulation.
- 6.7. Equipment must not have any sharp points or edges.
8. Unattached ropes are potential strangulation hazards; it is recommended for ropes to be secured at both ends.
- 7.9. Tripping hazards, such as exposed concrete footings, tree stumps, and rocks shall be removed from the playground.
- 8.10. Elevated surfaces, like platforms and ramps must have guardrails to prevent falls. It is recommended that guardrails be provided for heights of 30 inches or more on playground equipment.
11. Providers shall inspect playgrounds ~~regularly to see that~~ equipment and surfacing on a monthly basis to ensure they are in good condition.

For more information regarding playground safety visit [Child Care Aware of North Dakota.](#)

Swimming Pools 620-01-95-25

The American Academy of Pediatrics and the Consumer Product Safety Commission warn that portable backyard pools pose a significant safety risk to children ~~under the age of five~~. For all pools on the child care premises, the following swimming pool guidelines must be adhered to:

1. Pools that do not receive an annual health inspection by the health department may not be used by child care children during childcare hours.
2. An adult shall directly supervise the children while the pool is in use. Children may not be left alone in the pool or surrounding area without adult supervision.
3. Additional adult supervision during the time the pool is in use may be of benefit to the provider and the children.
4. The provider shall have policies which ensure the health and safety of children in care while participating in aquatic activities, including types of aquatic activities the program may participate in, staff to child ratios appropriate to the ages and swimming ability of the children participating in aquatic activities, and additional safety precautions to be taken.
5. The provider may not permit any child to participate in an aquatic activity without written parental permission, which includes parent disclosure of the child's swimming ability.
6. The provider shall ensure ~~make sure that~~ their liability insurance covers ~~the~~ use of the on-premises swimming pool for child care purposes.
7. The pool must be inaccessible to children when not in use (fenced area, secure cover, or constant direct supervision to ensure children will not enter the pool). All ladders/step stools should be removed from above the ground pools when not in use to prevent unsupervised access. Fences should be a minimum of 4 feet high, although fences 5 feet or higher are preferred.
8. The pool needs to be cleaned as recommended by the manufacturer. The provider may check with the local or state health department for information.
9. Provider and staff members shall know where the switch for the drain is located.

10. The provider shall follow all applicable local and state ordinances regarding swimming pools.

11. Wading pools must be emptied and disinfected daily after use and left empty until used again.

For more information regarding safety around water visit Child Care Aware of North Dakota.

Hot Tubs 620-01-95-30

Hot tubs are considered to be a health and safety risk for young children and are not to be used during child care hours. Hot tubs must be inaccessible to child care children. If a hot tub is located in an area used for child care, the hot tub must have a locked and secure cover. Keys for locks must be stored out of the reach of children.

Remove all ladders/step stools from hot tubs to prevent unsupervised access.

Trampolines 620-01-95-35

The state health department and Consumer Product Safety Commission warn against the risk for potential serious injury to children using trampolines. Both the American Academy of Pediatrics and the American Academy of Orthopedic Surgeons oppose the use of trampolines for children under the age of 6 years old. The AAP recommends that mini and full-sized trampolines never be used at home, in routine classes, or on playgrounds. They should only be used in supervised training programs for gymnastics, diving, or other competitive sports.

The following guidelines must be adhered to:

1. Only one child is allowed on the trampoline at a time.
2. A safety net must be properly installed and maintained around the trampoline.
3. The trampoline must not be used without shock-absorbing pads that completely cover the springs, hooks, and frame. Pads must be replaced or repaired if missing or damaged.
4. Trampoline use must be directly supervised by a staff member when being used by a child.
5. No somersaults or flips should be allowed.
6. When not in use, ladders/step stools should be removed from trampoline to prevent unsupervised access.
- 5.7. The provider shall get permission in writing from the parent of the children to use the trampoline.
- 6.8. The provider shall ensure make sure that their liability insurance covers the use of the trampoline for child care purposes.
- 7.9. The provider shall follow trampoline manufacturer recommendations.

Hand Hygiene 620-01-95-40

Staff members and children shall wash their hands, according to recommendations by the federal centers for disease control and prevention:

- before preparing or serving meals,
- after diapering,
- after using toilet facilities, and
- after any other procedure that may involve contact with bodily fluids.

Hand soap and sanitary hand-drying equipment, individually designated cloth towels, or paper towels must be available at each sink. Individually designated cloth towels must be laundered daily.

Staff and children are recommended to wash their hands:

- upon arrival
- when re-entering the classroom
- before/after eating
- before making/serving a bottle or food
- before/after using playdough
- before/after water play
- after sand play
- after outdoor play
- after playing in the gym
- after playing with animals
- whenever visibly dirty
- after using a tissue or coughing/sneezing in hand(s)
- after handling garbage or chemicals

For children older than 24 months and adults, ~~closely supervised~~ alcohol-based hand sanitizers are an acceptable alternative to hand washing with soap and water if there is no visible soil and soap-and-water washing is not practical. Close supervision is required if hand sanitizer is used with children to ensure it is used properly and to ensure children do not rub the hand sanitizer into their eyes or put in their mouth. Hand sanitizer should be kept out of the reach of children.

Diaper wipes or wet paper towels should be used on children under 2 years of age to clean their hands when handwashing at a sink is not possible.

~~The following situations are provided as examples when soap and water hand washing is not practical:~~

- ~~The provider and children eat a picnic lunch at a park, and no sink is available.~~
- ~~The provider would need to leave a room unsupervised to wash hands after wiping a child's nose or after picking up a toy that had been in a child's mouth.~~

It is recommended for providers to post the handwashing procedure, review the recommended handwashing procedure with children often and supervise

children when they are handwashing whenever possible to ensure the correct procedure is followed.

Pet Vaccinations 620-01-95-45

Pets belonging to a child care provider must be properly vaccinated as recommended by veterinary guidelines.

The Early Childhood Licensing Unit requires dogs, cats, and ferrets over 3 months of age to have an up-to-date rabies vaccine.

If the animal is too young to be vaccinated for rabies it may be allowed on the premises but must not be accessible to children.

REPEAL: Child Care Assistance Program 620-01-150

~~The Child Care Assistance Program is a federally funded program designed to help low income parents afford child care while they are working or going to school.~~

REPEAL: Recipients 620-01-150-01

~~Recipients of child care services will include children of all ages without regard to race, color, creed, national origin, religion or sex of a child, or marital status or age of the parents.~~

REPEAL: Eligibility 620-01-150-05

~~Eligibility for the CCAP is determined according to policies set forth by the Child Care Assistance Program in the Economic Assistance Policy Division of the Department of Human Services. Child care providers shall be licensed, self-declared, or registered with the Tribe, licensed in another state but caring for children who are ND residents, an approved relative.~~

~~Providers are eligible for payment in the month that their license, self-declaration or approval becomes effective. For example, a provider who becomes licensed on October 15, will receive payment for care provided for the month of October, but will not receive payment for care provided earlier than October 1.~~

~~A W-9 must be completed by all providers who receive state reimbursement for child care services. The W-9 is given to the provider in their application packet. The provider shall send the W-9 to Economic Assistance Division, Department of Human Services, 600 East Boulevard Dept 325, Bismarck, ND 58505-0250.~~

~~Federal law requires that a 1099 Miscellaneous Tax Form be sent to each provider who has received payment directly from the State. This will be done at the end of each year by the Economic Assistance Policy Division office. Additionally, a report will be sent to the IRS at the end of each year.~~

REPEAL: Setting Rates for Reimbursement 620-01-150-10

~~CCAP establishes the maximum rates for reimbursement of child care.~~

~~A market rate survey is conducted at least every three years to determine the child care rates for CCAP.~~

REPEAL: Child Care Service Billing Reports 620-01-150-15

~~The billing form used for CCAP is SFN 616, Child Care Request for Payment.~~

~~The provider and parent complete an SFN 616 together. At the end of each month, the completed form is signed and dated by both the provider and the parent.~~

~~The parent or provider can return the form to the county social service eligibility worker.~~

~~The eligibility worker processes the form. Questions regarding this form should be referred to the county social service eligibility worker for each family.~~