



Child Care Services Advisory Committee and Early Childhood Services Advisory Board

November 20, 2025

*Presentation by:
Mariah Hill, HHS Early Childhood CCDF Co-Administrator*

NORTH
Dakota | Human Services
Be Legendary.™

The Fundamentals of CCDF Administration

Resource Guide



February 2022

Administrators

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ication

Application Process

required on consumer education

February 2022

Resource Guide

of CCDF Administration Administrators

Administration Resource Guide. The resource guide has been revised to include its expanded purposes and impact on child care and on Lead

the law and final rule, which can be complex and highly technical. The possible, especially for newer CCDF Administrators and Lead Agency describing the basics of the law rather than interpreting the legal

IG Act and CCDF final rule as including states, territories, and tribes; used inclusively throughout this guide unless otherwise specified.^{1,2}

guide. These are intended to show the interconnectedness of different following:

and monitoring, and quality improvement (orange gear)
light blue gear)

tion 418 of the Social Security Act, authorizes the federal child services (HHS) published a final rule based on the Act that the law's requirements. Provisions of this final rule generally for the provisions with a delayed statutory effective date. States r 1, 2018, which marked the beginning of the next triennial

tain provisions were effective and allowed time to implement

DF providers became effective November 19, 2016.

orts became effective November 19, 2017.

ame effective September 30, 2017 (further clarification

istrict of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands of the Northern Mariana Islands, and includes tribes unless otherwise [6].

grantees. They are available on the Early Childhood Training and www.national-center-for-early-childhood-development

State Capacity Building Center,
A Service of the Office of Child Care

9300 Lee Highway
Fairfax, VA 22031

Phone: 877-296-2401

Email: CapacityBuildingCenter@ecetta.info

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ADMINISTRATION FOR
CHILDREN & FAMILIES

CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview

- Child Care Development Block Grant (CCDBG) reauthorized in 2014
 - **protect** the health and safety of children in child care
 - **promote** continuity of access to subsidy for low-income families
 - better **inform** parents and the general public about the child care choices available to them
 - **improve** the overall quality of early learning and afterschool programs

CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview

- CCDF improves the quality of care to promote children's healthy development and learning by supporting
 - child care **licensing**
 - **quality improvement** systems to help programs meet higher standards
 - **training** and education for child care workers

CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview

While the reforms made by the Child Care Development Block Grant Act benefit the children receiving child care subsidies, they also **benefit all children** cared for alongside them who receive no direct assistance from CCDF but benefit from safer child care settings with **better skilled teachers and staff**.



CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview

- Allow states **flexibility** to design child care programs and policies
- Promote **parent choice** in selecting child care services
- Support **parent education** and family involvement in child development
- Coordinate quality early care and education services to maximize **parental choice**
- Improve quality through **health, safety, licensing, and training standards**
- Improve child care and **development** of participating children
- **Expand access** to high-quality care for low-income children

CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview

- The regulations make child care more healthy, safe, and high-quality.
 - establish **minimum standards, training, and monitoring requirements**
 - comprehensive **background checks**
 - **professional development systems** to improve the knowledge and skills
 - investments in **improving the quality** of child care
 - percentage specifically for care of **infants and toddlers**

CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview

The law and regulations support child development and school readiness.

Publicly available
information

Consumer education

Professional development
systems

CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview



CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview

CCDF-eligible Providers

- Family child care
- Group child care
- Center child care
- School-age child care
- Self-declaration
- In-home

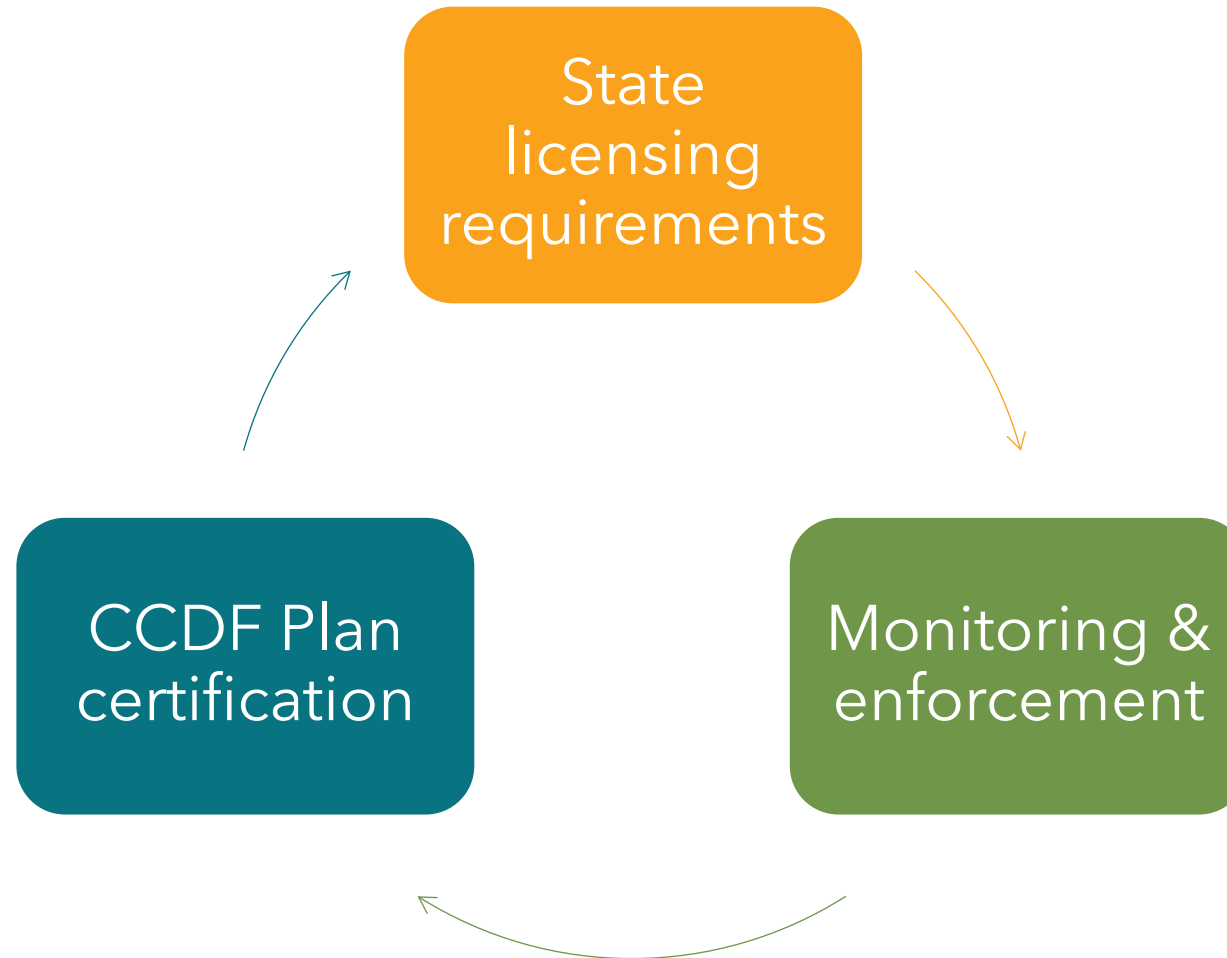
CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview

- Monitoring, including annual inspections of licensed and regulated child care programs
- Posting results of monitoring and inspection reports,
- Comprehensive background checks

CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview



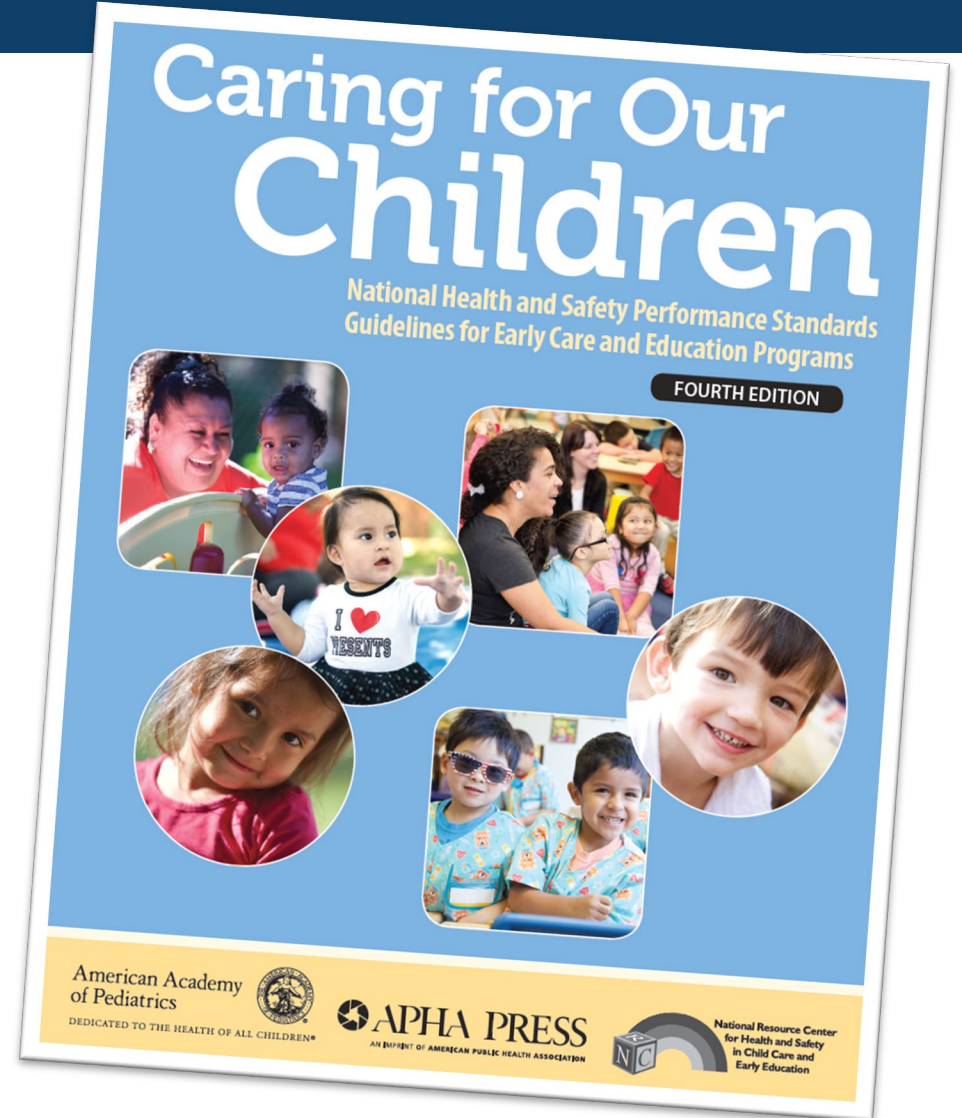
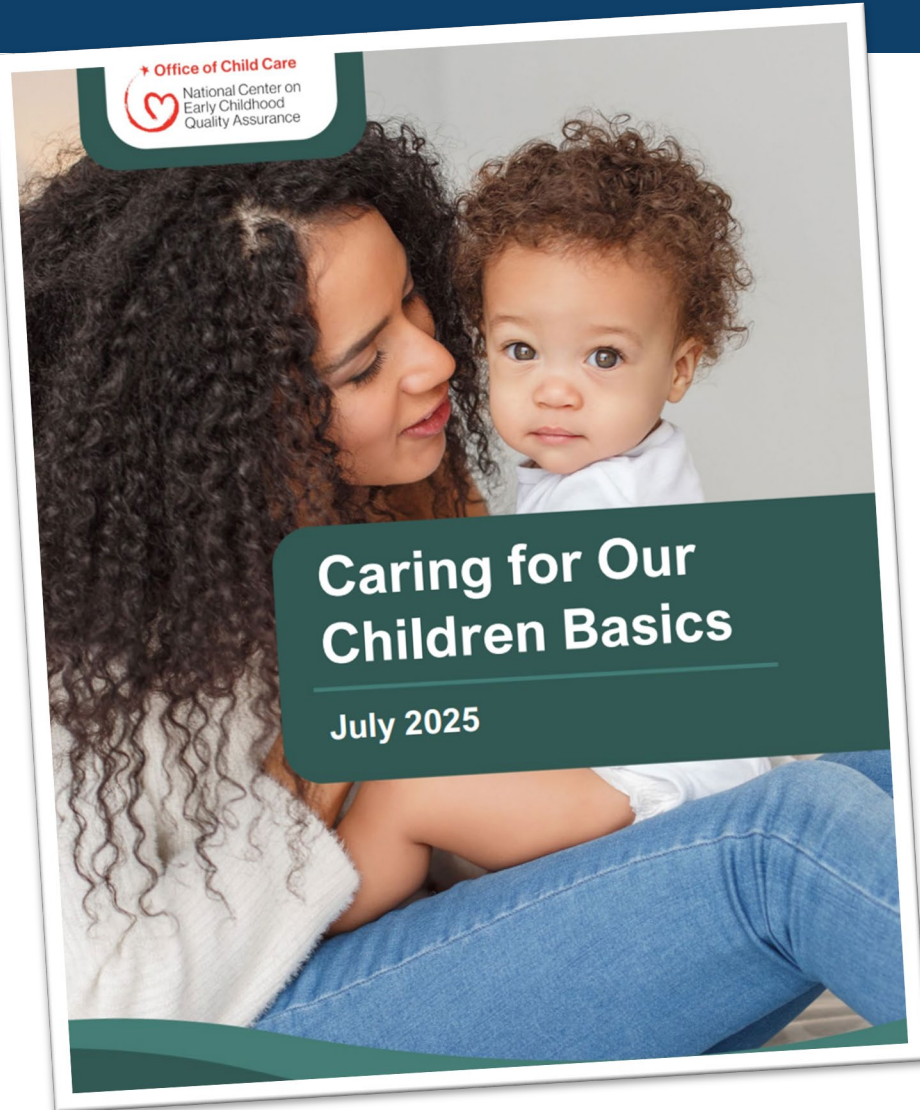
CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview

- Benefits of Smaller Group Sizes and Lower Ratios
 - **Lower risk of illness** and disease transmission.
 - **Closer supervision** supports safety and healthy behaviors.
 - **Fewer safety risks**, such as climbing or other hazards.
 - **More cooperative, socially skilled children.**
 - **More nurturing, individualized attention** from caregivers.
 - **Greater developmental appropriateness** in activities and caregiving.
 - **More talking, playing, and positive interaction.**
 - **Higher caregiver sensitivity** and responsiveness to children's needs.

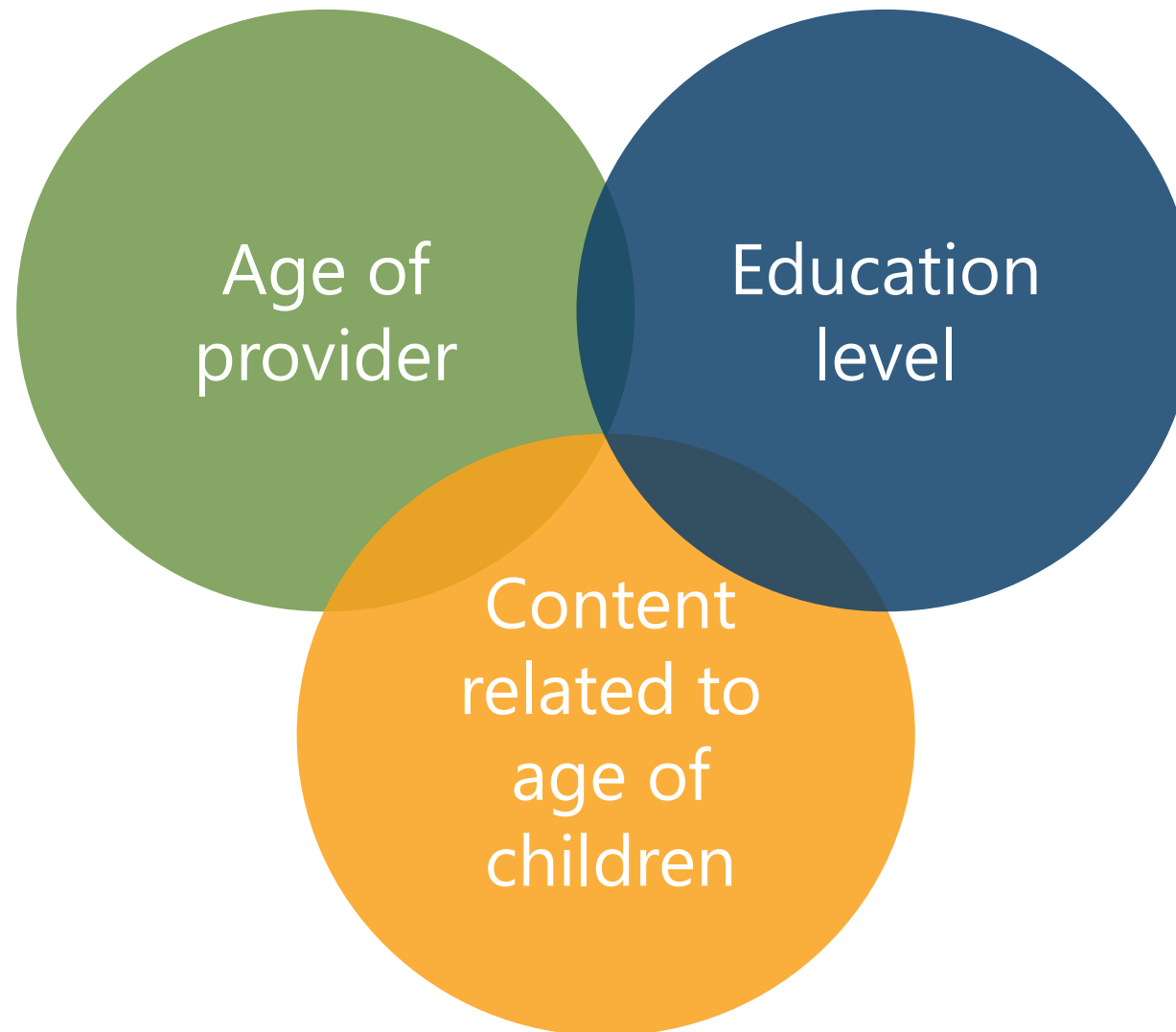
CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview



CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview



CHILD CARE AND DEVELOPMENT FUND (CCDF)

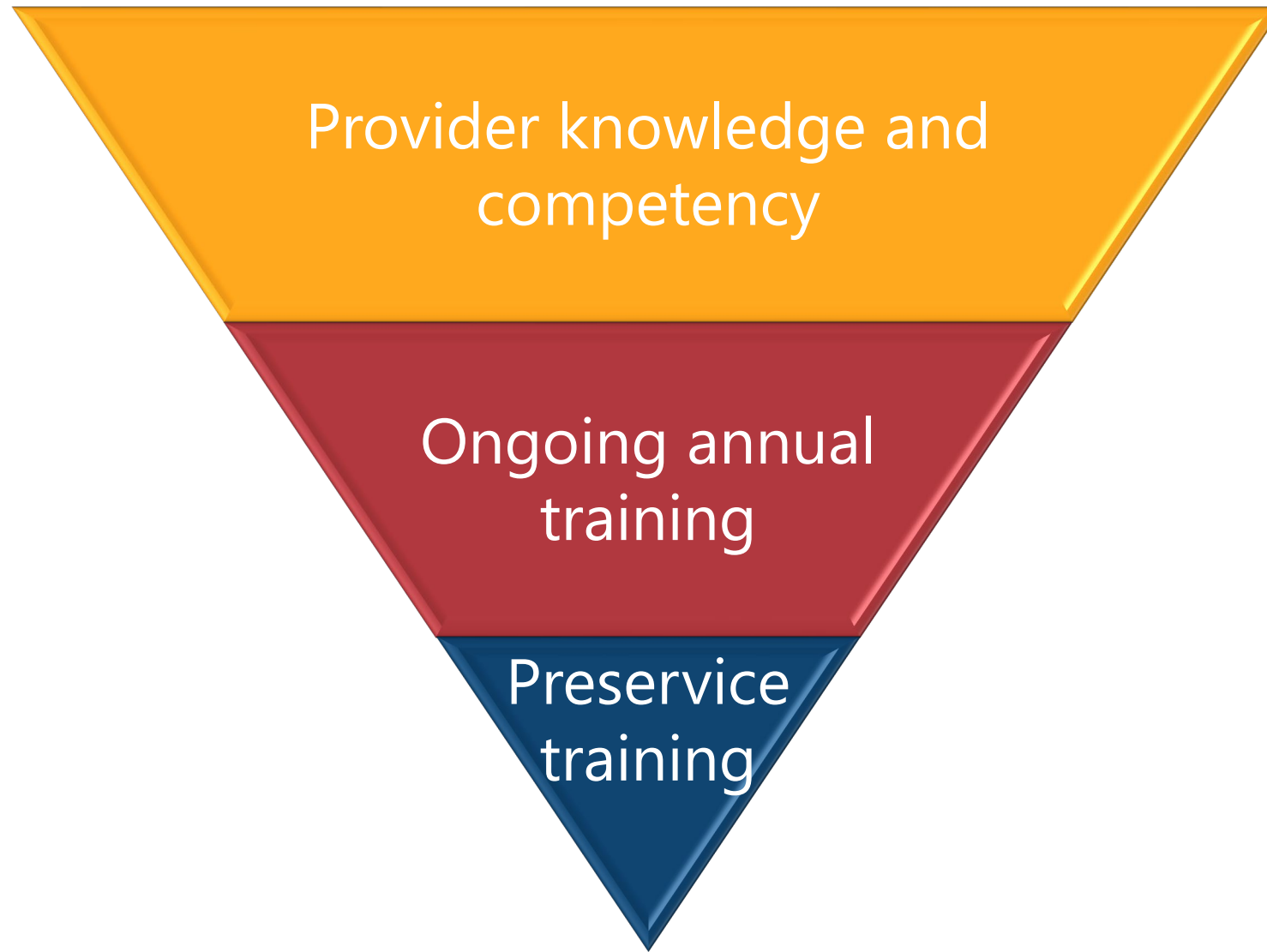
Overview

Key Health and Safety Topics for Child Care Providers

1. **Infectious Disease Prevention:** Includes proper hygiene practices and immunization standards.
2. **Safe Sleep Practices:** Preventing SIDS through approved sleep environments and routines.
3. **Medication Administration:** Follows parental consent and safe handling standards.
4. **Prevention and Response:** Preventing and responding to allergic or food-related emergencies.
5. **Building and Physical Premises Safety:** Identifying and reducing risks from hazards, water, and traffic.
6. **Child Protection:** Preventing shaken baby syndrome, abusive head trauma, and maltreatment.
7. **Emergency Preparedness:** Developing and practicing emergency response plans.
8. **Hazardous Materials Handling:** Safe storage and disposal of chemicals and bio contaminants.
9. **Transportation Safety:** Applying proper precautions when transporting children.
10. **Pediatric First Aid & Pediatric CPR:** Ensuring staff are trained to respond to medical emergencies.
11. **Reporting Abuse & Neglect:** Recognizing and appropriately reporting suspected cases.

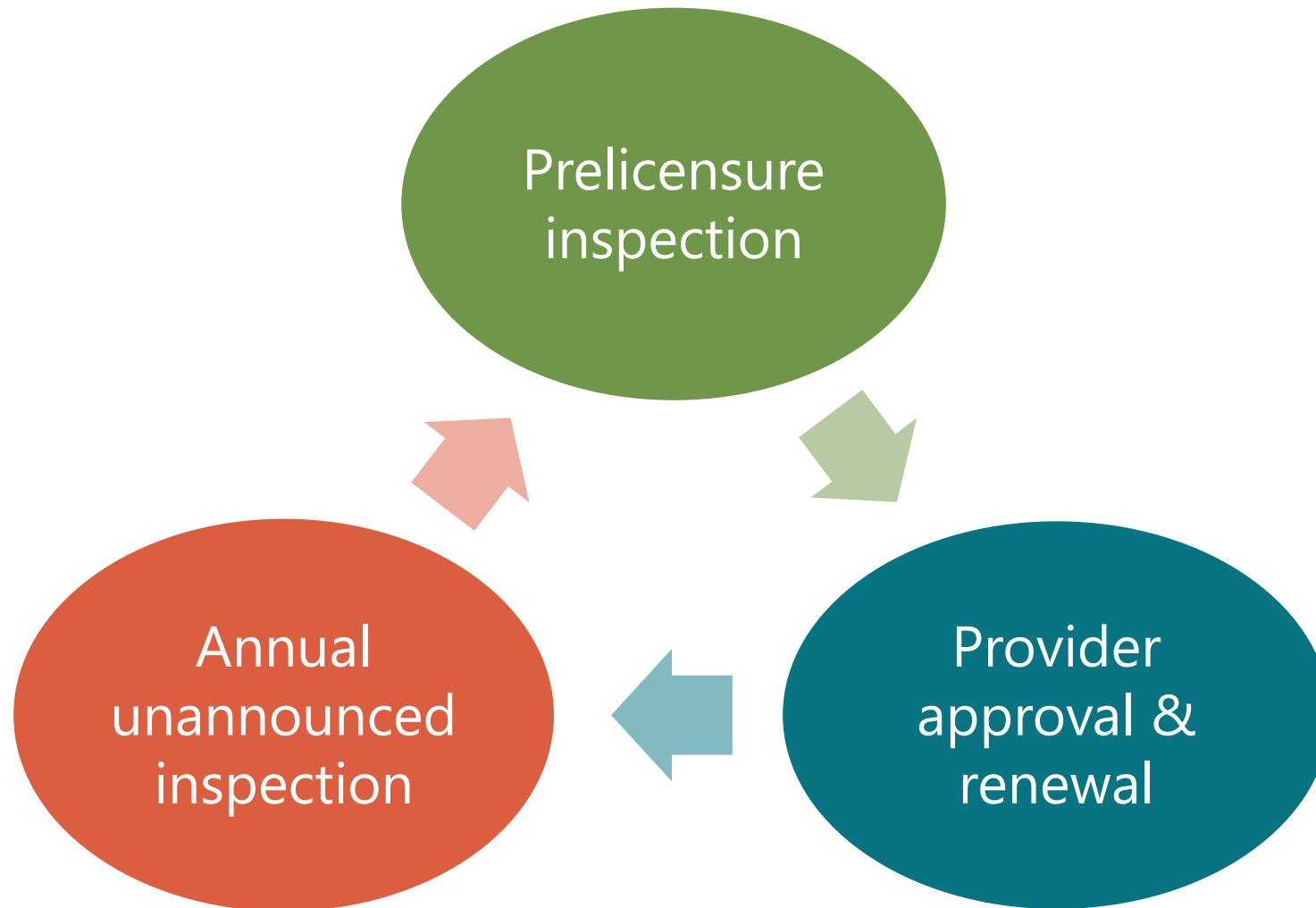
CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview



CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview



CHILD CARE AND DEVELOPMENT FUND (CCDF)

Overview

The background check requirements are broken into three primary categories:

■ National

- This refers to national checks that must be conducted in addition to the state-based checks
- There are **TWO** required national checks

■ In-state

- This refers to the current state of residence (employment) of the individual or prospective individual
- There are **THREE** required in-state checks

■ Interstate (or out-of-state)

- This refers to any and all states where the individual or prospective individual has resided within the previous five years
- There are **THREE** required interstate checks

National background checks:	In-state background checks:	Interstate background checks:
1. National FBI criminal history check, with fingerprint	3. In-state criminal history check, with fingerprint	6. Interstate criminal history check
2. NCIC national sex offender registry (NSOR) check	4. In-state sex offender registry check	7. Interstate sex offender registry check
	5. In-state child abuse and neglect registry check	8. Interstate child abuse and neglect registry check

↑ ↑
All five of these checks must be performed for all designated individuals

↑
All three of these checks must also be performed for each additional state where the individual has resided within five years

All checks must meet a 45-day or less turnaround time



Mariah Hill
HHS Early Childhood
CCDF Co-Administrator
mfill@nd.gov

Caring for Our Children

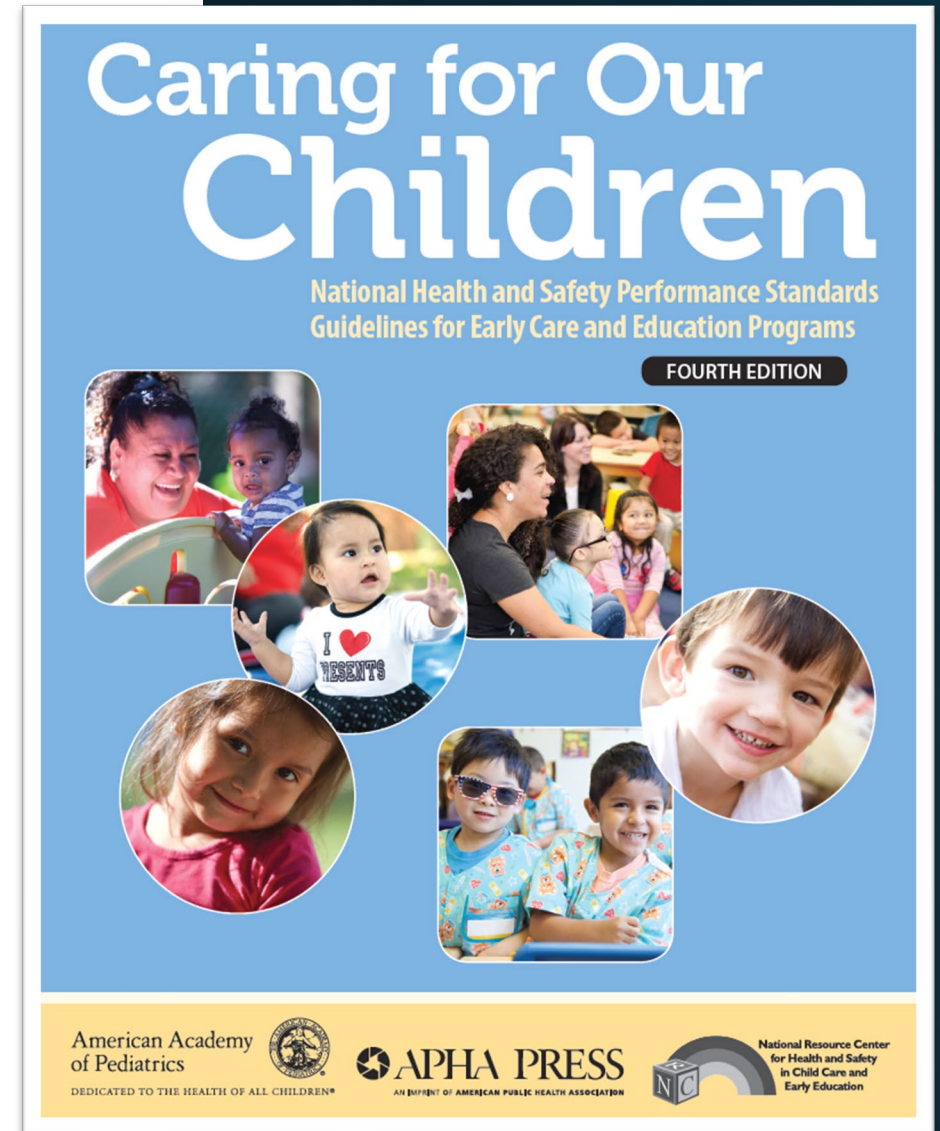
National Health and
Safety Standards and
Basics

Presented by Sarah Myers, RN
Child Care Aware of North Dakota



Caring For Our Children: National Health and Safety Performance Standards

- Guidelines for Early Care and Education Programs
- Represent the best practices, based on evidence, expertise, and experience.
- Came about due to the need to improve the quality and reduce deaths in child care / early childhood education settings (1992)
- Funded by US Dept of Health and Human Services – Child Care Bureau and Maternal and Child Health Bureau
- Editors from the APHA and AAP with steering committee
- 10 Technical Panels headed by national experts in their fields and composed of experts from across the US (total of 86)
- Technical Panel Member for Injury Prevention for 3rd Edition (published 2011) and 4th Edition (published 2019)
- Served as a subject matter expert (SME) for 4th Edition for revisions to standards
- Updates were coordinated by the National Resource Center – no longer available at this time
- Member of AAP COEC ECE - Plans for 5th Edition

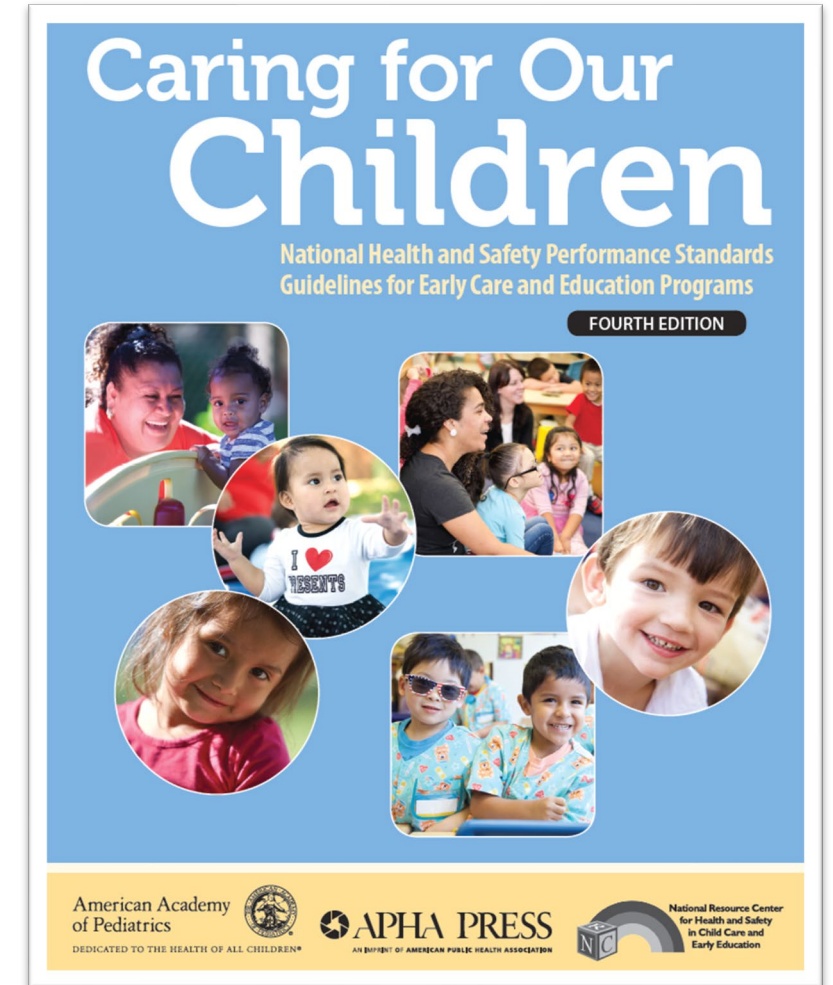


Caring for Our Children: National Health and Safety Performance Standards

- Chapter 1 – Staffing
- Chapter 2 – Program Activities for Healthy Development
- Chapter 3 – Health Promotion and Protection
- Chapter 4 – Nutrition and Food Service
- Chapter 5 – Facilities, Supplies, Equipment, and Environmental Health
- Chapter 6 – Play Areas/Playgrounds and Transportation
- Chapter 7 – Infectious Disease
- Chapter 8- Children with Special Health Care Needs and Disabilities
- Chapter 9 – Administration
- Chapter 10 – Licensing and Community Action

<https://nrckids.org/files/CFOC4%20pdf-%20FINAL.pdf>

NOTE: Chapters are mirrored in Caring for Our Children Basics



Format of the Standards

Each standard unit has at least three components

- 1 - The **Standard** itself – measurable or observable
- 2 - The **Rationale** – why this is important/what is the intent, helpful with training
- 3 - The **Type of Facility** – large/small family home, center, etc.

Most standards also have:

- A **Comments** Section – suggestions for implementation or measuring compliance
- A **Related Standards** Section
- A **References** Section – scientific evidence/published professional consensus compliance with the standard

The resource all has Appendices – charts, forms, records, schedules

1.4.3 FIRST AID AND CPR TRAINING

1.4.3.1

First Aid and CPR Training for Staff

The director of a center or a large family child care home and the caregiver/teacher in a small family child care home should ensure all staff members involved in providing direct care have documentation of satisfactory completion of training in pediatric first aid and pediatric CPR skills. Pediatric CPR skills should be taught by demonstration, practice, and return demonstration to ensure the technique can be performed in an emergency. These skills should be current according to the requirement specified for retraining by the organization that provided the training.

At least one staff person who has successfully completed training in pediatric first aid that includes CPR should be in attendance at all times with a child whose special care plan indicates an increased risk of needing respiratory or cardiac resuscitation.

Records of successful completion of training in pediatric first aid should be maintained in the personnel files of the facility.

RATIONALE

To ensure the health and safety of children in a child care setting, someone who is qualified to respond to life-threatening emergencies must be in attendance at all times (1). A staff trained in pediatric first aid, including pediatric CPR, coupled with a facility that has been designed or modified to ensure the safety of children, can mitigate the consequences of injury, and reduce the potential for death from life-threatening conditions. Knowledge of pediatric first aid, including pediatric CPR which addresses management of a blocked airway and rescue breathing, and the confidence to use these skills, are critically important to the outcome of an emergency situation.

Small family child care home caregivers/teachers often work alone. They must have the necessary skills to manage emergencies while caring for all the children in the group.

Children with special health care needs who have compromised airways may need to be accompanied to child care with nurses who are able to respond to airway problems (e.g., the child who has a tracheostomy and needs suctioning).

First aid skills are the most likely tools caregivers/teachers will need. Minor injuries are common. For emergency situations that require attention from a health professional, first aid procedures can be used to control the situation until a health professional can provide definitive care. However, management of a blocked airway (choking) is a life-threatening emergency that cannot wait for emergency medical personnel to arrive on the scene (2).

Documentation of current certification of satisfactory completion of pediatric first aid and demonstration of pediatric CPR skills in the facility assists in implementing and in monitoring for proof of compliance.

COMMENTS

The recommendations from the American Heart Association (AHA) changed in 2010 from "A-B-C" (Airway, Breathing, Chest compressions) to "C-A-B" (Chest compressions, Airway, Breathing) for adults and pediatric patients (children and infants, excluding newborns). Except for newborns, the ratio of chest compressions to ventilations in the 2010 guidelines is 30:2. CPR skills are lost without practice and ongoing education (3,5).

The most common renewal cycle required by organizations that offer pediatric first aid and pediatric CPR training is to require successful completion of training every three years (4), though the AHA requires successful completion of CPR class every two years.

Inexpensive self-learning kits that require only thirty minutes to review the skills of pediatric CPR with a video and an inflatable manikin are available from the AHA. See "Infant CPR Anytime" and "Family and Friends CPR Anytime" at <http://www.heart.org/HEARTORG/>.

Child care facilities should consider having an Automated External Defibrillators (AED) on the child care premises for potential use with adults. The use of AEDs with children would be rare.

TYPE OF FACILITY

Center, Large Family Child Care Home

RELATED STANDARDS

1.4.3.2 Topics Covered in First Aid Training

1.4.3.3 CPR Training for Swimming and Water Play

9.4.3.3 Training Record

10.6.1.1 Regulatory Agency Provision of Caregiver/Teacher and Consumer Training and Support Services

10.6.1.2 Provision of Training to Facilities by Health Agencies

References

- Alkon, A., P. J. Kaiser, J. M. Tschann, W. T. Boyce, J. L. Genevro, M. Chesney. 1994. Injuries in child-care centers: Rates, severity, and etiology. *Pediatrics* 94:1043-46.
- Stevens, P. B., K. A. Dunn. 1994. Use of cardiopulmonary resuscitation by North Carolina day care providers. *J School Health* 64:381-83.
- American Heart Association (AHA). 2010 AHA guidelines for cardiopulmonary resuscitation and emergency cardiovascular care science. *Circulation* 122: S640-56.
- Aronson, S. S., ed. 2007. *Pediatric first aid for caregivers and teachers*. Rev. 1st ed. Elk Grove Village, IL: American Academy of Pediatrics; Sudbury, MA: Jones and Bartlett.
- American Heart Association (AHA). 2010. *Hands-only CPR*. <http://handsonlycpr.org>.

1.4.3.2

Topics Covered in First Aid Training

First aid training should present an overview of Emergency Medical Services (EMS), accessing EMS, poison center services, accessing the poison center, safety at the scene, and isolation of body substances. First aid instruction should include, but not be limited to, recognition and first response of pediatric emergency management in a child care setting of the following situations:

- Management of a blocked airway and rescue breathing for infants and children with return demonstration by the learner (pediatric CPR);
- Abrasions and lacerations;
- Bleeding, including nosebleeds;
- Burns;
- Fainting;
- Poisoning, including swallowed, skin or eye contact, and inhaled;
- Puncture wounds, including splinters;
- Injuries, including insect, animal, and human bites;
- Poison control;
- Shock;
- Seizure care;
- Musculoskeletal injury (such as sprains, fractures);
- Dental and mouth injuries/trauma;
- Head injuries, including shaken baby syndrome/abusive head trauma;
- Allergic reactions, including information about when epinephrine might be required;
- Asthmatic reactions, including information about when rescue inhalers must be used;
- Eye injuries;
- Loss of consciousness;
- Electric shock;
- Drowning;
- Heat-related injuries, including heat exhaustion/heat stroke;
- Cold related injuries, including frostbite;
- Moving and positioning injured/ill persons;
- Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain, temperature above 101°F [38.3°C] orally, above 102°F [38.9°C] rectally, or 100°F [37.8°C] or higher taken axillary [armpit] or measured by an equivalent method, and looking/acting severely ill);
- Standard Precautions;
- Organizing and implementing a plan to meet an emergency for any child with a special health care need;
- Addressing the needs of the other children in the group while managing emergencies in a child care setting;
- Applying first aid to children with special health care needs.

RATIONALE

First aid for children in the child care setting requires a more child-specific approach than standard adult-oriented first aid offers. To ensure the health and safety of children in a child care setting, someone who is qualified to respond to common injuries and life-threatening emergencies must be in attendance at all times. A staff trained in pediatric first aid, including pediatric CPR, coupled with a facility that has been designed or modified to ensure the safety of children, can reduce the potential for death and disability. Knowledge of pediatric first aid, including the ability to demonstrate pediatric CPR skills, and the confidence to use these skills, are critically important to the outcome of an emergency situation (1).

Small family child care home caregivers/teachers often work alone and are solely responsible for the health and safety of children in care. Such caregivers/teachers must have pediatric first aid competence.

COMMENTS

Other children will have to be supervised while the injury is managed. Parental notification and communication with emergency medical services must be carefully planned. First aid information can be obtained from the American Academy of Pediatrics (AAP) at <http://www.aap.org> and the American Heart Association (AHA) at <http://www.heart.org/HEARTORG/>.

TYPE OF FACILITY

Center, Large Family Child Care Home

RELATED STANDARDS

1.4.3.1 First Aid and CPR Training for Staff

3.6.1.3 Thermometers for Taking Human Temperatures

5.6.0.1 First Aid and Emergency Supplies

9.4.3.3 Training Record

Reference

- Aronson, S. S., ed. 2007. *Pediatric first aid for caregivers and teachers*. Rev. 1st ed. Elk Grove Village, IL: American Academy of Pediatrics; Sudbury, MA: Jones and Bartlett.

1.4.3.3

CPR Training for Swimming and Water Play

Facilities that have a swimming pool should require at least one staff member with current documentation of successful completion of training in infant and child (pediatric) CPR (Cardiopulmonary Resuscitation) be on duty at all times during business hours.

At least one of the caregivers/teachers, volunteers, or other adults who is counted in the child:staff ratio for swimming and water play should have documentation of successful completion of training in basic water safety, proper use of swimming pool rescue equipment, and infant and child CPR according to the criteria of the American Red Cross or the American Heart Association (AHA).

For small family child care homes, the person trained in water safety and CPR should be the caregiver/teacher. Written verification of successful completion of CPR and lifesaving training, water safety instructions, and emergency procedures should be kept on file.

RATIONALE

Drowning involves cessation of breathing and rarely requires cardiac resuscitation of victims. Nevertheless, because of the increased risk for cardiopulmonary arrest related to wading and swimming, the facility should have personnel trained to provide CPR and to deal promptly with a life-threatening drowning emergency. During drowning, cold exposure provides the possibility of protection of the brain from irreversible damage associated with respiratory and cardiac arrest. Children drown in as little as two inches of water. The difference between a life and death situation is the submersion time. Thirty seconds can make a difference.

Caring For Our Children Basics

- Based on Caring for Our Children National Health and Safety Standards
- Created because there continued to be some states that allowed very poor child care regulation with high death and disease, and likely developmental harm
- 2014, the Child Care Bureau and Maternal Child Health Bureau created a task force to determine MINIMAL set of standards that would protect children in early childhood education settings
- Basic standards – does not include all that is needed for best practice/high-quality
- Linked to CFOC, CCDF, and Head Start
- Served as a subject matter expert (SME) for first revision (published 2025)

<https://childcareta.acf.hhs.gov/cfoc>



1.4.3.1 First Aid and CPR Training for Staff

All caregivers and teachers who provide direct care to children should have up-to-date documentation showing they completed training in pediatric first aid and have current certification in pediatric CPR. The facility should maintain these records in its personnel files. (Note: The training entity determines the length of certification, e.g., American Red Cross Child CPR certification is valid for 2 years. States and territories will determine the frequency of the training requirement.)



What Does CCDF Say?

The CCDF health and safety requirements at [45 C.F.R. § 98.41](#) address pediatric first aid and CPR. Every caregiver or teacher who receives financial assistance through CCDF must take pediatric first aid and CPR training. Your state or territory will determine whether every caregiver in an early childhood program must also complete certification in first aid and CPR. For more information, check the [National Database of Child Care Licensing Regulations](#).

School-Age Caregivers and Teachers

Check with your state or territory to be sure you take the correct first aid and CPR classes for the age of the children you serve.



What Does Head Start Say?

[1302.47 Safety practices](#) “(b)(4) *Safety training.* (i) *Staff with regular child contact.* All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: ... (J) First aid and cardiopulmonary resuscitation.”

Sarah Myers, RN

Child Care Aware of North Dakota

Health and Safety Specialist

701.997-1541

sarahm@ndchildcare.org



A person wearing a white lab coat is seated at a desk, writing in a spiral-bound notebook with a red pen. A laptop is open to the right of the notebook. The background is softly blurred, showing an office or clinical setting.

Century Code, Administrative Rule, and Policy

Presentation by:

*Carmen Traeholt, HHS Child
Care Licensing Administrator*

What are Early Childhood Services

Under ND Century Code §50-11.1-02 (7) "Early Childhood Services" means the care, supervision, education, or guidance of a child or children, which is provided in exchange for money, goods, or other services.



Early Childhood Services does not include

NDCC 50-11.1-02(6)

- a. Substitute parental child care provided pursuant to chapter 50-11.
- b. Child care provided in any educational facility, whether public or private, in grade one or above.
- c. Child care provided in a kindergarten which has been established pursuant to chapter 15.1-22 or a nonpublic elementary school program approved pursuant to section 15.1-06-06.1.
- d. Child care, preschool, and prekindergarten services provided to children under six years of age in any educational facility through a program approved by the department.
- e. Child care provided in facilities operated in connection with a church, business, or organization where children are cared for during periods of time not exceeding four continuous hours while the child's parent is attending church services or is engaged in other activities, on the premises.
- f. Schools or classes for religious instruction conducted by religious orders during the summer months for not more than two weeks, Sunday schools, weekly catechism, or other classes for religious instruction.
- g. Summer resident or day camps for children which serve no children under six years of age for more than two weeks.
- h. Sporting events, practices for sporting events, or sporting or physical activities conducted under the supervision of an adult.
- i. Head start and early head start programs that are federally funded and meet federal head start performance standards.
- j. Child care provided in a medical facility by medical personnel to children who are ill.
- k. A child care program certified by and in good standing with the United States department of defense family child care certification program, in accordance with department of defense instruction 6060.02, child development programs.

Why this matters?

Law defines the scope of Early Childhood Services and defines which programs and providers are required to:

- Become licensed under ND law when caring for more than 5 children total, or more than 3 children under 24 months old.
- Adhere to health and safety requirements outlined by the Child Care and Development Fund (CCDF) and defined in ND Administrative Code.
- Comply with ND state laws (NDCC) and state rules (NDAC) that govern and regulate early childhood services.
- Participate in ongoing inspections to ensure continued compliance.

Framework of Regulation: Law, Rule and Policy

LAW

- Definition: Laws are formal legal requirements enacted by the ND Legislative Assembly and signed by the governor
- Authority: Laws have the highest level of authority.
- Example: Law sets out who needs a license, the basic health and safety requirements, and penalties for noncompliance.




RULE

- Definition: Rules (sometimes^{so} call regulations) are detailed instructions that explain *how* providers must meet the requirements of law.
- Authority: Rules carry legal force, but they are more specific and practical than statutes.
- Example: ND rules detail things like staff to child ratios, health and sanitation standards and emergency procedures.

POLICY

- Definition: Policies are internal guidelines or procedures used by an agency to carry out laws and rules consistently.
- Authority: Policies do not have the force of law, but they guide day-to-day decision-making and ensure fairness and consistency.
- Example: Staff Procedures on how to issue a ratio waiver, lead a compliance plan, how to issue fiscal sanctions.

“In Summary” Law sets the legal foundation, rules operationalize the standards, and together they ensure safe and healthy early childhood services in ND.

Level	Created by	Has Legal Force?	Purpose	Code Description
Law	Legislature	 Yes	Establish broad legal requirements	NDCC 50-11.1
Rule	State agency (HHS)	 Yes	Define details for implementation	NDAC Chapters: 75-03-08; 75-03-09; 75-03-10; 75-03-11; 75-03-11.1; 75-03-07.1; 75-03-07
Policy	State Agency and unit	 No (guidance only)	Guide consistent procedures	620-01

Finding Law, Rule and Policy Made Simple

[Child Care Regulations | Health and Human Services North Dakota](#)

[Early Childhood Services | Health and Human Services North Dakota](#)

Child Care Regulations

Century Code (Law)

The North Dakota Century Code on this webpage contains currently effective laws of North Dakota Early Childhood Services.

North Dakota Century Code 50-11.1 requires the Department of Health & Human Services to administer the licensure of Early Childhood Services (child care) and authorizes the Department to develop standards to regulate child care settings.

Administrative Code (Rule)

Administrative Code is the collection of all rules of state administrative agencies. Early Childhood Services Administrative Code contains the standards (rules) developed by the Department to regulate child care settings, as authorized by Century Code (law).

Administrative Code may be updated quarterly. The [Early Childhood Services Advisory Board](#) provides feedback to the Early Childhood Section each time the agency reviews early childhood services rules.

North Dakota law provides for a variety of [licensed and license-exempt program options](#), from smaller family settings to larger center facilities, allowing families to take their needs, preferences, and experiences into account to choose the type of care that is the best fit.



EARLY CHILDHOOD SERVICES CENTURY CODE



FAMILY CHILD CARE



GROUP CHILD CARE



CHILD CARE CENTER



PRESCHOOL PROVIDERS



SCHOOL AGE CHILD CARE



SELF-DECLARATION PROVIDERS



IN-HOME PROVIDERS

[Learn More About Recent or Upcoming Administrative Code Changes](#)



Early Childhood Licensing Policy

Policies are guidelines that provide a framework for daily activities. Early Childhood Section policies provide guidance to both state staff and child care providers. Policy Manuals are living documents; the public is encouraged to check back often for updates.



POLICY

How Citizens and Legislators Shape ND Early Childhood Licensing

Role	Who Acts	How They Influence	Examples in ND Early Childhood Licensing
Legislative Action (Law-Making)	ND Legislative Assembly (Senators & Representatives)	Propose, debate, and pass laws (ND Century Code). - Establish legal requirements for child care licensing, safety, and oversight.	Passes SB 2107 any hours of dept. approved training related to child care which an applicant or staff completes after submitting the fees and application as required under subsection 8 must be counted toward licensing annual requirements for the following year- effective 1-1-2025.
Citizen Action (Law Influence)	Citizens, parents, providers, advocacy groups	Vote for legislators who shape early childhood law - Testify during legislative hearings or provide public comments. - Advocate for new laws or changes to existing ones.	Providers share input on HB 1119 during a legislative hearing on proposed licensing updates, Addison's Law.
Administrative Rule-Making	ND Department of Health and Human Services (HHS)	Develops ND Administrative Code (rules) to implement laws and adhere to CCDF federal requirements. Holds Advisory Board meeting and holds public hearing and comment period before rules are finalized.	HHS writes ND Admin Code (rule) to adhere to a federal requirement regarding immunization requirements for school-age children attending licensed child care.
Citizen Action (Rule Influence)	Public stakeholders, citizens, child care providers	Review and comment on proposed administrative rules during the public comment period. - Participate in the EC advisory board.	Providers submit feedback regarding proposed rule changes on immunization requirements for school-age children attending licensed child care.

Citizen Action (Law Influence)



ADDISON'S LAW

Every 15 Minutes,

- A-** All
- D-** Daycare Providers
- D-** Do Visual
- I-** Infant
- S-** Screening
- O-** Observations at
- N-** Naptime

Courtesy of Tammy Czapiewski

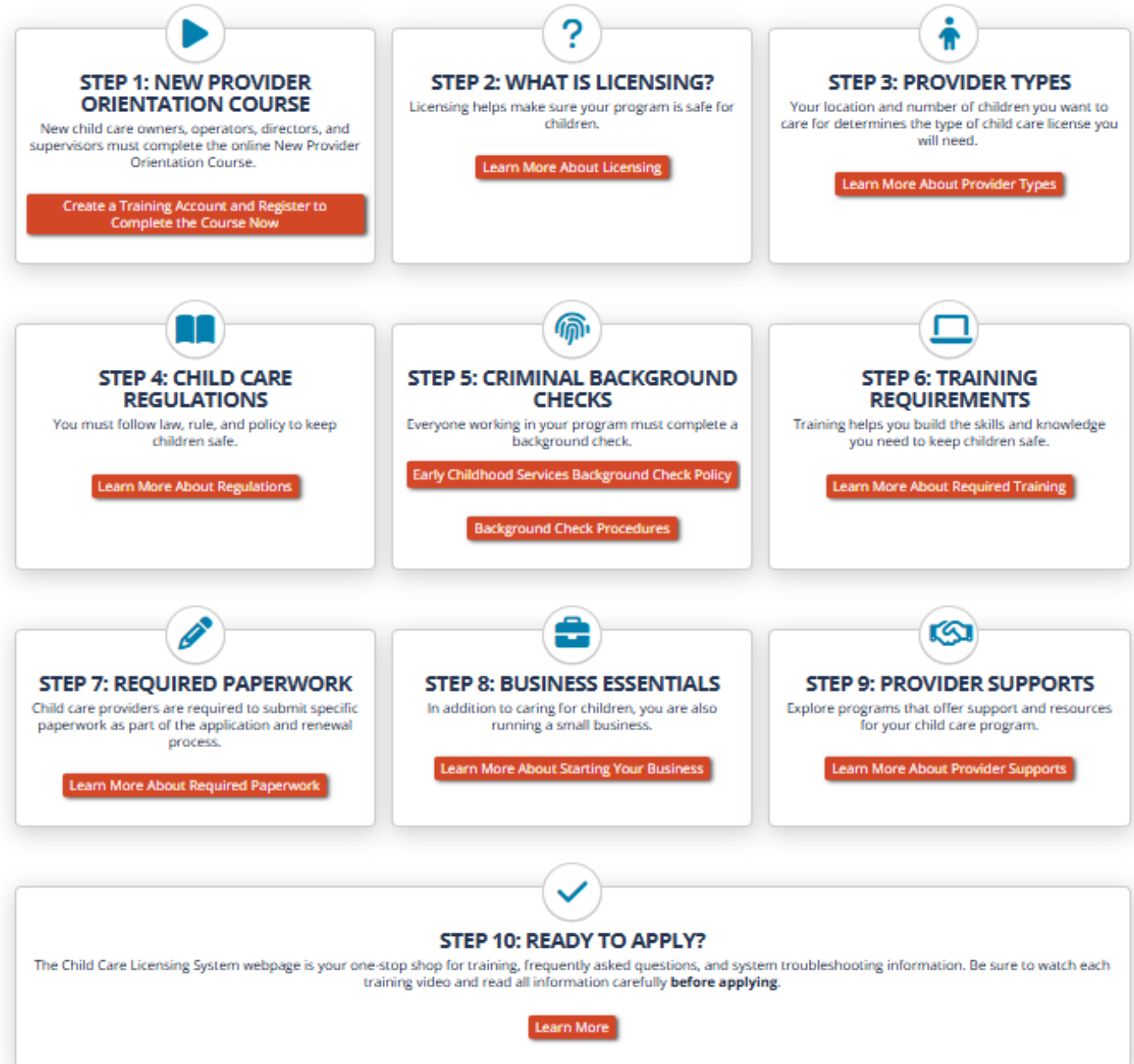
<https://www.kfyrtv.com/video/2023/10/10/story-behind-addisons-law-nd/>

Supports for Providers



Become A Provider

<https://www.hhs.nd.gov/cfs/early-childhood-services/providers/become-a-provider>



New Provider Orientation

This **FREE** course is designed to provide foundational knowledge and guidance. New Provider Orientation modules provide essential aspects of being a licensed or self-declared provider.

This course is available for existing child care providers and staff to meet annual training requirements.

Module 1: New Provider Orientation

- An introduction to becoming a child care provider and what to expect.

Module 2: Introduction to North Dakota Child Care Rules

- Learn key regulations and responsibilities that guide licensed/self-declaration care in North Dakota.

Module 3: The Role of Licensing Staff and Addressing Compliance

- Understand how licensing staff support you and how to navigate compliance issues.



New Provider Orientation

1. Courses present information for learners:

Exploring Background Checks

Select each button to learn more.

WHAT ✓ **WHO** ✓ **HOW** ✓ **WHEN** ✓

WHO NEEDS A BACKGROUND CHECK?

- All staff, owners and anyone who may come in contact with children.
- Emergency designees, volunteers and anyone 18 or older living in the home.
- Support staff (therapists, activity leaders) providing unsupervised child care.




2. Learners engage in knowledge checks:

Meet Marta: Background Checks

Marta is a family child care provider.
Her adult brother is moving in with her for the next year, but will not be working directly with the children.

Does Marta's brother need to complete a background check?

3. Learners receive feedback:



CORRECT

Correct! Since Marta's brother is over 18 and living in the home, he must complete a background check, even if he's not directly involved in child care.

CONTINUE

Licensing Tool Kit

Get Ready!

- Health and safety are key to every program's success.
- Complete the early childhood provider orientation course series.
- Finish a health and safety checklist and meet with a health and safety specialist to receive a health and safety kit.

Get Set!

- You're on your way!
- Work with a start-up coordinator to get your space ready to open.
- Each program will receive an award to buy learning materials that create a fun, engaging environment.

Start Your Childcare!

- Meet one-on-one with a start-up coordinator as you prepare for licensing.
- Once you're ready, you will receive a business toolkit to support your new program.

[Child Care Licensing Toolkit | Health and Human Services North Dakota](#)



Licensing Team

The Early Childhood Licensing Unit is responsible for licensing and certifying child care programs in North Dakota.

The team includes:

- Licensing specialists
- Licensing supervisors
- A resource and referral specialist
- A licensing administrator

They are your first contact when applying for a license or certification. This team also sets policies and health and safety standards for licensed and certified child care programs.

<https://www.hhs.nd.gov/cfs/early-childhood-services/contact>



HHS processes an average of 200 new licenses and 900 renewals each year

- **New Licenses** – an average of 15-17 per month
 - 178 in CY2024 and 134 CY2025 thru 8-31-25
 - 40% group, 28% family, 10% center, 8% multiple, 1% school age, 12% self-dec,
- License **Renewals** – an average of 75-80 per month
 - 54% group, 13% family, 15% center, 7% multiple, 5% school age, 3% preschool, and 2% self-dec
- **Correction orders** – 20-30 per month
 - Most often for **staff requirements** (background checks, pediatric first aid and CPR, training) and **supervision**/staying in ratio
- **Inspections** (announced and unannounced) – approx. 250 per month
- **8 mobile fingerprint** units deployed
 - 12 licensing staff trained, **94 printing sessions conducted** (Dec 24 – Aug 25)

Spring 2025

HHS launched an Orientation to Child Care Licensing course to help providers better understand child care licensing, regulations, and compliance. To date 700 people have completed.



October 2025 Automated criminal background check process goes live. Training and support for providers underway (Sept 2025).

A person wearing a white lab coat is seated at a desk, writing in a spiral-bound notebook with a red pen. A laptop is open to the right of the notebook. The background is softly blurred, showing an office or clinical setting.

North Dakota License Types

Presentation by:

*Coreen Ruona, HHS Child
Care Licensing Supervisor*

Rule Types

License Types

75-03-08 Family

75-03-09 Group

75-03-10 Center

75-03-11 Preschool

75-03-11.1 School Age

License Exempt Types

75-03-07 In-home

75-03-07.1 Self Declaration



License Type – Family Child Care

Family Child Care

Family child care programs are licensed and monitored by the HHS Early Childhood Licensing Unit and must meet regulations per North Dakota Century Code 50-11.1 and North Dakota Administrative Code **75-03-08** including standards for background checks and basic health and safety training. These programs receive one announced and one unannounced monitoring visit per year.

Setting: Private residence

Age Range: Infants through 11 years old

Number of Children:

- Up to 7 children, of which no more than 3 may be under the age of 24 months, plus 2 additional school-age children; or,
- Maximum of 4 children under the age of 24 months, plus 2 school-age children.
- A provider's own children under age 12 must be included in the total.

Child and Adult Care Food Program Eligible: Yes

Child Care Assistance Program Eligible: Yes

License Type – Group Child Care

Group Child Care

Group child care programs are licensed and monitored by the HHS Early Childhood Licensing Unit and must meet regulations per North Dakota Century Code 50-11.1 and North Dakota Administrative Code **75-03-09** including standards for background checks and basic health and safety training. These programs receive one announced and one unannounced monitoring visit per year.

Setting: Private residence (group-home license) or non-residential building (group-facility license)

Age Range: Infants through 11 years old

Number of Children: Up to 30 children, dependent upon square-footage requirements, staffing ratios and local ordinances. A provider's own children under age 12 must be included in the total.

Child and Adult Care Food Program Eligible: Yes

Child Care Assistance Program Eligible: Yes

License Type – Preschool Programs

Preschool Programs

Preschool Programs are licensed and monitored by the HHS Early Childhood Licensing Unit and must meet regulations per North Dakota Century Code 50-11.1 and North Dakota Administrative Code **75-03-11** including standards for background checks and basic health and safety training. These programs receive one announced and one unannounced monitoring visit per year.

Preschool programs offer early childhood services, which follow a preschool curriculum designed to enhance the educational development of the children enrolled and serve no child for more than 3 hours per day.

Setting: Programs are often in free-standing buildings, businesses, homes, community centers, or places of worship. They may be privately-owned, for-profit business or a non-profit entity that is governed by a board of directors.

Age Range: 2 through 5 years old

Number of Children: Varies, dependent upon square-footage requirements

Child and Adult Care Food Program Eligible: Yes

Child Care Assistance Program Eligible: No

License Type – School Age

School-Age

School-age child care programs are licensed and monitored by the HHS Early Childhood Licensing Unit and must meet regulations per North Dakota Century Code 50-11.1 and North Dakota Administrative Code **75-03-11.1** including standards for background checks and basic health and safety training. These programs receive one announced and one unannounced monitoring visit per year.

These programs offer services before and after school, holidays and summer.

Setting: Programs are often in free-standing buildings, businesses, homes, community centers, or places of worship. They may be privately-owned, for-profit business or a non-profit entity that is governed by a board of directors.

Age Range: 5 through 11 years old

Number of Children: Varies, dependent upon square-footage requirements

Child and Adult Care Food Program Eligible: Yes

Child Care Assistance Program Eligible: Yes

License Type – Center Child Care

Center Child Care

Child care centers are licensed and monitored by the HHS Early Childhood Licensing Unit and must meet regulations per North Dakota Century Code 50-11.1 and North Dakota Administrative Code **75-03-10** including standards for background checks and basic health and safety training. These programs receive one announced and one unannounced monitoring visit per year.

Setting: Programs are often in free-standing buildings, businesses, community centers, or places of worship. They may be privately-owned, for-profit business or a nonprofit entity that is governed by a board of directors.

Age Range: infants through 11 years old

Number of Children: 19 or more children

Child and Adult Care Food Program Eligible: Yes

Child Care Assistance Program Eligible: Yes

License Type- Multiple - Licensed Facility

Multiple-Licensed Facility

Multiple-licensed facilities are licensed to provide more than one type of early childhood service, such as center/preschool or group/preschool.

Multiple licenses are monitored by the HHS Early Childhood Licensing Unit and must meet regulations per North Dakota Century Code 50-11.1 and **all specific North Dakota Administrative Codes that make up the multiple license**, including standards for background checks and basic health and safety training. These programs receive one announced and one unannounced monitoring visit per year.

Setting: Programs are often in free-standing buildings, businesses, homes, community centers, or places of worship. They may be privately-owned, for-profit business or a non-profit entity that is governed by a board of directors.

Age Range: infants through 11 years old

Number of Children: Varies by early childhood license type

Child and Adult Care Food Program Eligible: Yes

Child Care Assistance Program Eligible: Yes

License Exempt Type – Self Declaration

Any person providing early childhood services for 5 or less children, of which no more than 3 children are under the age of 24 months, including their own children, can choose to become a license-exempt provider.

Self-Declaration Provider

Self-Declared providers are certified and monitored by the HHS Early Childhood Licensing Unit and must meet regulations per North Dakota Century Code 50-11.1 and North Dakota Administrative Code **75-03-07.1** including standards for background checks and basic health and safety training. Self-Declared providers receive one announced and one unannounced monitoring visit per year.

Setting: Private residence

Age Range: Infants through 11 years old

Number of Children: Up to 5 children, of which no more than 3 may be under the age of 24 months. The provider's own children under age 12 must be included in the total.

Child and Adult Care Food Program Eligible: Yes

Child Care Assistance Program Eligible: Yes

License Exempt Type – In-home Provider

Any person providing early childhood services to a child with disabilities in the child's home.

In-home Provider

In-home providers must meet regulations per North Dakota Century Code 50-11.1 and North Dakota Administrative Code **75-03-07** including standards for background checks and basic health and safety training. Registered in-home providers are not currently monitored by the Early Childhood Licensing Unit.

Setting: Child's home

Age Range: Infants through 11 years old

Number of Children: Up to 5 children, of which no more than 3 may be under the age of 24 months.

Child and Adult Care Food Program Eligible: No

Child Care Assistance Program Eligible: Yes

- If a child's health would be at risk, written documentation from a health care professional must be submitted to the CCAP State Administrator satisfactorily demonstrating the health risk to the child if the child is taken to an outside provider, or
- For a disabled child, written documentation must be provided to the CCAP State Administrator demonstrating that the child's disability is such that taking the child to an outside provider creates an undue hardship

A person wearing a white lab coat is seated at a wooden desk, writing in a spiral-bound notebook with a red pen. A laptop is open on the desk to the right of the notebook. The background is softly blurred, showing an office or clinical setting.

Overview of Licensing Application Process

Presentation by:

*Kelsey Dobitz, HHS Child
Care Licensing Supervisor*

Application Process Overview for Licensed Programs

- Initial and renewal application processes are completed via the Child Care Licensing System an online portal.
- A complete application includes, an application, all required documents and license fees.

Dashboard

Coreen Ruona

Log Out

Return to Provider Selection page

Welcome to the North Dakota Child Care Licensing Online Dashboard!

To begin the application process for a new license, certification, or change request, click the link for the desired application. To withdraw or continue an application that you have started, click the applicable button next to the application. If you are renewing a current License, click the Renew button next to the License. If you need to change your License Type, submit the request by clicking the License Type Change link.

To submit an incident report, update expired documentation, apply for a ratio waiver, or make changes to staff click the desired link in the other column. The Authorized Contacts link allows you to manage individuals who will have access to the online portal for the program.

New Application

Change Request

Other

> [Name Change Application](#)

> [Program Relocation](#)

> [Number of Children Change](#)

> [License Type Change](#)

> [New Incident Report](#)

> [Update Expired Documents](#)

> [Ratio Waiver](#)

> [Staff Changes](#)

> [Authorized Contacts](#)

Applications in Progress

Current Licenses

License Type	Status	License Number	Period	QRIS Rating
Group License	Active	0-0-01221-G	08/14/2025-08/13/2026	

Print Certificate

Correction Orders:

License	Date Issued	Date Due	Correction Order Status
0-0-01221-G	09/03/2025	09/04/2025	Pending - Notice of Completion

View Correction Order

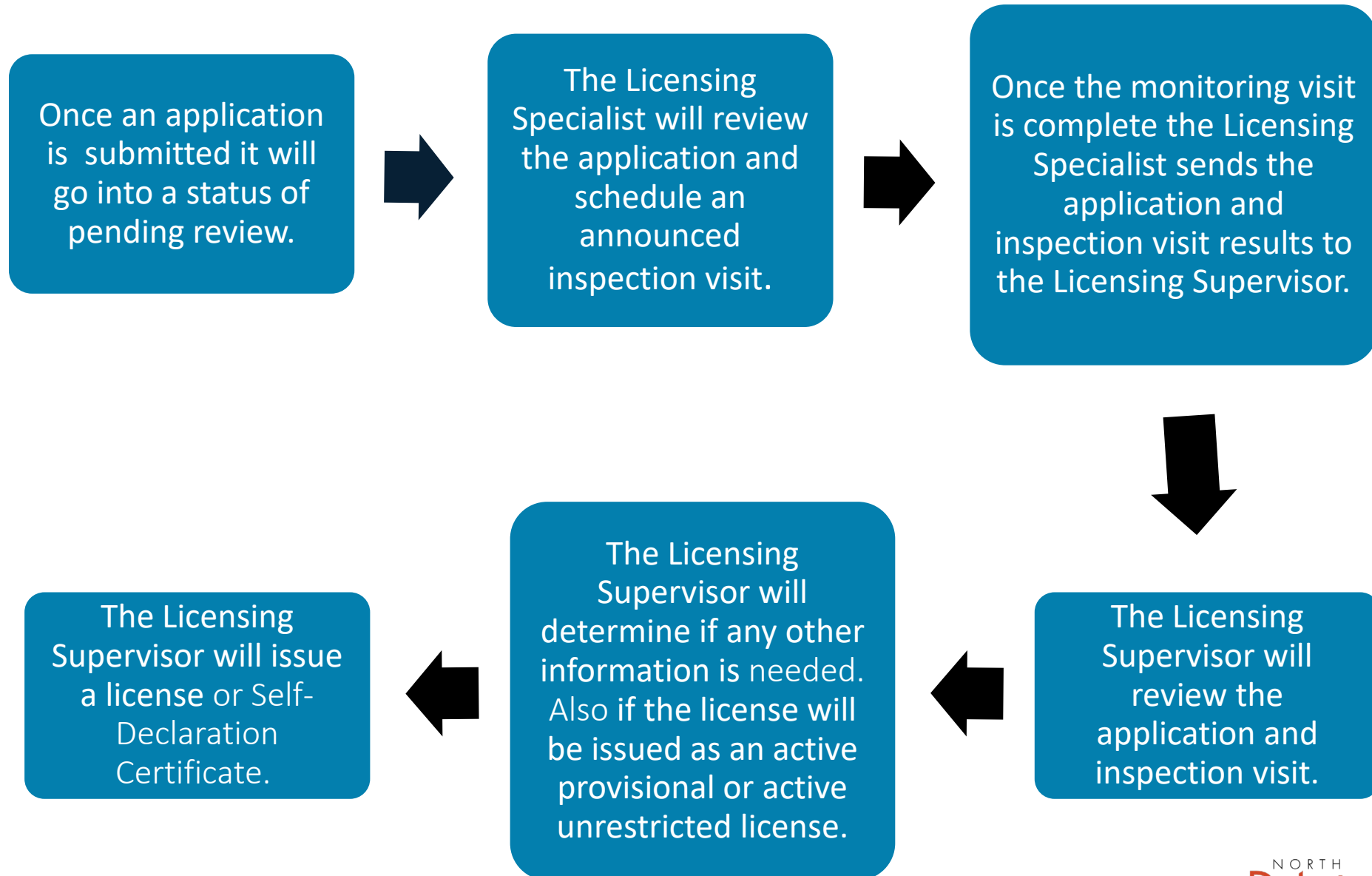


Getting ready to apply for a license

- Who? (ages served)
- What? (what is the experience kids will have in your program)
- When? (when do you want to open)
- Where? (facility)
- How? (business plan)
 - Operating hours / # of children
 - Staffing plan / training
 - Sources of income / revenue support
 - Billing / Security / technology infrastructure
 - Food and nutrition
 - Regulatory framework / licensing / facility health safety

Requirement	Family	Group	Center CC	Preschool	School-Age	Self-Dec	In-home
Online Application	X	X	X	X	X	X	X
Auto Ins. <i>(if transporting)</i>	X	X	X	X	X	X	N/A
Liability Insurance	N/A	N/A	X	X	X	N/A	N/A
Comprehensive Background Checks	X	X	X	X	X	X	X
SFN 433 <i>(only required for 18 yr old+ household members)</i>	X	X	N/A	X (if private residence)	X (if private residence)	X	X
Training Records	X	X	X	X	X	X	N/A
Indoor and Outdoor Square	X	X	X	X	X	N/A	N/A
Daily Program schedule	X	X	X	X	X	N/A	N/A
Ped. CPR/AED and Ped First Aid	X	X	X	X	X	X	X
Local Requirements (if applicable)	X	X	X	X	X	X	N/A
Pet Vaccination Records (if applicable)	X	X	X	X	X	X	N/A
Fire Inspection	X	X	X	X	X	X	N/A
Food/Sanitation Inspection <i>*Needed in a non-residential facility and meals are prepared.</i>	N/A	N/A *	N/A	X*	X*	N/A	N/A
Director/Supervisor Qualifications	N/A	X	X	X	X	N/A	N/A
Preschool Teacher Qualifications	N/A	N/A	N/A	X	N/A	N/A	N/A
SFN 517 Evac/Disaster Plan	X	X	X	X	X	X	N/A
Policies and Contracts	X	X	X	X	X	X	N/A

Application Process Overview Continued



A person wearing a white lab coat is seated at a desk, writing in a spiral-bound notebook with a red pen. A laptop is open to the right of the notebook. The background is softly blurred, showing an office or clinical setting.

Overview of Inspection Visits and Compliance

Presentation by:

*Jasmin Schmidt, HHS Child
Care Licensing Supervisor*

Inspection Visits

Announced Visits

- Occur to obtain an initial license/certificate or a renewal of license or certificate.
- Checklists are created using the specific North Dakota Administrative Rule for each license type or self-declaration rule. Inspections must be completed within the Child Care Licensing System and using the following checklists:
 - SFN 1422 Family
 - SFN 1424 Preschool
 - SFN 1257 School-Age
 - SFN 1425 Group
 - SFN 1423 Center
 - SFN 1595 Self-Declaration
- Any violations observed during an announced visit may be considered a Correction Order and must be corrected prior to a license or renewed license being issued.

Unannounced Visits

- Performed at a minimum, one successful unannounced visit 3-6 months prior to the renewal visit for each licensed or self-declared provider.
- Checklist is made up of North Dakota Administrative Rules and allows specialists to observe daily operations including staff child interactions, child records and ratios.
- Unannounced Visits may also occur due to a reported concern.
- Documentation of an unannounced visit must be completed in the Child Care Licensing System and must be completed using the following health and safety checklists:
 - SFN 1276 for licensed providers
 - SFN 1595 for self-declared providers
- Any violations observed during an unannounced review may be considered a Correction order.

Addressing Violations

When a Licensing Specialist discovers a violation, they are required by law to address and keep a record of that violation and to make this information publicly available.

If a program is out of compliance with a licensing rule or law, a Correction Order may be issued. This order tells the provider:

- What the violation is
- The method of correction
- Timeframe for completion

The provider does have the right to refute the correction order.

The Licensing Specialist will complete a re-inspection visit to assure the violation has been corrected.

If the violation is not corrected, the provider will receive a non-compliance letter notifying them of fiscal sanctions and restating that they need to correct the violation immediately.



Corrective Actions

Corrective Actions are plans or restricted licenses used when programs are out of compliance.

- Compliance Plan
- Provisional License
- Restricted License
- Suspension
- Revocation



Compliance Plans

When a child care program continues to have trouble meeting laws and rules, a Compliance Plan may be put in place to support improvement.

- These plans are based on the issues listed in the Correction Order and may include:
 - Simple fixes with minimal support
 - More complex changes that need ongoing help and monitoring
- Each Compliance Plan is tailored to what the program needs to get back on track.
- Licensing specialists and quality coaches from Child Care Aware of North Dakota work with providers when a Compliance Plan is put in place. They help providers set goals and action steps to come back into and sustain compliance.



Provisional License

- A Provisional License or Self-Declaration Document may 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.
- A Provisional License or Self-Declaration Document may be issued **during a licensing year** if the program fails to, or is unable to, comply with all applicable standards and rules of the department
- An unannounced visit is required 3 months after issuance of a Provisional License or Self-Declaration Document.



Restricted License

- Restricted Licenses are issued to restrict an individual's presence when children are present.
- A restricted license is issued when a pet or animal needs to be restricted from areas accessible to children.
- A restricted license is issued when necessary to inform parents that the owner is licensed but is restricted to operating in certain rooms or restricted from using specific outdoor space.
- Additional unannounced visits may occur when a restricted license is issued.



Suspension

The department can suspend a child care license, self-declaration, or registration when:

- a. An investigation for child abuse or neglect has started, and it involves the owner, a staff member, the self-declaration holder, or an in-home provider. This can happen if:
 - There is a report that a child was abused (including sexual abuse), police are involved, and it is not safe for the program to stay open; or
 - There is a report that a child was neglected, police are involved, and it is not safe for the program to stay open.
- b. The department has confirmed that child abuse or neglect DID occur, and it would not be safe for children if the program continued operating.



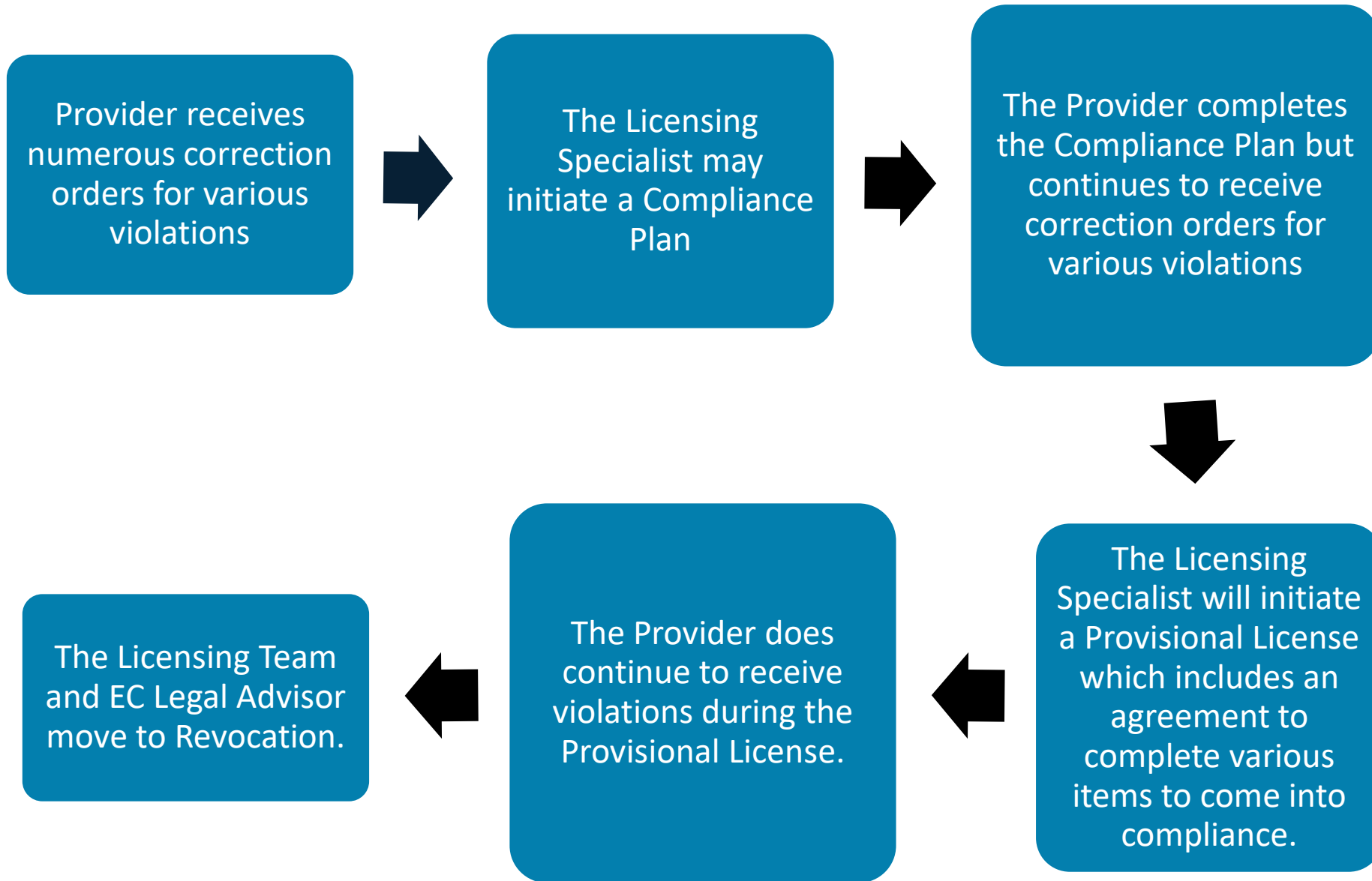
Revocation

The Department can take away (revoke) a child care provider's license, self-declaration, or registration if:

- Conditions for being licensed no longer exist
- The provider is not meeting minimum standards
- The license was obtained dishonestly
- The provider breaks department rules
- Disqualifying criminal offenses
- Lack of rehabilitation after a conviction
- History of past problems.



Corrective Action Example:



Ms. Carmen Traeholt

HHS Child Care Licensing Administrator

ctraeholt@nd.gov

Ms. Coreen Ruona

Licensing Supervisor

cruona@nd.gov

Ms. Kelsey Dobitz

Licensing Supervisor

kdobitz@nd.gov

Ms. Jasmin Schmidt

Licensing Supervisor

schmidtjasmin@nd.gov



Child Care Development Fund Compliance

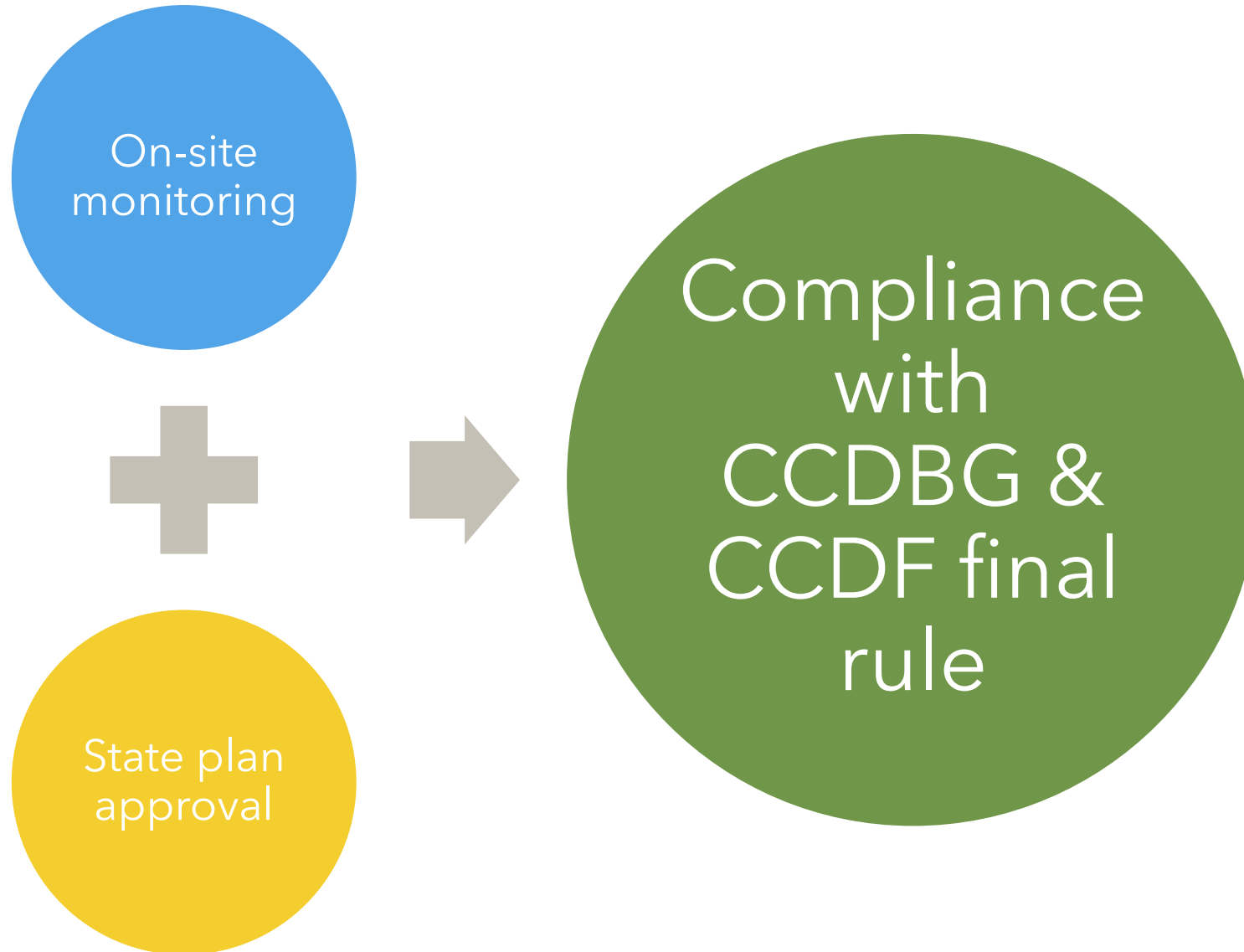
Child Care Services Advisory
Committee & Early Childhood
Services Advisory Board

November 20, 2025

*Presentation by: Mariah Hill,
HHS Early Childhood CCDF Co-Administrator*



OCC Monitoring Visit & State Plan Review



2021 CCDF Non-compliances

Immunization Requirements

The Lead Agency does not have immunization requirements for school-age children or children attending drop-in care.

- Providers are not monitored for this requirement

Provider Type	Family	Group	Center	School-Age	Self-Declaration
Non-Compliant	X	X	X	X	X
Method of Correction					
School-age					
1. Immunization standards added to NDAC – effective January 2023					
2. Inspection checklist updated to monitor for this requirement					
All other provider types					
1. Exemption for school-age and drop-in children was removed from NDAC – effective January 2023					
2. Inspection checklists updated to monitor for this requirement					
Current Status					
In compliance					

2021 CCDF Non-compliances

Medication Administration

The Lead Agency does not have requirements for medication administration for self-declaration CCDF providers.

- Providers are not monitored for this requirement

Provider Type	Family	Group	Center	School-Age	Self-Declaration
Non-Compliant					X
Method of Correction					
1. Added medication administration standards to Self-declaration NDAC – effective January 2023 <ul style="list-style-type: none">• Ensured consistency with other provider types' NDAC 2. Inspection checklist updated to monitor for this requirement					
Current Status					
In compliance					

2021 CCDF Non-compliances

Pediatric First Aid

The Lead Agency does not have requirements in place that all staff be trained in pediatric first aid for all CCDF-eligible providers. This includes both the preservice and ongoing training requirement.

- Providers are not monitored for this requirement

Provider Type	Family	Group	Center	School-Age	Self-Declaration
Non-Compliant	X	X	X	X	X
Method of Correction					
1. The Lead Agency completed an audit of the approved first aid courses to ensure pediatric first aid is included in the course. 2. Added wording to NDAC to clarify first aid training must be a pediatric certification – effective January 2023 3. Inspection checklists updated to monitor for this requirement					
Current Status					
In compliance					

2021 CCDF Non-compliances

Monitoring of CCDF Providers

The Lead Agency does not monitor for standards on medication administration, transporting children, fire standards, and ongoing training.

Provider Type	Family	Group	Center	School-Age	Self-Declaration
Non-Compliant	X	X	X	X	X
Method of Correction					
Unannounced checklists updated to include all required health and safety standards					
Current Status					
In compliance					

2024 CCDF Non-compliances

Immunization Grace Period

The Lead Agency does not coordinate with relevant state and local agencies to provide referrals and support to help families of children receiving child care services during a grace period comply with immunization and other health and safety requirements.

Method of Correction
Licensing policy was updated in May 2025 to ensure licensing specialists across the state provide consistent information to providers regarding immunization resources.
Current Status
In compliance

2024 CCDF Non-compliances

Handling & Storage of Hazardous Materials

The Lead Agency does not have requirements in place for Licensed School-Age Programs for the appropriate disposal of bio contaminants.

- Providers are not monitored for this requirement

Provider Type	Family	Group	Center	Preschool	School-Age	Self-Declaration	In-Home
Non-Compliant					X		
Method of Correction							
<div>1. Add standard to School-age North Dakota Administrative Code (NDAC)<ul style="list-style-type: none">• Ensure consistency with other provider types' NDAC</div> <div>2. Update inspection checklist to monitor for this requirement</div>							
Current Status							
Unable to work towards compliance until NDAC opens for updates							

2024 CCDF Non-compliances

Building & Physical Premises Safety

The Lead Agency has not established a standard for identification of and protection from vehicular traffic for self-declaration child care providers.

- Providers are not monitored for this requirement

Provider Type	Family	Group	Center	Preschool	School-Age	Self-Declaration	In-Home
Non-Compliant						X	
Method of Correction							
<div>1. Add standard to Self-Declaration NDAC<ul style="list-style-type: none">• Ensure consistency with other provider types' NDAC</div> <div>2. Inspection checklists updated to monitor for this requirement</div>							
Current Status							
Unable to work towards compliance until NDAC opens for updates							

In-Home Providers

Definition: "In-home provider" means any person who provides early childhood services to a child with disabilities in the child's home.

Age Range: Infants through 11 years old

Number of Children: Up to 5 children, of which no more than 3 may be under the age of 24 months.

CCDF Eligible:

- In North Dakota, In-home providers are eligible to receive Child Care Assistance if 1 of the following conditions apply:
 - If a child's health would be at risk, written documentation from a health care professional must be submitted to the CCAP State Administrator satisfactorily demonstrating the health risk to the child if the child is taken to an outside provider.
 - For a child with a disability, written documentation must be provided to the CCAP State Administrator demonstrating that the child's disability is such that taking the child to an outside provider creates an undue hardship.

In-Home Providers

Health & Safety Standard	Standard Exists	Preservice or Orientation Training	Monitored for Compliance & Posting of Monitoring Reports
Prevention of sudden infant death syndrome and use of safe sleep practices	✓	✓ Safe sleep training	X
Recognition and reporting of child abuse and neglect	✓	✓ Mandated reporter training	X
Administration of medication, consistent with standards for parental consent	✓	X (Getting Started course)	X
Prevention and control of infectious diseases (including immunization standards)	X	X (Getting Started course)	X
Prevention and response to emergencies due to food and allergic reactions	X	X (Getting Started course)	X
Building & physical premises safety	X	X (Getting Started course)	X
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	X	X (Getting Started course)	X
Emergency preparedness and response planning	X	X (Getting Started course)	X
Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants	X	X (Getting Started course)	X
Appropriate precautions in transporting children	X	X (Getting Started course)	X
Child development	X	X (Getting Started course)	X
Pediatric first aid and pediatric CPR	X	X	X

A young child with curly hair is smiling and playing with colorful wooden blocks on a light-colored surface. In the background, other children are also playing with blocks, but they are out of focus.

Mariah Hill
HHS Early Childhood
CCDF Co-Administrator

mfhill@nd.gov



Planning Provider Input Sessions



Listening Sessions

Opportunity for providers from around the state to discuss child care licensing challenges and review proposed revisions to the administrative rules.



In person



Virtual



Here are some of the requirements that providers might address during a listening session:

Sanitation requirements such as handwashing, diapering, toileting, and general cleaning which help stop the spread of germs

Health & Safety practice requirements such as rest, including infant safe-sleep practices, and supervision

Children's health requirements including child statement of health, immunizations, and how the program must handle sick children and store and give medication

Program staff qualifications including ongoing training requirements

Building safety requirements including outdoor play space, and playground safety, and ensuring child care spaces are free of hazards that could hurt children

Emergency planning requirements including plans and filing of forms to ensure programs are prepared to keep children safe during an emergency

Max Group Size and Child to Adult ratio including calculations for operational capacity

Square Footage Requirements including what counts in the measurement of space and what doesn't

Tuesday, January 13
6:30 p.m. – 8:00 p.m.
Locations TBD



Northwest North Central South Central
Williston Minot Bismarck

Thursday, January 15
6:30 p.m. – 8:00 p.m.
Locations TBD



Southwest South Central Southeast
Dickinson (MST) Jamestown Fargo

Saturday, January 17
10:30 a.m. – noon
Location TBD



Northeast
Grand Forks

Monday, January 26
1:00 p.m. – 2:00p.m.
or

6:30 – 7:30p.m.



Microsoft Teams Meeting

Pre-registration required

Providers will receive an email invitation and be invited to register for an in-person or virtual event.

- Contact information from registration will be used in the event HHS needs to cancel and reschedule due to inclement weather
- Registration numbers will be used to finalize the methods to be used for each listening session
 - Smaller groups will remain in a large group
 - Larger groups could be divided by provider type & engage in walkabout stations for smaller group conversations

What's working well

Questions that get at what's working:

- What current licensing standards for your license type are effective and should remain the same?
- Which rules are clear and easy to understand?



What could be better



Potential Questions

- Which specific regulations do you find most challenging or burdensome? Why?
- Are there any regulations you feel are not working or need improvement? Why?
- Do you find that certain regulations directly hinder your ability to meet the needs of the children in your care? Why?
- How could the regulatory process be streamlined or simplified without compromising health and safety?



Committee Input on Plan