Study of Child Care Provider Licensing
Final Report

May 27, 2026

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Executive Summary

The Legislative Management Study of Child Care Provider Licensing was established through House Bill 1119 during the 69th legislative session to review and provide input on the laws, administrative rules, and the Department of Health and Human Services (HHS) policies relating to child care licensing. The legislative management study was required to include input from HHS, a child care services advisory committee, and child care providers.

The Child Care Services Advisory Committee selected by Legislative Management met jointly with the Early Childhood Services Advisory Board authorized by NDCC 50-11.1-15. The Early Childhood Services Advisory Board is charged with advising the department each time early childhood services rules are reviewed; conducting an analysis of and making recommendations to the department regarding the department's review of early childhood rules, and on an ongoing basis make recommendations to the department regarding changes and revisions to the early childhood services rules.

The Department of Health and Human Services (HHS) provided staffing and administrative services for this study. HHS consulted with the Office of Child Care Quality and Business Support Center to provide technical assistance along with facilitation and solicitation of provider feedback from around the state.

Members

Child Care Services Advisory Committee Chair

Senator Kyle Davison

Child Care Services Advisory Committee Members

Representative Macy Bolinske
Representative Brandy Pyle
Senator Todd Beard
Ms. Debra Beard – Group Child Care Provider, Williston
Ms. Kenzi Brown – Coyote Pups Learning Den, Willison
Ms. Keely Ihry – Child Care Aware® of North Dakota
Ms. Verla Jung – Child Care Aware® of North Dakota
Ms. Kari Kapp – Group Child Care Provider, Jamestown
Ms. Lorrie Thoemke – YMCA of the Northern Sky, Fargo
Ms. Kaila Wentz – Multiple Licensed Provider, Bismarck

Early Childhood Services Advisory Board Members

Ms. Rhoda Elmi – Jasmin Child Care and Preschool, Fargo
Ms. Kirsten Hopp – Bottineau Children's Academy, Bottineau
Ms. Catherine Heyd – LaMoure Church of the Nazarene Preschool, LaMoure
Ms. Tania Zerr – YMCA of the Northern Sky School Age Learning Centers, Fargo
Ms. Linda Schroeder – homebased provider – West Fargo

Department of Health and Human Services

Ms. Kay Larson, Early Childhood Director
Ms. Carmen Traeholt, Child Care Licensing Administrator
Ms. Mariah Hill, Co-CCDF Administrator
Ms. Coreen Ruona, Child Care Licensing Supervisor
Ms. Kelsey Dobitz, Child Care Licensing Supervisor
Ms. Jasmin Schmidt, Child Care Licensing Supervisor
Ms. Alissa Palkrabek, Child Care Licensing Supervisor

Background

HHS commissioned a comprehensive external evaluation of North Dakota's current child care licensing laws, rules and policies as follow up to conversations that occurred in and around the time of the 2023 Legislative Session. During the interim Dr. Kelli Odden, Chair of Mayville State University's Education Department, completed a crosswalk and comparison study of the laws, rules, and policies relevant to North Dakota's child care infrastructure. The study identified areas of redundancy within the program types and recommended streamlining program types defined in law and the associated regulations to reduce administrative challenges and better support child care providers.

As a result of the external evaluation, HB 1119 was brought to the 69th legislative assembly at the request of the department, proposing a proactive approach to strengthening North Dakota's child care infrastructure. The bill, which would make necessary changes in statute, allowing the department to streamline program types, was seen as a significant change to the state's child care licensing framework. Since definitions reside in North Dakota Century Code, this bill was the first step in the change process and necessary before streamlined administrative rules could be created.

While most providers saw the positive potential of the proposed changes, policy makers struggled to digest the changes. As a result, the original intent of HB 1119 was sidelined and rewritten to include a legislative management study of child care provider licensing, consideration of a program evaluation of the Department of Health and Human Services child care services, and creation of the child care services advisory committee to review and provide input on the laws, administrative rules, and HHS policies relating to child care licensing.

North Dakota's Current Child Care Landscape

The Child Care Development Block Grant (CCDBG) and Child Care and Development Fund (CCDF) explicitly connect child care licensing and subsidy as interdependent elements of the same system. The law and federal regulations (45 CFR Part 98) make clear that licensing is both a safeguard for children and a condition for receiving public child care funds (child care assistance). The CCDBG and CCDF provide federal guidelines that states must follow to establish child care licensing requirements, ensuring health and safety standards for child care providers. States have the flexibility to create their own regulations within these federal frameworks, which helps improve the quality and accessibility of child care services.

North Dakota Century Code (NDCC) Chapter 50-06 states that the Department of Health and Human Services shall act as the official agency of the state for licensure of early childhood programs. NDCC Chapter 50-11.1 contains the formal legal requirements for Early Childhood Services.

In addition, North Dakota currently has seven administrative code books, rules written to instruct providers how to meet the requirements of the law, and nine provider types: family, group in a home, group in a facility, center, preschool, school-age, multiple licensed program (group/preschool or center/preschool), self-declaration, and in-home provider. Administrative Codes include:

- 75-03-07 In-Home Child Care Early Childhood Services
- 75-03-07.1 Self-Declaration Providers Early Childhood Services
- 75-03-08 Family Child Care Early Childhood Services
- 75-03-09 Group Child Care Early Childhood Services
- 75-03-10 Child Care Center Early Childhood Services
- 75-03-11 Preschool Early Childhood Services
- 75-03-11.1 School-Age Child Care Program Early Childhood Services

HHS must ensure standards exist and monitoring of compliance is occurring. Adherence to federal requirements and the state's triennial CCDF plan which includes the law, rules, and policies for early childhood services are monitored by the Office of Child Care. Often findings result in HHS bringing these items to the legislature during session and in the legislative rule making process to bring North Dakota into compliance.

Studying Child Care Provider Licensing

Statewide Provider Input

The joint committee solicited input from providers across the state. HHS consulted with Lisa Brochard, Lead Technical Assistance Specialist with the Child Care Quality and Business Support Center. She developed questions to solicit feedback, created notetaking templates for facilitators, managed a survey option for providers and hosted two virtual listening sessions. Child Care Aware of North Dakota hosted regional in-person listening sessions. Providers not only offered feedback on the pain points, but they also discussed common themes that may inform future recommendations. These included:

- Consolidating and simplifying rules
- Reforming training requirements
- Updating ratio, age bands, and the points system
- Reducing barriers to staffing and substitutes

See summary of listening sessions in the appendix.

Local Ordinances and Impact on Child Care Businesses

Committee members identified that many communities have local ordinances that providers identify as barriers to child care licensing. These included limiting the number of children or program types in certain zones, restricted parking, fire suppression, operation of a home-based business in residential zoning, special use fees and more.

The committee enlisted help from the ND League of Cities, Vision West, and Economic Development Association of North Dakota to distribute a survey to learn more about the presence of local ordinances related to child care. HHS also targeted city administrators and auditors in each region's major cities. Response was low; however, represented both large and small communities across the state.

Findings included the presence of

- zoning approval or letters
- special or conditional use permits or city council approval
- building modifications or inspection
- fire sprinkler requirements
- ordinances restricting certain program types

- and occasionally, exemptions or reduced requirements and incentives for establishment or growth of child care

Survey limitations noted include single responses from a locality may not reflect all ordinances or policies that may impact child care programs, in some cases HHS was aware of existing local policies that weren't reflected in survey responses, and a survey is not a formal review of what policies are on the books.

Child and Adult Care Food Program (CACFP)

The Child and Adult Care Food Program (CACFP) is a federal program that provides reimbursements for nutritious meals and snacks to eligible children and adults who are enrolled for care at participating child care centers, child care homes, and adult care centers.

The North Dakota Department of Public Instruction (NDDPI) in accordance with the Food and Nutrition Service of the United States Department of Agriculture (USDA), administers child nutrition and food distribution for the following eligible programs:

- Nonresidential, licensed public or private, nonprofit child care centers
- For-profit child care centers may participate if at least 25 percent of the participants in care are:
    - Eligible for free or reduced-price meals, or
    - Receive child care assistance.
- Head Start, outside-school-hours programs meeting the CACFP requirements are also eligible.

NDDPI's Child Nutrition and Food Distribution unit administers the program through Family Child Care Home Sponsors for the following eligible programs:

- Any licensed home-based child care provider who cares for at least one child is eligible so long as the care takes place in the provider's own residence, the private residence of another, or a rented or unoccupied private residence.

Child Care Assistance Program

The Child Care Assistance Program (CCAP) helps pay a portion of the cost of child care for working families, or families in training or education programs. Allowable monthly maximum payment rates vary depending on provider types and ages of children served.

State Provider Rates (Effective Jan. 1, 2026) −

Allowable Monthly Maximums for Full-Time Care

The table below shows allowable monthly maximums for full-time care (25 or more hours per week) effective Jan. 1, 2026. Rates are grouped by age and provider type.

Provider Type Provider Codes	Infant (Birth through 17 months)	Toddler (18 months through 2 years)	Preschool (3-5 years)	Other (6 up to 13)
CENTER C, E, K, M	$1,240	$1,124	$940	$800
LICENSED FAMILY/GROUP F, G, H	$900	$880	$740	$700
SELF-DECLARED/ TRIBAL REGISTERED S, R	$646	$600	$531	$529
APPROVED RELATIVE	$422	$398	$351	$348

Allowable Monthly Maximums for Part-Time Care

The table below shows allowable monthly maximums for part-time care (less than 25 hours per week) effective Jan. 1, 2026. Rates are grouped by age and provider type.

Provider Type Provider Codes	Infant (Birth through 17 months)	Toddler (18 months through 2 years)	Preschool (3-5 years)	Other (6 up to 13)
CENTER C, E, K, M	$546	$529	$489	$416
LICENSED FAMILY/GROUP F, G, H	$416	$393	$385	$364
SELF-DECLARED/ TRIBAL REGISTERED S, R	$284	$283	$276	$275
APPROVED RELATIVE	$186	$187	$182	$181

State provider rates will be rounded down when the rate is not a full dollar amount.
Allowable Maximum for Registration fees:
Provider Type: C, E, K, M, F, G, H - $150 per calendar year

To qualify a child must be under the age of 13, live in a household whose family income does not exceed 85% of the state median and reside with a parent or parents who are working or attending a job training or education program. Lead Agencies may expand eligibility to certain populations such as children older than 13 with disabilities. The federal government sets the eligibility ceiling for families to participate; in North Dakota the household income threshold is lower than 85% state median income. State policy exists allowing children older than 13, but under age 19, to receive CCAP if they are physically or mentally incapable of caring for themselves as verified in writing by a physician or a licensed/certified psychologist.

A core tenet of the program is parent choice, allowing families to select the child care setting that best fits their specific needs. Current state law defines early childhood services for children through the age of eleven. This means there are no choices for children older than eleven.

During the last legislative session, HHS proposed a change to North Dakota Century Code Chapter 50-11.1-02.1 regarding the number of children in a program and how that number is determined which states "all children present on the premises and under the age of twelve years must be counted". The proposed change, "children present on the premises and under the age of thirteen years must be counted" would align with the CCDF subsidy eligibility for children under the age of 13 and offer those families that need care for children twelve years of age a CCDF eligible child care option. There were several definitions that also would have needed revision to include children through the age of twelve.

North Dakota's current law has an allowance for homebased providers, "providers' own children over the age of eleven are exempt for the purposes of determining the number of children receiving early childhood services under this section."

Ultimately the original intent of HB 1119 was changed to suggest a study of child care licensing. The Child Care Assistance Program (CCAP) had been paying for children through the month of their thirteenth birthday and effective April 1, 2026, to align CCAP policy with state law, CCAP began making payments through the month a child turns 12 years old. The following month, families were no longer eligible to request a subsidy for that child.

Streamlining the Child Care Licensing Framework

A streamlined licensing framework can create a system that is easier to understand, easier to administer, and easier to comply with – while maintaining strong health and safety protections for children.

Benefits for Providers

1) Easier to understand and navigate
    - Providers face less confusion about which license category fits their program model.
    - Application, renewal, and expansion processes become more straightforward.
2) Reduced Administrative Burden
    - Fewer distinctions between license types can reduce paperwork, duplicative requirements, and time spent interpreting regulations.
3) More operational flexibility
    - Providers may have greater ability to adapt services to community needs without needing to change program types.
4) More equitable regulatory expectations
    - Similar programs are held to similar standards, reducing perceptions that requirements vary unnecessarily across program types.
5) Better access to support and technical assistance
    - Clearer categories make guidance, training, and compliance resources easier to develop and easier for providers to use

Benefits for Regulators

1) Greater clarity and consistency in oversight
    - Fewer program types offer greater clarity and consistency in oversight, reducing complexity in interpreting statutes, regulations, and policy guidance
2) More efficient administration
    - Simplified license structures reduce administrative burden for both licensing specialists related to processing applications, renewals, and compliance monitoring.
3) Stronger focus on health, safety, and quality
    - Licensing specialists can spend less time navigating license distinctions and more time supporting compliance, technical assistance, and continuous quality improvement.

4) Clearer communication with the field and public
    - Families, providers, and partners can more easily understand what license types mean and what standards apply

Recognizing that simplification requires careful balancing, the Committee reviewed a crosswalk of key licensing standards (see appendix) to examine regulatory distinctions that remain meaningful and opportunities for alignment while considering operational realities, regulatory intent, and potential tradeoffs for providers and the state.

The committee identified that streamlining program types could change the Child and Adult Care Food Program sponsor type that a provider works with for reimbursement and in some cases affect a provider's current reimbursement rate.

The committee also acknowledged combining approved relative license exempt programs with other program types issued a certificate would provide the required monitoring and oversight required of all CCDF eligible providers. Any current approved relative would need a comprehensive background check that includes fingerprints, additional preservice training, and annual announced and unannounced visits. Although this move has more requirements, families would be eligible for a higher state max child care assistance rate, which may positively impact the revenue for these providers. In fact, the allowable monthly maximum rates for parents participating in the Child Care Assistance Program would not decrease due to streamlining program types, in some cases, eligible families may receive a higher benefit rate.

Additionally, the committee discussed that standalone preschool programs holding a current license under Administrative Code Chapter 75-01-11.19 on or before January 1, 2022, are exempt from providing a minimum of seventy-five square feet of appropriate outdoor play space, unless the owner's license lapses for more than six months.

The committee also recognized perceived concerns some providers might have such as loss of program identity, one-size-fits all regulations, or uncertainty with transition and how their current program type maps to a new structure.

Qualifications for Teaching Staff, Supervisors and Directors

Current administrative rules specify several ways that individuals can qualify for different roles including teaching staff, supervisor or director. For example, a child care center director shall meet at least one of the following qualifications:

a. A bachelor's degree in the field of early childhood education or child development;
b. A bachelor's degree with at least six months of experience in a child care center or similar setting and one of the following:
    1) Eight semester hours or twelve quarter hours of department-approved early childhood education or child development;
    2) One hundred twenty hours of department-approved early childhood training; or
    3) A director's credential approved by the department;
c. An associate's degree in the field of early childhood education or child development with at least six months of experience in a child care center or similar setting;
d. An associate's degree with at least one year of experience in a child care center or similar setting and one of the following:
    1) Eight semester hours or twelve quarter hours of department-approved early childhood education or child development;
    2) One hundred twenty hours of department-approved early childhood training; or
    3) A director's credential approved by the department;
e. A teaching certificate in elementary education with at least six months of experience in a child care center or similar setting;
f. A current certification as a child development associate or successful completion of a department-approved diploma program with emphasis in early childhood or child care, with at least one year of experience in a child care center or similar setting; or
g. Certification from a Montessori teacher training program with at least one year of experience in a Montessori school, child care center, or similar setting and at least one of the following:
    1) Eight semester hours or twelve quarter hours of department-approved child development or early childhood education;
    2) One hundred twenty hours of department-approved early childhood training; or
    3) A director's credential approved by the department

Bachelor's degree qualifications may strengthen professional knowledge, instructional leadership, and program quality in early care and education settings. At the same time, the committee addressed concerns with degree-based requirements when considered alongside workforce availability, compensation realities, access to higher education, and the value of multiple pathways for demonstrating competency in the field.

Degree Significance in Early Care and Education Settings – Potential Benefits

Deeper content knowledge
A bachelor's degree may provide a stronger foundation in child development, instructional practice, and developmental appropriateness.

Program quality and leadership capacity
Degree-qualified staff may strengthen curriculum planning, mentoring of staff, family partnerships, and program administration.

Professionalization of the workforce
Degree requirements can elevate recognition of early childhood education as a skilled profession requiring specialized knowledge.

Alignment with research and quality initiatives
Higher educational attainment is often associated with stronger understanding of evidence-based practice, quality improvement systems, and child outcomes.

Career pathway development
Degree qualifications can create advancement pathways for teachers into lead teacher, director, coaching, or policy roles.

Degree Considerations in Early Care and Education Settings

Workforce supply constraints
Degree requirements may narrow the candidate pool in a sector already facing staffing shortages. Committee members noted challenges with finding school age supervisors and in smaller communities finding qualified directors.

Access to higher education
Cost, time, and geographic access to higher education can create barriers—especially for rural providers, incumbent workers, multilingual staff, and nontraditional students.

Experience vs. credentials
A degree is one measure of preparation; it may not fully capture practical skill, relationship-building, or years of high-quality experience.

Compensation alignment
Without wages and benefits that reflect qualification expectations, degree requirements may be difficult for providers to sustain and workers to pursue.

Multiple pathways matter
Credentials, apprenticeships, CDA, stackable certificates, and demonstrated competency may also prepare effective educators.

A sub-committee of HHS staff and providers from the joint committees met to discuss qualifications for teaching staff, supervisors and directors. They explored the coach membership model which is based on evaluating four components: formal education, ongoing professional development, experience, and demonstrated competencies. The sub-committee offered a rough construct of a qualification framework (see appendix) which considers a combination of education, work experience, training and professional development instead of relying solely on education to determine if an individual meets qualifications for certain roles. This framework is currently in the early stages of development and will require further refinement, pilot testing, and evaluation to ensure the scoring methodology is reliable, consistent, equitable, and aligned with licensing standards and workforce expectations.

Training Requirements

Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. Teacher-child interactions and relationships, strategies to engage children and their families, and use of curriculum and assessment to inform practices with children are key components of quality child care. These require a competent, skilled, and stable workforce.

The Child Care and Development Fund require states to have a framework for training that includes preservice training on mandated health and safety topics and a minimum number of annual hours of training for the child care workforce. Preservice training must be completed within 90 days of employment.

In North Dakota, all child care providers and staff must complete Getting Started, a 15-hour course which covers critical health and safety standards required by CCDF and child development including the major domains of cognitive, social, emotional, and physical development and approaches to learning.

These standards include:

- Infectious disease prevention
- Safe sleep practices
- Medication administration
- Food allergy management
- Physical premises safety
- Abusive head trauma
- Emergency preparedness
- Handling hazardous materials and bio contaminants
- Child abuse reporting

All staff members responsible for caring for or teaching children must be certified within 90 days of employment and prior to staff members having unsupervised access to children under care in infant and pediatric CPR and the use of an automated external defibrillator and pediatric first aid. State law also requires all staff who care for infants to complete one hour of department-approved safe sleep training before caring for infants and once each year after that. In addition, all providers and staff must complete mandated reporter training every year.

Ongoing training requirements depend on the provider type and how many hours are worked. Providers may not complete the same training within three years except for safe sleep training and mandated reporter training which must be taken every year.

Committee discussion focused on how required annual training may be all that some staff ever take to satisfy licensing requirements. While mandated annual training establishes a baseline for compliance and core safety practices, reliance on required topics alone may limit exposure to the full spectrum of professional competencies needed for high-quality practice. Without intentional opportunities for learning across competency domains, workforce development may become uneven, leaving gaps in knowledge, skill application, and professional growth. It was also noted that regardless of staff schedule, staff should demonstrate core competencies essential to health and safety, child development, family engagement, and more. All children deserve well-trained adults for every hour of care.

Ratio and Group Size

Ratio and group size are two of the most influential structural factors in early childhood because they directly shape child safety, quality interactions, and the ability of providers to respond to individual needs.

Safety and supervision

Lower child-to-staff ratios increase the level of supervision available per child. In practical terms:

- Fewer children per adult means faster response to injuries, conflicts, or emergencies
- It reduces the likelihood of children being unsupervised even briefly
- It is especially critical for infants and toddlers, where risks (choking, climbing, unsafe exploration) are higher and constant proximity is needed

Quality of interactions

Ratios strongly affect the type of interactions adults can have with children:

- Smaller ratios allow for more responsive, one-on-one communication
- Educators can engage in richer "serve-and-return" interactions that support language and cognitive development
- Teachers are less focused on crowd management and more able to support learning in the moment

Individualized attention and developmental support

Early childhood is a period of rapid developmental variation. Smaller ratios enable:

- More tailored support for developmental milestones
- Early identification of delays or emerging needs
- Better accommodation of diverse learning styles and behavioral needs
- More consistent emotional support and attachment-building

Group size and classroom dynamics

Even when ratios are appropriate, large group sizes can still undermine quality:

- Larger groups increase noise, overstimulation, and behavioral complexity
- Peer conflicts become harder to mediate effectively
- Classroom routines become more rigid and less responsive

- Children may receive less direct engagement even if staffing ratios meet minimums

Workforce strain and educator effectiveness

Ratios and group size also affect adults:

- Lower ratios reduce burnout and physical/mental strain
- Teachers can spend more time teaching and less time managing behavior
- High ratios contribute to turnover, which disrupts continuity of care for children

Including All Children

Appropriate ratios are particularly important for:

- Children with disabilities or developmental delays
- Dual language learners
- Children experiencing trauma or high stress
- Smaller ratios increase the likelihood that their needs are noticed and supported early.

The Committee recognized that child-to-staff ratios and group size requirements are among the most significant regulatory drivers of both program quality and operating cost. While lower ratios and smaller group sizes are associated with improved supervision, more responsive caregiving, and stronger developmental outcomes, they also require higher staffing levels and increased operational expenditures. Accordingly, these standards reflect a central tradeoff in licensing policy between enhancing quality and maintaining affordability, workforce feasibility, and access to care.

The Committee pointed to both the National Association for the Education of Young Children and the National Institute for Early Education Research and their benchmarks for maximum class size. Both suggest a class size of 20 children or lower for preschool aged children.

The Committee raised the complexities of North Dakota's current ratios, group size, and points system and discussed ways to simplify the calculations. Simplification would reduce administrative burden for providers in determining how many children they can serve at any given time and make it easier for regulators to monitor. The committee reflected on the points system and how the first adult can care for a combination of children in a mixed age group that totals 1.34 points, but the fractional amount is dropped for each additional adult.

For reference, staffing and group size requirements for child care centers are as follows:

1. The number of staff members and their responsibilities must reflect program requirements and individual differences in the needs of the children enrolled, and may permit mixed-age groups, if necessary. Service personnel engaged in housekeeping and food preparation may not be counted in the child to staff ratio for periods of time when they are engaged in housekeeping or food preparation.

2. Ratios and Point System
    a. The operator shall ensure that the child care center is sufficiently staffed at all times to meet the child to staff ratios for children in attendance and that no more children than the licensed capacity are served at one time. The minimum ratio of staff members responsible for caring for or teaching children to children in child care centers and maximum group size of children must be:
        1. For children less than eighteen months of age, one staff member may care for four children, a ratio of .25 in decimal form, with a maximum group size of ten children;
        2. For children eighteen months of age to thirty-six months of age, one staff member may care for five children, a ratio of .20 in decimal form, with a maximum group size of fifteen children;
        3. For children three years of age to four years of age, one staff member may care for seven children, a ratio of .14 in decimal form, with a maximum group size of twenty children;
        4. For children four years of age to five years of age, one staff member may care for ten children, a ratio of .10 in decimal form, with a maximum group size of twenty-five children;
        5. For children five years of age to six years of age, one staff member may care for twelve children, a ratio of .08 in decimal form, with a maximum group size of thirty children; and
        6. For children six years to twelve years of age, one staff member may care for twenty children, a ratio of .05 in decimal form, with a maximum group size of forty children.
    b. When there are mixed-age groups in the same room, the operator shall ensure:

1. The maximum group size is consistent with the:
    a) Age of the majority of the children; or
    b) Highest number of children in the youngest age group;
2. When children age zero to eighteen months are in the mixed-age group, the maximum group size does not exceed ten children;
3. The mixed-age group does not exceed the acceptable ratio pursuant to subdivision d of subsection 2 of section 75-03-10-08 and the maximum number of children per staff member pursuant to subdivision a of subsection 2 of section 75-03-10-08; and
4. If the mixed-age group contains the maximum number of children per staff member pursuant to subdivision a of subsection 2 of section 75-03-10-08, the mixed-age group may only contain additional older children.

c. When there is a mixed-age group, the number of children in each age category is multiplied by the corresponding ratio number, converted to decimal form, and carried to the nearest hundredth. To determine the number of staff members responsible for caring for or teaching children necessary at any given time, numbers of staff members for all age categories are added, and any fractional staff member count is then rounded to the next highest whole number whenever the fractional staff member count amounts to thirty-five hundredths or more. If lower than thirty-five hundredths, the fractional amount is dropped.

Age bands were discussed at length. There was consensus around moving the age band for infants down from “for children less than eighteen months of age” to “under age 1”. There is less consensus on what constitutes a school age child. Some committee members felt that school age should mean the child has attended their first day of kindergarten or first grade, others thought any child five years of age could be considered school age. The committee developed two models to guide future discussion.

Ideally, they would like to see a consistent ratio and group size framework for both program type 2 home-based child care and program type 3 facility-based child care. Each model offers some flexibility.

Age Groups, Staff Ratio and Max Group Model 1

- Infants (under age 1)
    - Staff ratio: 1 adult for every 4 children
    - Point value: .25
    - Maximum group size 10 children
- Toddlers: (1 through 2 years old)
    - Staff ratio: 1 adult for every 5 children
    - Point value: .20
    - Maximum group size 10 children
- 3 years old
    - Staff ratio: 1 adult for every 7 children
    - Point value: .14
    - Maximum group size 14 children
- 4 years old
    - Staff ratio: 1 adult for every 10 children
    - Point value: .10
    - Maximum group size 20 children
- 5 years old and have not yet attended school
    - Staff ratio: 1 adult for every 12 children
    - Point value: .08
    - Maximum group size 24 children
- School Age: (5 through 11 years)
    - Staff ratio: 1 adult for every 20 children
    - Point value: .05
    - Maximum group size 40 children

The weighted points system allows programs to combine age groups safely, operate more efficiently, maintain enrollment stability, and serve rural communities. This was seen as a beneficial model for facility-based programs that are more apt to run most of their day in like age instead of mixed age classrooms. The committee expressed interest in revisiting the point values in multiples of five to make it easier to calculate.

Age Groups, Staff Ratio and Max Group Model 2

- Infants (under age 1)
    - Staff ratio: 1 adult for every 4 children

    - Maximum group size: 12 children
- Toddlers (1 through 2 years old)
    - Staff ratio: 1 adult for every 5 children
    - Maximum group size: 15 children
- 3 through 5 years old
    - Staff ratio: 1 adult for every 10 children
    - Maximum group size: 20 children
- School Age (through 11 years)
    - Staff ratio: 1 adult for every 20 children
    - Maximum group size: 40 children

This model for age group, staff ratio and max group size was desirable for home-based programs who typically serve children of mixed age groups in the same classroom/space.

Provider and regulatory staff clarity remained an important consideration throughout discussions.

Change Takes Time

Should recommendations from the Child Care Licensing Study lead to change, the committee knows that it will take time. A bill would need to be introduced to the 70th legislative assembly beginning January 2027 to change definitions in NDCC Chapter 50-11.1 Early Childhood Services and Chapter 50-33 Child Care Assistance, with these changes not taking effect unless administrative rules are passed.

HHS would need to draft administrative rules by December 26, 2027. The draft rules must then be reviewed and approved by the HHS Commissioner before being placed for publication. A rule hearing and public comment period would open in March 2028. An administrative rules hearing would be held in June 2028, and the new administrative rules would take effect July 1, 2028. Providers would be operating under both old and new rules until all licenses are renewed or June 30, 2029, whichever comes first.

Final Recommendations

The recommendations, the goal of which is to streamline and improve the quality of early childhood services licensing, seek to balance the need for rules that ensure safe quality child care with the need to revise or eliminate rules that create unnecessary barriers for providers.

Recommendation 1 – Streamline into Three Provider Types and a Preschool Designation

This recommendation would require changes to ND Century Code.

Program Type 1 – Regulated, Licensed Exempt

This would combine the current approved relative providers, in-home providers, and self-declaration providers into a single provider type. Under current regulations these provider types are not allowed to care for more than five children or three under 24 months of age. This group is license exempt and receives a certificate.

Care may take place in the child's home if the child's health is at risk or a child has a disability such that taking the child to an outside provider creates an undue hardship. Written documentation is required.

Program Type 2 – Home-based Child Care

This would combine the current family, group in a home, and residentially based group in a facility (which is most often a home).

Program Type 3 – Facility-based Child Care

This would combine the current non-residentially based group in a facility (often in a repurposed community building or strip mall), center, and school age.

Preschool Designation

This would replace the current preschool license and allow a preschool designation to layer on top of either program type 2 or program type 3 so long as the program had qualified staff and preschool curriculum as determined by the department. Furthermore, the committee recommends the outdoor minimum space requirement exemption for programs having held a standalone preschool license on or before January 1, 2022, be carried forward unless the owner's license lapsed for more than six months.

Recommendation 2 – Ratio and Group Size

This recommendation would require administrative code changes.

Change the age band for infants from “children less than eighteen months of age” to 0 through 11 months and toddlers from “children eighteen months of age to thirty-six months of age” to 12 through 35 months.

When points are calculated for mixed age groups, the first adult and each adult thereafter should be able to care for 1.34 points instead of dropping the fractional amount for each additional adult. Consideration should be given to assigning points in multiples of five.

Square footage requirements still play into the overall max group size in any one classroom.

In addition to using point value during the first hours after opening and during the last hour before closing in programs that operate most of their day in classrooms of like aged children to help manage lower attendance periods safely, add preparation for lunch.

Continue discussion and consideration of a simplified framework for determining ratio and max group size.

Recommendation 3 – Qualifications for Teaching Staff, Supervisors, and Directors

This recommendation would require administrative code changes.

The current system can make it difficult for experienced staff to qualify if they do not have formal degrees. Instead of requiring only certain degrees or education levels, staff could qualify for different roles based on a combination of education, work experience, and training and professional development. Staff would need to earn points in each of these areas to meet qualification requirements. This change would recognize hands-on experience, allow more pathways into the early childhood workforce, support rural communities that may struggle to hire qualified staff, and encourage career growth for current employees.

Recommendation 4 – Training Requirements

This recommendation would require administrative code changes.

It is recommended that ongoing training requirements be in addition to annual safe sleep training and mandated reporter training.

For Program Type 1 Regulated, Legally Unlicensed, CCDF Eligible providers, three additional hours of department approved training, for a total of 4 to 5 clock hours of training, depending on if caring for infants.

For Program Type 2 Home-based and Program Type 3 Facility-based,

- providers working 25 or more hours would need 10 additional hours of department approved training, for a total of 11 or 12 clock hours of training, depending on if caring for infants
- providers working 24 or less hours would need 7 additional hours of department approved training, for a total of 8 or 9 clock hours of training, depending on if caring for infants.

It is also recommended that current policy for Volunteers and Emergency Designees/Substitutes be communicated more widely. Individuals who are identified as substitutes or emergency designees must complete required preservice training and thereafter keep their pediatric CPR/AED and pediatric 1st Aid certification current, plus complete annual Safe Sleep training if working with infants and annual Mandated Reporter Training. No additional training hours are required. Some volunteer types are required to complete training, and some are not.

Recommendation 5 – Age of Children Served

This recommendation would require changes to ND Century Code.

To align Child Care Assistance Program subsidy eligibility with CCDF, revisit the proposed change, "children present on the premises and under the age of thirteen years must be counted" when determining the number of children in program. The committee recommends keeping the exception for the homebased program type. In addition, to actually expand eligibility to certain populations such as children older than 13 with disabilities and ensure care options are legally available, the definition would need to add children older than 13, but under age 19, if they are physically or mentally incapable of

caring for themselves as verified in writing by a physician or a licensed/certified psychologist.

There may be other definitions that need revision to include expanding availability of care options for families based on these recommendations.

Recommendation 6 – Local Ordinances

HHS Licensing specialists and vendors with quality coaching staff should encourage providers to work closely with their local municipalities to determine if there are ordinances that apply to the operation of a child care business.

Office of Child Care
Child Care Quality and Business Support Center

Help Shape North Dakota's Child Care Rules

Provider Outreach Findings and Recommendations

February 2026

Prepared for
North Dakota Child Care Services Advisory Committee

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Disclaimer
This report reflects feedback and suggestions shared by child care providers across North Dakota. While all input is included to accurately represent provider perspectives, some suggestions may not align with Child Care and Development Fund (CCDF) requirements.

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EXECUTIVE SUMMARY

Between January and February 2026, the Child Care Quality and Business Support Center (CQBSC) conducted a statewide provider outreach effort to inform the North Dakota Child Care Services Advisory Committee's review of child care licensing rules. Input was gathered through statewide virtual meetings, eight in-person regional sessions facilitated by Child Care Aware of North Dakota, and a comprehensive provider survey. More than 500 licensed providers participated, representing all major license types.

Across outreach methods, providers expressed strong support for child health and safety protections and a shared commitment to delivering high-quality care. At the same time, providers consistently described a licensing system that is overly complex, fragmented, and difficult to navigate. Regulatory complexity, duplicative requirements, unclear guidance, and inconsistent interpretation were cited as placing significant strain on programs, diverting time and resources away from children and families, and contributing to workforce burnout, reduced capacity, and program closures.

Survey findings reinforced themes raised in meetings and highlighted system-wide challenges related to rule clarity and consolidation, training, staffing, ratios and the point system, administrative burden, square footage, and technology issues. Providers across license types reported that similar requirements appear in multiple sections with slightly different language, increasing the risk of noncompliance and inconsistent enforcement.

Training requirements emerged as the most frequently cited concern. Providers described confusion created by calendar-year training rules, repetitive annual requirements, limited differentiation by role or hours worked, and insufficient recognition of equivalent education or credentials. Staffing shortages are further compounded by licensing requirements that make it difficult to hire, onboard, and retain substitutes staff, particularly in rural communities. These barriers directly affect providers' ability to maintain ratios and keep classrooms open.

Ratios, age bands, and the point system generated particularly detailed feedback. While providers affirmed the importance of infant safety and appropriate supervision, many described the current system as confusing, rigid, and misaligned with child development and day-to-day operations. Fractional point values, broad age bands, and unequal staff point assignments were reported to reduce usable capacity and require frequent waivers for routine situations.

Providers—especially in home-based settings—also highlighted administrative and documentation burdens created by duplicative paperwork and non-integrated digital systems. Licensing portals, background check systems, training registries, and subsidy platforms often do not communicate, increasing error risk and compliance anxiety. Square footage rules were described as inconsistently applied and sometimes in conflict with quality initiatives, resulting in unexpected capacity reductions.

This report synthesizes provider feedback into cross-cutting themes and provider-type-specific findings and offers actionable, flexible recommendations for the Advisory Committee's consideration. Collectively, the findings point to a clear opportunity to modernize North Dakota's licensing framework by simplifying and clarifying rules, reducing unnecessary burden, improving consistency and communication, and better aligning requirements with the realities of providing care—while continuing to protect and strengthen child health and safety. While the report reflects the full range of provider input, not all suggested changes may align with federal Child Care and Development Fund requirements; the findings are intended to inform the Committee's deliberations.

PURPOSE AND CONTEXT

The Early Childhood Licensing Unit, in partnership with the North Dakota Child Care Services Advisory Committee created under House Bill 1119 (69th Legislative Assembly), is beginning a multi-year process to review and update North Dakota's child care licensing administrative rules. The goal is to develop rules that are clearer, less complicated, and better aligned with the realities of providing care—while continuing to protect the health and safety of children.

Provider outreach was intentionally designed to ensure that this process is grounded in the lived experience of licensed providers across the state, including home-based and center-based programs, urban and rural communities, and single-site and multi-site organizations.

OUTREACH METHODS AND PARTICIPATION

Provider engagement occurred through three primary methods. Feedback opportunities were communicated multiple times, with several reminders issued to encourage participation.

1. Virtual Provider Meetings (January 8, 2026)

Two statewide virtual meetings were held at 1 p.m. and 7 p.m. CT to maximize accessibility for all providers. A total of 100 providers participated (75 in the afternoon meeting and 25 in the evening meeting).

2. In-Person Regional Meetings (January 14–29, 2026)

Eight in-person meetings were held across the state in morning, afternoon, and evening formats, again to fit provider work schedules. These sessions engaged 78 providers, as well as 4 government and community members.

3. Statewide Provider Survey (January 5–February 6, 2026)

An online survey collected structured and open-ended feedback related to simplifying and clarifying licensing rules, challenges with implementation, and suggestions for improvement. The survey asked providers to identify ways to support high-quality child care while reducing burden for existing providers and new providers or individuals considering becoming providers.

Feedback from current providers is incorporated throughout the report, while recommendations specific to new or prospective providers are grouped together. A total of 309 providers completed the survey. The questions in the survey included:

1. **Rule Simplification:**

Are there provider rules that you feel are repetitive or could be combined or condensed?

2. **Implementation Difficulties:**

Are there provider rules that you struggle with or find difficult to implement?

3. **Clarity Issues:**

Are there any provider rules that you find are confusing?

4. **Suggestions for Improvement:**

Do you have suggestions for rule changes to help ensure high quality child care and reduce burden on current providers? For new or potential providers?

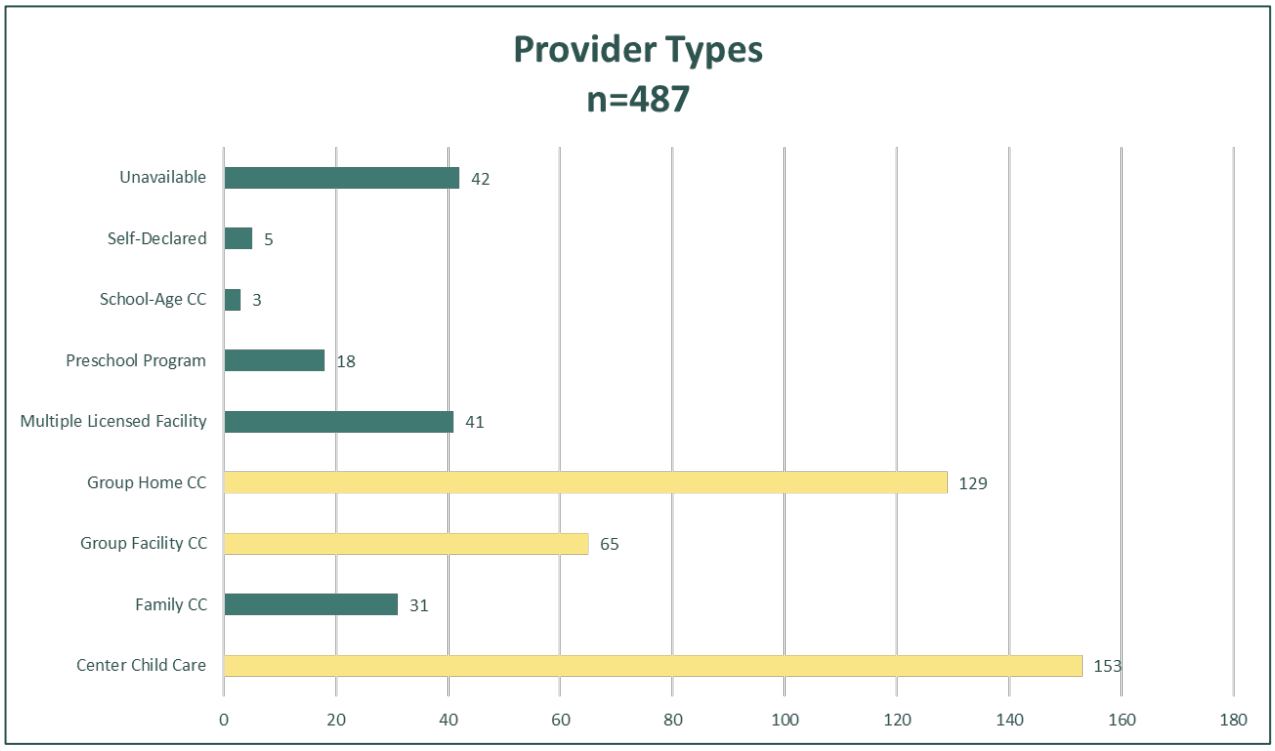
5. **Additional Feedback:**

Do you have any other suggestions or feedback you would like to share regarding the rules?

Provider Types Represented in Outreach Engagements

Figure 1 displays the provider types that participated across all engagement methods. Collectively, this outreach reflects a broad cross section of North Dakota's child care system and represents a substantial provider engagement effort.

Figure 1. Provider Types



CROSS-CUTTING THEMES FROM PROVIDERS

Several themes emerged consistently across outreach methods and provider types. Survey findings reinforced in-person and virtual meetings and added clarity about how rules function in real-world settings.

1. Consolidation, Clarifying, and Simplifying

Providers repeatedly described licensing rules as fragmented across multiple chapters and license types, with similar requirements appearing in multiple places using slightly different language. This structure creates confusion about applicability and increases the risk of technical noncompliance. Providers expressed strong support for consolidating shared requirements—such as training, records, background checks, and supervision—into universal rule sections, with clearly defined license-specific differences.

Pain Points

- Providers see the same concepts repeated in multiple places and sometimes worded differently by license type, creating uncertainty about which rule applies.
- Rules are vague, overly complex, or written in a way that makes compliance unclear.
    - Definitions are inconsistent or overlapping across program types ("family, group, center") and across statute versus administrative code.
    - Documentation and requirements are spread across sections/systems, increasing risk of technical noncompliance.
- Providers describe unclear guidance on new policies/procedures and receiving different answers depending on who they ask.
- Inconsistent interpretations by licensors (sometimes within the same county/office) and rule/policy guidance arriving to licensors at the same time as providers leave licensors unprepared and providers confused.
- Policy changes are communicated "randomly," with insufficient lead time and limited ability to provide feedback before implementation.
- Child information sheets are redone yearly even when nothing changed.
- Multiple providers raised concerns about the amount of information required in parent handbooks and how often updates must be redistributed to families.
- There are confusion and burden associated with collecting, tracking, and sending immunization records.

Suggestions

- Condense the different types of licenses into one.
- Create one universal requirements chapter for topics that apply across all provider types (definitions, child records, staff records, core safety, training, background checks,

complaint/appeal basics), and separate short provider-type or age-specific chapters for what truly differs (ratios/group sizes, facility requirements).

- Clarify role definitions that overlap (provider/operator/owner/licensee) and add a clear hierarchy of responsibility.
- Consolidate documentation expectations.
- Add plain language guidance, decision trees, and examples for commonly disputed requirements.
- Simplify wording so any provider can understand and reduce subjective enforcement by licensors.
- Clearly distinguish enforceable requirements from guidance.
- Improve consistency in interpretation.
- Publish FAQs and official clarifications.
- Require predictable change management to include notice periods, draft review windows for provider feedback, and effective dates with implementation supports.
- Allow attestations/updates-only approach for forms when no changes occur.
- Accept immunization records from parent portals and clarify provider obligations.

2. Training Requirements and Timing

Training requirements were the most frequently cited concern across all provider types. Providers consistently requested consolidation of all training requirements into a single section, recognition of equivalent education and credentials, and reduced frequency for repetitive trainings.

Pain Points

- Calendar-year training shift is confusing. It is creating compliance gaps for staff hired August–December and seasonal student workers.
- Part-time versus full-time training hour requirements are unclear and not explicitly defined. The new training/continuing education hours are unclear. This includes seasonal staff.
- Required training is repetitive year after year (SIDS, mandated reporting, safe sleep, infant care, CPR/first aid).
- Requirements are hard to follow due to recent changes and because requirements are spread across multiple sections.
- Duplicate training across agencies: DPI-approved training (e.g., mandated reporter) is not automatically accepted by DHS, requiring staff to repeat similar content.
- CPR/first aid training does not count toward annual training hours.
- Some required training topics are difficult to locate, and limits on retaking the same course within 3 years complicate compliance.

Suggestions

- Combine all training rules into one section with who must complete which training, renewal frequency, documentation timing, and recognized equivalents.
- Create one consolidated training matrix (topic, for whom, frequency, what counts, equivalencies).
- Differentiate training requirements by role and hours worked: full requirements for core staff; scaled requirements for part-time, emergency, substitutes, and volunteers.
- Reduce repetitive annual training (e.g., SIDS and mandated reporter every 2 years).
- Ensure CPR/first aid count toward annual training hours.
- Credit mandated reporter as 2 hours.
- Accept equivalent training/college coursework and in-house professional development for required hours.
- Clarify when training hours expire or remain valid.
- Create "universal substitute-certification" and simplify substitute-onboarding/training expectations.

3. Staffing and Substitutes

Providers described staffing shortages as compounded by licensing requirements that make it difficult to hire, onboard, and retain staff—particularly substitutes and short-term workers. Many providers compared child care substitute requirements to K–12 systems and requested more aligned and tiered substitute options. Providers expressed strong interest in tiered substitute categories, transferable background checks, and allowing supervised work while background checks are pending, particularly in rural and small-town settings.

Pain Points

- Director/assistant director qualification requirements make it hard to recruit and keep leaders (providers describe difficulty finding "dedicated, passionate and qualified" directors; challenges hiring assistant directors).
- Substitute requirements are a major barrier:
    - Providers struggle to find substitutes willing/able to meet full training/qualification obligations.
    - K–12 substitutes do not meet all teacher qualifications.
- Under-18 staffing restrictions create scheduling problems, especially for short after-school windows when only a few children remain; providers argue mature 16- to 17-year-olds could supervise briefly with training.
- Volunteer requirements feel stringent, especially when volunteers do not count toward ratio and are supervised by qualified staff (e.g., grandparents, community experts).

- Specialists/visitors (OT/PT/therapy providers) face barriers due to training/background check requirements, disrupting access to services for children.
- Speed up background check processing.
- Rural providers face added burdens: long travel distances, multiple steps, mailing delays, and out-of-pocket costs.
- Recognize previous background checks when staff change positions or come from related fields (e.g., schools, foster care).
- Reduce background check re-check frequency for long-term providers with stable residence and no incidents.

Suggestions

- Create a tiered substitute category:
    - Required: conduct background check + orientation + basic safety training (Safe Sleep where applicable, mandated reporting overview, facility policies).
    - Reduced/limited: waive or reduce ongoing annual hours for true short-term substitutes; allow facility-level competency sign-off.
- Allow youth staff (ages 16–17) with background checks and training for limited situations (e.g., 4:30–5:30 p.m., older children only) and with guardrails (no sole supervision for infants, clear definition of "alone," ratio compliance).
- Allow new staff to work under supervision while background checks are pending.
- For volunteers and visiting professionals:
    - Keep background/safety screening but reduce duplicative training when supervised and not counted in ratio.
    - Accept professional licensure/credential equivalencies (OT/PT-licensed, teachers licensed) in place of child care-specific training hours where appropriate.
- Revisit/modernize director qualification pathways (alternate routes, competency-based options, experience, degrees in any field plus management experience, or recognition of comparable credentials).
- Allow limited, temporary ratio flexibility during transitions (drop-off, pick-up, bathroom breaks, staff illness).
- Improve rural access to background checks by adding more fingerprint sites, mobile options, or simplified submission pathways.

4. Ratios, Age Bands, and the Point System

Ratios and the point system generated some of the most detailed and strongly expressed feedback. Providers emphasized they are not seeking to weaken infant ratios, but rather simplify calculations, narrow age—particularly in the 18- to 36-month range—and align staff point values to reflect actual supervision responsibilities.

Pain Points

- Providers consistently flagged ratios and point calculations as confusing, inconsistent, or misaligned with developmental milestones (e.g., treating mobile, self-feeding toddlers the same as younger infants) and staffing capacity.
- Point system is "not provider friendly," confusing, and creates "can't take a half a kid" scenarios; providers cite North Dakota as the most confusing among states they have worked in.
- Ratios vary depending on license type and are hard to interpret; there are requests for clearer group size/ratio language.
- Ratios during transitions are hard to maintain (e.g., staff breaks, bathroom needs, staggered drop-off/pick-up, nap/rest time). Providers described having to choose between compliance vs. basic operations (e.g., staff lunch breaks delayed until 2–3pm, or staff skipping breaks).
- Nap/rest-time ratios, especially toddler and older rooms, feel inefficient when children are sleeping; providers report staffing "idle" adults during rest time just to meet ratios.
- Group size and ratio rules do not align (e.g., infant ratio 1:4 but group size 10—does not "staff out" cleanly; suggestion to move to 12).
- Mixed-age group rules are hard when one younger child changes the ratio/group size for everyone (e.g., a preschool room operating for 2.5 hours must follow the youngest child's ratio, even if there is only one younger child).

Suggestions

- All staff count equally (e.g., 1.34 points) rather than first staff at 1.34 and others at 1.0.
- Adjust age grouping and point system to:
    - 0 to 12 months: infants at .25
    - 1 to 2 years: toddlers at .20
    - 2 years to 3 years: toddlers at .14
    - 3 years to 4 years: preschool at .10
    - 4 years to 5 years: preschool at .08
    - 5 years to 12 years: school-age at .05
- Produce a single, simplified ratio/point system guide with plain language examples and quick look-up tools (strong support for this).
- Make it easier to determine eligibility quickly.
- Reassess age bands (especially infant/toddler cutoffs) and point allocations to match developmental supervision needs and increase flexibility.
- Add 1–2 points at age 2 to avoid constant waiver requests.
- If child to staff ratio is 1:4, change group size from 10 to 12.

- Build explicit flexibility for short-duration transitions (e.g., break coverage, bathroom trips, pick-up/drop-off), while maintaining safety intent (e.g., allow a defined, brief window with documented safeguards).
- Allow rest-time ratio flexibility for older age groups (toddler age and up), paired with safety conditions (e.g., room visibility, active monitoring, proximity of additional staff).
- Revisit the "majority age" rule and consider a pure point model for mixed-age groups if safety can be maintained.
- Provide clearer guidance on acceptable temporary coverage (e.g., bathroom breaks, short absences).

5. Square Footage, Usable Space, and Zoning

Providers reported that square footage rules are inconsistently applied and sometimes conflict with quality initiatives. Examples included shelving, cubbies, and gym spaces required for quality ratings excluded from usable space calculations and mid-year capacity reductions following re-measurement.

Pain Points

- Lack of clarity and program misalignment among licensing and quality initiatives (e.g., shelves, cubbies, lockers, gyms/common areas used by children) to meet quality requirements was deducted from usable square footage by licensing. This led to reduced capacity mid-year of 16 children.
- Measuring around every piece of furniture is cumbersome and does not yield an accurate or practical assessment.
- Square footage rules are applied inconsistently. Usable space is measured differently by licensors. These gray areas create inconsistent outcomes.
- Variation in local zoning and fire codes creates cost and inconsistency.
- Property taxes and facility costs threaten sustainability.

Suggestions

- Square-footage calculations could be simplified by assessing the total usable building space along with required restrooms and sinks.
- Develop clear, uniform rules and guidance on how to measure usable space, what is excluded, etc.
- Provide clearer state-local coordination and recognition of school-site hybrid programs.
- Explore zoning, local fire, and property tax relief.

6. Licensing Process

Across license types, providers reported extensive paperwork, duplicate recordkeeping, and disconnected digital portals. Home-based providers noted that administrative tasks often compete with supervision during care hours. Providers supported eliminating duplicate paper requirements, allowing fully digital records, improving portal integration, returning to two-year licenses, and reintroducing renewal checklists.

Pain Points

- Providers request a return to 2-year licenses to reduce administrative burden.
- Some report late-fee charges due to external scheduling dependencies (e.g., fire inspections).
- Renewal checklist no longer exists since online process was implemented.
- Providers are afraid to ask "gray area" questions because questions sometimes lead to write-ups instead of guidance.
- Correction orders are seen as punitive and routine ("parking tickets") rather than supportive.
- Providers feel targeted when licensor interpretation changes mid-year or with staff turnover.

Suggestions

- Return to 2-year licenses.
- Consider 2-year licenses for providers with strong compliance histories.
- Provide a renewal checklist outlining all required paperwork, trainings, inspections, and tasks that must be completed before the renewal visit.
- Create a non-punitive guidance channel for clarification questions.
- Distinguish safety-critical violations from administrative or technical issues.
- Apply grace and discretion during unavoidable situations (staff illnesses, emergencies).
- Allow fully digital staff and child files (no duplicate physical copies).
- Reduce the volume of required paperwork and repetitive re-entry (e.g., policy updates, parent handbook requirements, disaster plans).

7. Technology, Portals, and System Misalignment

Feedback highlighted that challenges with licensing portals and other IT systems are a significant driver of administrative burden and noncompliance risk.

Pain Points

- Licensing, fingerprinting, training registry, and CCAP systems do not communicate with one another.
- Providers and licensors see different information within the same systems.

- Providers must rely on licensors to waive or remove non-applicable items before submitting applications.
- Auto-generated system emails create confusion, even after documents are submitted.
- Key systems (Workforce Registry, Licensing Portal, CCAP) create navigation, login, and document-upload challenges; multiple logins; systems do not communicate.; slow registry verification causing delays.
- Licensing renewal system has frequent form failures and hard-to-update documents, and limitations on multi-page PDF uploads adding stress to relicensing.

Suggestions

- Provide a step-by-step portal instructions, fillable forms, clearer system messaging, and alignment across state systems.
- Therapists should appear in a separate section of the portal, rather than being grouped with staff.
- Create a single, unified portal.

PROVIDER-TYPE SPECIFIC FINDINGS

Child Care Centers

Centers highlighted fragmented training requirements, duplicative staff and child records, unclear supervision definitions, and staffing challenges during transitions and illness.

Duplicative and Fragmented Requirements

Pain Points

- Providers repeatedly noted that the same requirements appear in multiple places, often across license types or statutes and rules. Examples include:
  - Training and orientation requirements repeated across statutes and administrative code
  - Staff qualifications, background checks, and ratios restated with minimal variation
  - Definitions repeated or slightly altered across center, group, and family care rules
- Many comments pointed to confusing or overlapping definitions that affect enforcement and accountability, meaning roles are confused during inspections and applied differently by licensors. Examples include:
  - Provider versus operator versus owner versus licensee
  - Definitions that vary by license type without clear rationale

Suggestions

- Consolidate shared requirements into single, unified sections, with clearly marked program-specific or age-specific differences where truly needed.

- Clarify definitions and explicitly define hierarchy of responsibility, particularly in enforcement and sanctions.
- Simplify licensing, CCAP, QRIS, and other paperwork—and align requirements across systems.

Training

Pain Points

- Calendar-year shifts complicate staffing cycles (student workers are hired in August/September).
- There are limited school-age-relevant trainings on the registry and verification is slow.
- Required training listed in multiple places without consolidation.
- It is unclear who must complete which training and how often.
- College coursework is not recognized in lieu of continuing education.
- Duplicate trainings are required across agencies (e.g., DPI versus DHS).

Suggestions

- Centralize training requirements into one section, with clearly marked program-specific differences where truly needed.
- Accept in-house training (e.g., Montessori monthly professional development) toward required hours.
- Recognize equivalent or higher-level education (e.g., college credits).
- Automatically accept substantively identical trainings approved by other state agencies.
- Recognize degrees and experience automatically in quality levels.

Duplicative Records

Pain Points

- North Dakota requires providers to keep physical copies and upload the same documents into Procare—birth certificates, immunizations, registration forms, and annual updates—creating duplicate work and higher error risk.
- Staff files face the same duplication because background checks, CPR/first aid certificates, and Growing Futures transcripts already exist digitally. Requiring printed background check status is also redundant because the criminal background check system tracks this electronically and updates automatically.

Unclear Language and Conflicting Requirements

Pain Points

- "Directly supervised" was cited as an example of unclear language or expectations. There is no clear definition of what *supervised* means in practice.
- There is a lack of consideration for physical layouts (e.g., half walls, line of sight, hearing range).

- Age-based assumptions do not reflect actual competency.
- Commercial sink requirements conflict with existing buildings.

Suggestions

- Clearly define *supervision* (e.g., line of sight, hearing, proximity) and allow flexibility based on environment and demonstrated competency.
- Reconsider facility retrofit requirements (e.g., commercial sinks).

Illness Exclusion

Pain Points

- Rigid illness exclusion and return-to-care timelines can be difficult to apply consistently when symptoms are mild, resolving, or vary by child.

Suggestions

- Allow limited professional discretion in health-related decisions; this could improve practical implementation while still protecting child safety and program quality.

Funding Support and Ratios

Suggestions

- Avoid tying major grants solely to Bright & Early Step levels.
- Provide financial support for replacing equipment and paying for CPR/first aid.
- Provide health insurance options through a state system.
- Lower group/ratio requirements for opening and closing rooms.

Family Child Care

Home-based providers emphasized the burden of paperwork during care hours, unrealistic application of center-style rules to private homes, and overly restrictive requirements for occasional substitute coverage.

Administrative and Documentation Burden during Care Hours

Pain Points

- Paperwork, documentation, and compliance tasks must be completed during child care hours, which reduces supervision quality and interaction.
- Single-provider homes cannot divide labor the way centers can.
- Fear of noncompliance adds stress.

Suggestions

- Revisit what documentation is essential versus duplicative.
- Simplify online forms.
- Streamline reporting.

Substitutes

Pain Point

- Requirements are too strict for short, one-time coverage (e.g., a dentist's appointment).

Suggestions

- Request more flexible rules when the provider is present.
- Reduce the 15-hour training requirement for "back-up care providers."

Burdensome Health and Sanitation Rules

Pain Points

- Requirements to constantly sanitize toys, light switches, kitchens, and bathrooms mirror center-based expectations without accounting for staffing differences.
- Requirements such as separate towels or constant paper towel use are seen as impractical and wasteful.
- These rules reduce time spent on meaningful child interaction.

Suggestions

- Simplify sanitizing and cleaning rules so they reflect a realistic home environment.
- Avoid treating normal household items as violations unless they represent real safety risks.

Curriculum

Suggestion

- Do not require home providers to use preschool curriculum automatically.

Group Home Child Care

Providers cited stress related to the point system, square footage calculations that exclude essential furnishings, fire inspection scheduling challenges, and training requirements viewed as disproportionate for long-term providers.

Training

Pain Points

- Training burden increases stress, especially for older providers.
- Free or accessible online options are limited.
- Food training is restricted to 1 credit hour.

Suggestions

- Provide free, shorter online options.
- Provide an online CPR/first aid option.
- Honor all approved training formats (online, in-person, out-of-state).
- Provide kindergarten-readiness curriculum guidance.

Health and Safety Operational Rules

Pain Points

- "Pick up a child when crying" was described as impractical with multiple infants and sleep routines; babies cannot be held through the entire nap time.
- Emergency evacuation/relocation: it is difficult to find alternate sites "qualified to host a daycare."
- Tracking and documenting infant nap times is challenging. It is unclear how long these records must be retained, and the process would be more manageable if documentation could be discarded daily.

Point System

Pain Points

- Ratios are perceived as too rigid given children's developmental differences.
- Providers lose capacity due to fractional points ("can't take half a child").

Suggestions

- Simplify or eliminate the point system.
- Increase infant ratio allowances so more infants can find care.
- Consider age 10 cap for point calculations.
- Provide clearer, faster ways to calculate ratios.
- Allow more than two infants under age 1 in mixed-age programs.
- Simplify nap-check rules.

Fire Inspections

Pain Point

- Annual fire inspections are difficult to schedule, especially in small or rural communities and around the holidays.

Suggestions

- Allow biennial fire inspections for long-standing, compliant providers.
- Reduce frequency of fire and furnace inspections (every 2–4 years instead of annually).

Paperwork and Documentation

Pain Points

- Providers face excessive and duplicative paperwork across rules.
- The same information must be entered repeatedly, particularly for siblings.
- Technical support is limited during providers' working hours.

Suggestions

- Consolidate documentation requirements by category.
- Allow shared parent information for families with multiple children.
- Allow paper options or hybrid models.

- Reintroduce mentoring and one-on-one tech support.

Local Codes

Pain Point

- There are varied fire and zoning mandates (e.g., Fargo) that increase costs.

GROUP FACILITY CHILD CARE

Concerns focused on square footage rules, outdoor play requirements during winter months, staffing restrictions for under-18 employees, and unclear supervision expectations.

Square Footage

Pain Point

- Questions about counting large gym and common areas at least partially.

Workforce and Funding

Suggestions

- Reevaluate Child Development Associate (CDA) Credential requirement thresholds (e.g., CDA required to exceed 30 children).
- Improve grant distribution fairness (concern: Step 2 no longer qualifies).
- Increase pay and support workforce retention.
- Consider mental health and burnout impacts.

Outdoor Play

Pain Points

- During winter, managing outdoor time with a mixed-age group is challenging. With limited staff, it is difficult to supervise children both inside and outside and get everyone dressed without overheating.
- The requirement that staff under age 18 cannot be left alone with children creates operational challenges in mixed-age group settings. It is unclear whether under-18 staff may perform tasks such as diapering or accompanying a child to the bathroom without direct supervision. As a result, the entire group must transition indoors whenever a child needs to use the restroom.

Suggestions

- Allow use of indoor physical activities to keep children active.
- Provide clearer definitions regarding staff under age 18 or limited exceptions—such as allowing trained staff ages 14 and up to manage brief, low-risk tasks—while maintaining ratios and appropriate oversight.

Preschool Programs

Preschool providers reported lengthy and duplicative licensing processes, repetitive training requirements, challenges meeting outdoor play rules for short-day programs, and impractical bathroom labeling requirements.

Licensing Process and Administrative Burden

Pain Points

- The licensing process is lengthy, fragmented, and requires multiple steps.
- Providers report duplicating work and redoing steps.

Suggestions

- Condense the licensing process into fewer, clearer steps.
- Standardize procedures across licensors.

Plans, Evaluations, and Parent Documentation

Pain Points

- Evaluation and disaster plans are wordy.
- Providers must re-enter or rewrite information already captured elsewhere.
- Current rules limit the ability to share existing documents directly with families.

Suggestions

- Streamline and shorten required plans.
- Allow completed plans to be shared with parents, not rewritten.
- Reduce duplicative documentation requirements.

Training Requirements and Repetition

Pain Points

- "Getting Started" requires content and 15 hours of training includes the same information.
- Preschool helpers are required to have a high school diploma/GED, leading to staff loss.

Suggestions

- Reduce repetition within required training hours.
- Condense overlapping training content.

Outdoor Play

Pain Point

- With only a 3-hour class window, preschools struggle to meet outdoor play requirements, particularly in commercial settings without suitable outdoor space.

Bathroom Labeling Rule

Pain Point

- The requirement for separate male and female bathrooms for more than 30 total children—even for single-stall rooms—is seen as impractical for young children.

School-Age Child Care

School-age programs described misalignment between child care licensing rules and K–12 systems, particularly related to director qualifications and training content that is heavily focused on birth-to-five.

Director Qualifications

Pain Point

- Director qualification requirements make staffing difficult because years of experience in the field are not recognized.

Evacuation and Disaster Plans

Pain Point

- SFN 517 (Child Care Evacuation and Disaster Plan) must be posted at each site.

Multiple-Licensed Facilities

Providers operating under multiple licenses cited difficulty managing overlapping rule sets, duplicative posting requirements, and burdens related to visitors and short-term professionals.

Posting and Parent Communication Requirements

Pain Points

- Multiple required postings (menus, schedules, policies) duplicate information already shared digitally.
- Rules do not clearly recognize electronic platforms (e.g., Brightwheel) as meeting posting requirements.

Suggestions

- Allow approved digital platforms to satisfy posting requirements.
- Consolidate posting rules into a single, clear standard for family access.

Fire, Emergency, and Drill Requirements

Pain Point

- There is conflicting guidance on the number of drills required, documentation methods, and formats.

Suggestion

- Provide a single, authoritative explanation of drill frequency and documentation.

Hybrid Operations

Pain Points

- It is difficult to manage multiple rule sets (center and preschool) and quality program requirements within one facility.
- There are too many overlapping and duplicative rule sets.

Suggestions

- Consolidate/condense overlapping rules.
- Develop a separate track or combination rule set for programs that operate as both schools and child care.

Zoning

Suggestion

- Operate in residential areas to expand without commercial property barriers.

Visitors (Pastors/Therapists)

Pain Point

- It is burdensome when all church staff/therapists must meet identical criminal background checks/training standards despite brief, supervised interactions.

Funding Support

Suggestion

- The state should sponsor required training costs.

Self-Declared Provider

Evacuation and Disaster Plans

Pain Point

- Annual completion of the SFN 517 disaster plan (Child Care Evacuation and Disaster Plan) during relicensing is redundant when there have been no changes to the home layout for 38 years.

NONPOLICY PAIN POINTS AND SUGGESTIONS

Pain Points

- Automated system letters incorrectly tell families programs are closing, causing panic and enrollment disruption.
- False or unsubstantiated complaints create lasting harm due to long investigation timelines and required parent notifications.

- Licensing and food program guidance conflict, leaving providers unsure about which rules apply.
- Small employers cannot access affordable benefit plans.

Suggestions

- Provide live technical support (phone/help desk), not just "better portals."
- Offer ongoing dialogue (monthly/quarterly forums), not one-time outreach only.
- Provide mandatory QRIS or stronger incentives.
- Provide universal child care as a long-term sustainability solution.
- Improve visibility and promotion of scholarships for continuing education.
- Provide pooled benefit plans across providers.

RECOMMENDATIONS TO SUPPORT NEW OR POTENTIAL PROVIDERS

Licensing Startup Supports

- A simplified rulebook for onboarding
- A checklist outlining everything required for initial licensing (paperwork, inspections, training, background checks, timelines, etc.)
- Provide a clear, phased timeline for meeting all licensing standards.
- Provide standardized templates for policies, handbooks, and required forms.
- Consolidate onboarding into one orientation process.
- Provide clear guidance on using the various portals and how to upload documents.

Provisional or Phased Licensing

- Provisional licenses for new programs while completing non-safety–critical requirements (e.g., training hours, digital file uploads, coursework)
- Phased compliance timelines, so requirements are staggered during the first year instead of all at start-up

Training and Support

- Mentorship programs (multiple provider types mentioned this)
- Access to coaches to guide them through set-up and compliance
- State-sponsored or free training during start-up
- More accessible training for young staff (e.g., appropriate content for 14- to 17-year-olds)
- Limit the required training to essential safety topics for new providers.

Financial Supports

- Expand eligibility for start-up and improvement grants to all provider types.
- Offer wage supports, stipend programs, or tax waivers (e.g., payroll tax waivers).
- Provide state options for liability insurance and health insurance access.

PROVIDER RECOMMENDATIONS FOR CONSIDERATION

Based on provider feedback, the following high-level recommendations emerged for the North Dakota Child Care Services Advisory Committee's consideration:

1. Consolidate and Simplify Rules

Create universal rule sections in plain language for requirements that apply across provider types, with clearly defined license-specific and age-specific differences.

2. Reform Training Requirements

Consolidate training rules into one section, reduce repetitive annual training, differentiate requirements by role and hours worked, and recognize equivalent education and credentials.

3. Reduce Barriers to Staffing and Substitutes

Develop tiered substitute categories, allow supervised work while background checks are pending, and align more closely with K–12 systems.

4. Update Ratios, Age Bands, and the Point System

Narrow age bands, simplify calculations, align group sizes with ratios, and allow limited flexibility during short transitions while maintaining safety.

5. Streamline Documentation and Portals

Eliminate duplicate paper requirements, allow fully digital records, and improve portal integration and usability.

6. Restore Supportive Licensing Practices

Reintroduce renewal checklists, consider returning to 2-year licenses, provide examples and decision tools, and publish official clarifications and FAQs.

CONCLUSION

Providers across North Dakota expressed a strong commitment to children, families, and quality care. Their feedback reflects not opposition to regulation, but a desire for a system that is coherent, fair, and workable—one that is modernized, predictable, and supportive while maintaining strong health and safety protections. As the North Dakota Child Care Services Advisory Committee moves forward in guiding rule review, this input provides a clear roadmap for reducing burden while preserving—and strengthening—child health and safety within legal frameworks.

The outreach findings underscore an opportunity to modernize North Dakota's licensing framework in ways that support provider sustainability, improving consistency, workforce stability, and access to high-quality child care statewide.

This document was developed by the Child Care Quality and Business Support Center under contract GS-00F-010CA/47QSMD20R0001 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. *This resource may be duplicated for noncommercial uses without permission.*

CROSSWALK OF KEY LICENSING STANDARDS

Program Type 1	Approved Relatives (approx. 52)	In-Home (in the child's home) (0 providers as of 4/13/26)	Self Declaration (34 providers as of 4/13/26)	Proposed Future State
How Many	No more than 5 kids, or 3 under 24 months			
Background Checks	SFN 433	Comprehensive Background Check includes fingerprints		
Pre-Service Training	Getting Started	Getting Started, Safe Sleep if you care for infants, Mandated Reporting, Pediatric 1st Aid/CPR		
Ongoing Training	none	three, two of which are annual state mandated trainings (safe sleep and mandated reporter, maintain current pediatric 1st Aid/CPR/AED certification		Annual Safe Sleep and Mandated Reporter, current pediatric 1st Aid/CPR, and 3 hours of Department approved training
Child Care Assistance	Max state rate for full time Infant $422 Toddler $398 3-5 years $351 6 and up $348	Max state rate for full time Infant $646 Toddler $600 3-5 years $531 6 and up $529		adopt self dec
Child and Adult Care Food Program	not eligible		Eligible - Family Child Care Home Sponsor (FCCH)	Eligible through FCCH if care is provided in the provider's home.
Qualifications	18 years old; blood, marriage, or court decree as grand, great grand, aunt, uncle, or sibling - can approved relatives come into the child's home?	18 years old		
Caveats		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. If a child has 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.		Add caveat for care in the child's home (see C9); otherwise all care takes place in the home of the provider.

CROSSWALK OF KEY LICENSING STANDARDS

Program Type 2	Family (159 providers as of 4/13/26)	Group in Home (439 providers as of 4/13/26)	Group in a Facility (residential-based) (x of 164 providers hold an H license as of 4/13/26) (23 multiple licensed providers as of 4/13/26)	Proposed Future State
How Many	9 children (of which a minimum of 2 must be school age) -OR- Up to 4 children under 24 months, plus 2 school-age children	30 or fewer children - depends on square footage, ratio, group size & city ordinances		30 or fewer children - depends on square footage, ratio, group size & city ordinances
Background Checks	Comprehensive Background Check includes fingerprints			
Pre-Service Training	Getting Started, Safe Sleep if you care for infants, Mandated Reporting, Pediatric 1st Aid/CPR/AED (substitue staff/emergency designee included)			
Ongoing Training	Annual training 9 hours, including 1 hour on safe sleep prior to caring for infants and 1 hour on mandated reporter of suspected child abuse or neglect Additionally Current pediatric 1st Aid/CPR certification	Supervisor/Director Annual training: 10 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect Work 30 to 40 hours/week Annual training: 8 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect Work 20 to 30 hours/week Annual training: 6 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect Work 10 to 20 hours/week Annual training: 4 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect Work less than 10 hours/week Annual training: 2 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect Additionally Current pediatric1st Aid/CPR certification		**Annual training hours (substitue staff/emergency designees exempt)** Work 25+ hours/week Annual training: 10 hours Work less than 25 hrs/week Annual training:7 hours **Additional training (substitue staff/emergency designee included)** Annual Safe Sleep, prior to caring for infants Annual mandated reporter Current pediatric1st Aid/CPR
Child Care Assistance	Max state rate for full time Infant $900 Toddler $880 3-5 years $740 6 and up $700			
Child and Adult Care Food Program	Eligible - Family Child Care Home Sponsor (FCCH) https://www.nd.gov/dpi/districtsschools/child-nutrition-and-food-distribution/child-adult-care-food-program			

Program Type 2	Family (159 providers as of 4/13/26)	Group in Home (439 providers as of 4/13/26)	Group in a Facility (residential-based) (x of 164 providers hold an H license as of 4/13/26) (23 multiple licensed providers as of 4/13/26)	Proposed Future State
Provider/Supervisor Qualifications	<u>Provider</u> 18 years old	<u>Supervisor</u> The group child care supervisor shall meet at least one of the following qualifications: a) A bachelor's degree in the field of early childhood education or child development; b) An associate's degree with at least one of the following: 1) Eight semester hours or twelve quarter hours of department-approved early childhood education or child development; 2) One hundred twenty hours of department-approved early childhood training; or 3) A director's credential approved by the department; c) Current certification as a child development associate or successful completion of a department-approved diploma program with emphasis in early childhood or child care; d) Certification from a Montessori teacher training program; e) At least one year of exclusive experience as a self-declaration holder or licensed child care provider with positive references from at least two parents whose children were in the provider's care; f) A high school degree or equivalency with certification of completion in a secondary occupational child care program and at least one year of exclusive experience working with young children, with references from at least two individuals who either had their children in the group child care supervisor's care or instructed the group child care supervisor in child care programming; or g) A minimum of one year of exclusive experience providing care to three or more children, with positive references from at least two parents whose children were in the group child care supervisor's care or a center director or teacher who observed the group child care supervisor's care of children first hand.		<u>Provider (if program is licensed to care for less than 10 children)</u> 18 years old <u>Supervisor (required if program is licensed to care for 10 or more children)</u> 18 years old -AND- Hold at least one of the following qualifications: a. An associate degree in the field of early childhood education or child development; b. Current certification as a child development associate or successful completion of a department-approved diploma program with an emphasis in early childhood or child care; c. Certification from a Montessori teacher training program; or d. A high school diploma or high school equivalency with at least one year of experience in a child care or <u>similar setting</u>. (consistent with current Center supervisor qualifications.) Define "similar setting" - maybe: experience as a self-declaration holder or in a licensed child care.
Staff Qualifications	Be at least 14 years of age. A member of the immediate family of the provider may provide care if the member is at least twelve years of age. The provider shall have an adult staff member responsible for caring for or teaching children present in the family child care at all times to supervise staff members under the age of 18 and children in care.	Be at least 14 years of age. A member of the immediate family of the provider may provide care if the member is at least twelve years of age. Staff members and children under the age of 18 shall have adult supervision in the group child care at all times.		Be at least 14 years of age. A member of the immediate family of the provider may provide care if the family member is at least twelve years of age. Staff members under the age of 18 shall have adult supervision (within sight and/or hearing) in the group child care at all times
Ratios and Group Size	<u>A single provider can care for...</u> 9 children (of which a minimum of 2 must be school age) -OR- Up to 4 children under 24 months, plus 2 school-age children	<u>Mixed aged group ratio calculations</u> Infant-17 months = .25 18-35 months old = .20 3 years old = .14 4 years old = .10 5 years old = .08 6-11 years old = .05 1st provider = 1.34 points Each additional provider/staff = 1 point No max group size.		<u>If licensed to care for less than 10 children</u> A single provider may not care for more than 4 children under 24 months, plus 2 school-age children <u>If licensed to care for 10-30 children</u> Consider eliminating points system and moving to max group size <u>Age</u> / <u>Staff:Child ratio</u> / <u>Max Group Size</u> Infant-17 months / 1:4 / 10 children When children of different ages are mixed, the staff to child ratio and group size for the youngest child in the group must be maintained.
Caveats				

CROSSWALK OF KEY LICENSING STANDARDS

Program Type 3	Group in a Facility (non-residential) (x of 164 providers hold an H license as of 4/13/26) (23 multiple licensed providers as of 4/13/26)	Center (157 providers as of 4/13/26) (70 multiple licensed providers as of 4/13/26)	School Age (35 providers as of 4/13/26)	Proposed Future State
How Many	30 or fewer children - depends on square footage, ratio, group size & city ordinances	19 or more children - depends on square footage, ratio, group size & city ordinances	depends on square footage, ratio, group size & city ordinances	
Background Checks	Comprehensive Background Check includes fingerprints			
Pre-Service Training	Getting Started, Safe Sleep if you care for infants, Mandated Reporting, Pediatric 1st Aid/CPR/AED (substitue staff/emergency designee included)			
Ongoing Training	<u>Supervisor/Director</u> Annual training: 10 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect <u>Work 30 to 40 hours/week</u> Annual training: 8 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect <u>Work 20 to 30 hours/week</u> Annual training: 6 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect <u>Work 10 to 20 hours/week</u> Annual training: 4 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect <u>Work less than 10 hours/week</u> Annual training: 2 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect <u>Additionally</u> Current pediatric CPR/AED and pediatric First Aid certification	Supervisor/Director Annual training: 13 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect Work 30 to 40 hours/week Annual training: 13 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect Work 20 to 30 hours/week Annual training: 11 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect Work 10 to 20 hours/week Annual training: 9 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect Work less than 10 hours/week Annual training: 7 hours, including: 1 hour on safe sleep prior to caring for infants 1 hour on mandated reporter of suspected child abuse or neglect Additionally Current pediatric CPR/AED and pediatric First Aid certification		<u>**Annual training hours (substitue staff/emergency designees exempt)**</u> <u>Work 25+ hours/week</u> Annual training: 10 hours <u>Work less than 25 hrs/week</u> Annual training:7 hours <u>**Additional training (substitue staff/emergency designee included)**</u> Annual Safe Sleep, prior to caring for infants Annual mandated reporter Current pediatric1st Aid/CPR
Child Care Assistance	<u>Max state rate for full time</u> Infant $900 Toddler $880 3-5 years $740 6 and up $700	<u>Max state rate for full time</u> Infant $1240 Toddler $1124 3-5 years $940 6 and up $800	<u>Max state rate for full time</u> 6 and up $800	
Child and Adult Care Food Program	<u>Nonprofit - Eligible through DPI</u> Nonresidential, licensed public or private <u>For-profit - Potentially eligible through DPI</u> For-profit child care centers may participate if at least 25 percent of the participants in care are eligible for free or reduced-price meals. https://www.nd.gov/dpi/districtsschools/child-nutrition-and-food-distribution/child-adult-care-food-program			

Program Type 3	Group in a Facility (non-residential) (x of 164 providers hold an H license as of 4/13/26) (23 multiple licensed providers as of 4/13/26)	Center (157 providers as of 4/13/26) (70 multiple licensed providers as of 4/13/26)	School Age (35 providers as of 4/13/26)	Proposed Future State
Director/Supervisor Requirements	Director N/A Supervisor The group child care supervisor must be present in the group child care no less than 60% of the time when children are in care.	Director Must be present at the child care center at least 60% of the time that the program is open. Supervisor A supervisor must be on duty when the director is not present.	Director Must be present at the school-age child care program at least 60% of the time that the program is open. 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 a combined total of 60% of the school-age programs' hours of operation. Supervisor A supervisor must be on duty when the director is not present.	If 30 or less children Requires a supervisor More than 30 children Requires a director and supervisor? Consider programs only serving children ages 5-11….(Carmen's comment…) Add information about percentages (school age programs)
Director Qualifications	N/A	Hold at least one of the following qualifications: a. A bachelor's degree in the field of early childhood education or child development; b. A bachelor's degree with at least six months of experience in a child care center or similar setting and one of the following: (1) Eight semester hours or twelve quarter hours of department-approved early childhood education or child development; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department; c. An associate's degree in the field of early childhood education or child development with at least six months of experience in a child care center or similar setting; d. An associate's degree with at least one year of experience in a child care center or similar setting and one of the following: (1) Eight semester hours or twelve quarter hours of department-approved early childhood education or child development; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department; e. A teaching certificate in elementary education with at least six months of experience in a child care center or similar setting; f. A current certification as a child development associate or successful completion of a department-approved diploma program with emphasis in early childhood or child care, with at least one year of experience in a child care center or similar setting; or g. Certification from a Montessori teacher training program with at least one year of experience in a Montessori school, child care center, or similar setting and at least one of the following: (1) Eight semester hours or twelve quarter hours of department-approved child development or early childhood education; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department.	Hold at least one of the following qualifications: a. A bachelor's degree in the field of early childhood education, child development, or elementary education; b. A bachelor's degree with at least six months of experience in a school-age child care program or similar setting and one of the following: (1) Eight semester hours or twelve quarter hours of department-approved early childhood education, child development, or elementary education; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department; c. An associate degree in the field of early childhood education or child development with at least six months of experience in a school-age child care program or similar setting; d. An associate's degree with at least one year of experience in a school-age child care program and one of the following: (1) Eight semester hours or twelve quarter hours of department-approved early childhood education, child development, or elementary education; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department; e. A current certification as a child development associate or similar status with at least one year of experience in a school-age child care program or similar setting; f. Certification from a Montessori teacher training program with one year of experience in a Montessori school, school-age child care program, or similar setting, and at least one of the following: (1) Eight semester hours or twelve quarter hours of department-approved child development, early childhood education, or elementary education; (2) One hundred twenty hours of department-approved early childhood training; or (3) A director's credential approved by the department.	

<table>
<tr><th>Program Type 3</th><th>Group in a Facility (non-residential)
(x of 164 providers hold an H license as of 4/13/26)
(23 multiple licensed providers as of 4/13/26)</th><th>Center
(157 providers as of 4/13/26)
(70 multiple licensed providers as of 4/13/26)</th><th>School Age
(35 providers as of 4/13/26)</th><th>Proposed Future State</th></tr>
<tr><td>Supervisor Qualifications</td><td>The group child care supervisor shall meet at least one of the following qualifications:

a) A bachelor's degree in the field of early childhood education or child development;

b) An associate's degree with at least one of the following:
1) Eight semester hours or twelve quarter hours of department-approved early childhood education or child development;
2) One hundred twenty hours of department-approved early childhood training; or
3) A director's credential approved by the department;

c) Current certification as a child development associate or successful completion of a department-approved diploma program with emphasis in early childhood or child care;
d) Certification from a Montessori teacher training program;

e) At least one year of exclusive experience as a self-declaration holder or licensed child care provider with positive references from at least two parents whose children were in the provider's care;

f) A high school degree or equivalency with certification of completion in a secondary occupational child care program and at least one year of exclusive experience working with young children, with references from at least two individuals who either had their children in the group child care supervisor's care or instructed the group child care supervisor in child care programming; or

g) A minimum of one year of exclusive experience providing care to three or more children, with positive references from at least two parents whose children were in the group child care supervisor's care or a center director or teacher who observed the group child care supervisor's care of children first hand.</td><td>Hold at least one of the following qualifications:

a. An associate degree in the field of early childhood development;

b. Current certification as a child development associate or successful completion of a department-approved diploma program with an emphasis in early childhood or child care;

c. Certification from a Montessori teacher training program; or

d. A high school diploma or high school equivalency with at least one year of experience in a child care or similar setting.</td><td>A supervisor shall hold at least one of the following qualifications:

a. An associate degree in the field of early childhood development or elementary education, or a secondary degree with an emphasis on middle school or junior high training;

b. Current certification as a child development associate;

c. Certification from a Montessori teacher training program; or

d. A high school diploma or high school equivalency with at least one year of experience in a child care program or similar setting.</td><td>18 years old
-AND-
Hold at least one of the following qualifications:

a. An associate degree in the field of early childhood education or child development;

b. Current certification as a child development associate or successful completion of a department-approved diploma program with an emphasis in early childhood or child care;

c. Certification from a Montessori teacher training program; or

d. A high school diploma or high school equivalency with at least one year of experience in a child care or similar setting.

(consistent with current Center supervisor qualifications.)

Define "similar setting" - maybe: experience as a self-declaration holder or in a licensed child care.</td></tr>
<tr><td>Staff Qualifications</td><td>Be at least 14 years of age.

A member of the immediate family of the provider may provide care if the member is at least twelve years of age.

Staff members and children under the age of eighteen shall have adult supervision in the group child care at all times.</td><td>Be at least 14 years of age.

Ensure that staff members responsible for caring for or teaching children under the age of 18 are supervised by an adult staff member;</td><td>Be at least 16 years of age.

Staff members under the age of 18 are supervised by an adult at all times.</td><td>Be at least ___ years of age

Staff members under the age of eighteen shall have adult supervision (within sight and/or hearing) in the group child care at all times</td></tr>
<tr><td>Ratios and Group Size</td><td><u>Mixed aged group ratio calculations</u>
Infant-17 months = .25
18-35 months old = .20
3 years old = .14
4 years old = .10
5 years old = .08
6-11 years old = .05

1st provider = 1.34 points
Each additional provider/staff = 1 point

No max group size</td><td><table><tr><th><u>Age</u></th><th><u>Same age group - Adult:Child ratio</u></th><th><u>Max Group Size</u></th><th><u>Mixed age group ratio calculations</u></th></tr><tr><td>Infant-17 months</td><td>1:4</td><td>10 children</td><td>0.25</td></tr><tr><td>18-35 months</td><td>1:5</td><td>15</td><td>0.2</td></tr><tr><td>3 years old</td><td>1:7</td><td>20</td><td>0.14</td></tr><tr><td>4 years old</td><td>1:10</td><td>25</td><td>0.1</td></tr><tr><td>5 years old</td><td>1:12</td><td>30</td><td>0.08</td></tr><tr><td>6-11 years old</td><td>1:20</td><td>40</td><td>0.05</td></tr><tr><td></td><td></td><td></td><td>1st provider = 1.34 pts</td></tr><tr><td></td><td></td><td></td><td>Each additional provider/staff = 1 point</td></tr></table>
When there are mixed-age groups in the same room, the operator shall ensure:

(1) The maximum group size is consistent with the:
(a) Age of the majority of the children; or
(b) Highest number of children in the youngest age group;

(2) When children age zero to eighteen months are in the mixed-age group, the maximum group size does not exceed ten children;

(3) The mixed-age group does not exceed the acceptable ratio pursuant to</td><td><u>Adult:Child Ratio</u>
1:20

<u>Max Group Size</u>
40 children</td><td>Consider eliminating points system
<table><tr><th><u>Age</u></th><th><u>Staff:Child ratio</u></th><th><u>Max Group Size</u></th></tr><tr><td>Infant-17 months</td><td>1:4</td><td>10 children</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>
When children of different ages are mixed, the staff to child ratio and group size for the youngest child in the group must be maintained.

<u>Example from Wyoming</u>
<table><tr><th><u>Age</u></th><th><u>Staff:Child ratio</u></th><th><u>Max Group Size</u></th></tr><tr><td>Infant-12 months</td><td>1:4, 2:8, 3:10</td><td>10</td></tr><tr><td>12-24 months</td><td>1:5, 2:10, 3:12</td><td>12</td></tr><tr><td>24-36 months</td><td>1:8, 2;16, 3:18</td><td>18</td></tr><tr><td>3 years old</td><td>1:10, 2:20, 3:24</td><td>24</td></tr><tr><td>4 and 5 years old</td><td>1:12, 2;24, 3:30</td><td>30</td></tr><tr><td>School age</td><td>1:18, 2:32, 3:40</td><td>40</td></tr></table></td></tr>
</table>

Program Type 3	Group in a Facility (non-residential) (x of 164 providers hold an H license as of 4/13/26) (23 multiple licensed providers as of 4/13/26)	Center (157 providers as of 4/13/26) (70 multiple licensed providers as of 4/13/26)	School Age (35 providers as of 4/13/26)	Proposed Future State
		subdivision d of subsection 2 of section 75-03-10-08 and the maximum number of children per staff member pursuant to subdivision a of subsection 2 of section 75-03-10-08; and (4) If the mixed-age group contains the maximum number of children per staff member pursuant to subdivision a of subsection 2 of section 75-03-10-08, the mixed-age group may only contain additional older children.		
Supervision of children	Supervision means a staff member responsible for caring for or teaching children being within sight or hearing range of an infant, toddler, or preschooler at all times so the staff member is capable of intervening to protect the health and safety of the child. For the school-age child, supervision 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 are protected.		For the school-age child, supervision 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 are protected.	Supervision means a staff member responsible for caring for or teaching children being within sight or hearing range of the children in care at all times so the staff member is capable of intervening to protect the health and safety of the child.
Outdoor play area barrier	The operator shall ensure that exterior play areas in close proximity to busy streets and other unsafe areas are contained or fenced, or have natural barriers to restrict children from those unsafe areas. Outdoor play areas must be inspected daily for hazards and necessary maintenance.			
Bathrooms	Rule does not require separate bathrooms and partitions for school age children	The operator shall ensure that separate restrooms are provided for boys and girls six years of age and over, and partitions are installed to separate toilets in these restrooms.		
Caveats				

CROSSWALK OF KEY LICENSING STANDARDS

Preschool Designation	Preschool License (29 preschool only providers as of 4/13/26) (93 multiple licensed providers as of 4/13/26)	Future State - Preschool Designation
How Many	depends on square footage, ratio, group size & city ordinances	A preschool designation can layer on top of either Program Type 2 or Program Type 3. To earn a preschool designation programs must meet specific criteria including employing highly credentialed staff and following a preschool curriculum. What is highly credentialed? What preschool curriculums are approved? CCAP = now eligible Would be able to serve children more than 3 hours/day. Potentially smaller ratios and max group size
Background Checks	Comprehensive Background Check includes fingerprints	
Pre-Service Training	Getting Started, Safe Sleep if you care for infants, Mandated Reporting, Pediatric 1st Aid/CPR	
Ongoing Training	Supervisor/Director Annual training: 13 hours, including: 1 hour on mandated reporter of suspected child abuse or neglect Work 30 to 40 hours/week Annual training: 13 hours, including: 1 hour on mandated reporter of suspected child abuse or neglect Work 20 to 30 hours/week Annual training: 11 hours, including: 1 hour on mandated reporter of suspected child abuse or neglect Work 10 to 20 hours/week Annual training: 9 hours, including: 1 hour on mandated reporter of suspected child abuse or neglect Work less than 10 hours/week Annual training: 7 hours, including: 1 hour on mandated reporter of suspected child abuse or neglect Additionally Current pediatric CPR/AED and pediatric First Aid certification	
Child Care Assistance	not eligible	
Child and Adult Care Food Program	Nonprofit - Eligible through DPI Nonresidential, licensed public or private For-profit - Potentially eligible through DPI For-profit child care centers may participate if at least 25 percent of the participants in care are eligible for free or reduced-price meals. https://www.nd.gov/dpi/districtsschools/child-nutrition-and-food-distribution/child-adult-care-food-program	
Director Requirements	Must be present at least 60% of the time that the program is open	

<table>
<tr><th>Preschool Designation</th><th colspan="3">Preschool License
(29 preschool only providers as of 4/13/26) (93 multiple licensed providers as of 4/13/26)</th><th>Future State - Preschool Designation</th></tr>
<tr><td>Director Qualifications</td><td colspan="3">The director shall hold at least one of the following qualifications:

a. A bachelor's degree in the field of early childhood education with eight or more weeks of supervised student teaching experience in a preschool or similar setting;

b. A bachelor's degree with at least six months of experience in a preschool or similar setting and one of the following:
(1) Eight semester hours or twelve quarter hours of department-approved early childhood education or child development;
(2) One hundred twenty hours of department-approved early childhood training; or
(3) A director's credential approved by the department;

c. An associate degree in the field of early childhood education or child development with at least six months of experience in a preschool or similar setting;

d. An associate's degree with at least one year of experience in a preschool or similar setting and one of the following:
(1) Eight semester hours or twelve quarter hours of department-approved early childhood education or child development;
(2) One hundred twenty hours of department-approved early childhood training; or
(3) A director's credential approved by the department;

e. Current certification as a child development associate or similar status, with at least one year of experience in a preschool or similar setting; or

f. Certification from a Montessori teacher training program with at least one year of experience in a Montessori school, preschool, or similar setting.</td><td rowspan="4"></td></tr>
<tr><td>Teacher Qualifications</td><td colspan="3">Hold at least one of the following qualifications:

a. A bachelor's degree with at least eight semester hours or twelve quarter hours of department-approved early childhood education or child development;

b. A teaching certificate in elementary education or kindergarten endorsement;

c. An associate's degree in the field of early childhood education or child development;

d. An associate's degree with at least one year of experience in a preschool or similar setting and one of the following:
(1) Eight semester hours or twelve quarter hours of department-approved early childhood education or child development; or
(2) One hundred twenty hours of department-approved early childhood training;

e. Current certification as a child development associate or similar status; or

f. Certification from a Montessori teacher training program.</td></tr>
<tr><td>Preschool Assistant Qualifications</td><td colspan="3">Hold either a high school diploma or a high school equivalency.</td></tr>
<tr><td>Ratios and Group Size</td><td><u>Age</u></td><td><u>Same age group - Adult:Child ratio</u></td><td><u>Mixed age group ratio calculations</u></td></tr>
<tr><td></td><td>2 years old</td><td>1:6</td><td>0.167</td></tr>
<tr><td></td><td>3 years old</td><td>1:11</td><td>0.09</td></tr>
<tr><td></td><td>4 years old</td><td>1:13</td><td>0.077</td></tr>
<tr><td></td><td>5 years old</td><td>1:16</td><td>0.063</td></tr>
<tr><td></td><td></td><td></td><td>1st provider = 1.34 points</td></tr>
<tr><td></td><td></td><td></td><td>Each additional provider/staff = 1 point</td></tr>
</table>

Preschool Designation	Preschool License (29 preschool only providers as of 4/13/26) (93 multiple licensed providers as of 4/13/26)	Future State - Preschool Designation
Ratios and Group Size	<u>If the group includes 2 year-olds</u> Each group of 10 children needs at least: 1 director or teacher 1 staff member <u>If the group includes 3 year-olds</u> Each group of 20 children needs at least: 1 director or teacher 1 staff member <u>If the group includes 4 through 5 year-olds</u> Each group of 24 children needs at least: 1 director or teacher 1 staff member	
Caveat	Serves children no more than 3 hours/day	

Staff Qualifications Framework

Qualifications From Total Points Received	
Provider/Classroom Staff	0-19 Points
Supervisor	20-49 Points
Director *(points in all 3 categories)*	50+ Points

Preschool Qualifications	
Director	
Teacher	
Assistant Teacher	

**I feel like we could include Preschool in here too*

Education					
Related Degree - *Elementary Education, Child Development and Family Science, Family & Consumer Science, Human Development and Family Science*		N/A	Early Childhood Degree	Related Degree	Non-Rel
	High School Diploma	5			
	CDA	20			
	AIM	20			
	Associ			15	1
	Bachel Degree			20	10
	Master gree		40	30	15
	Mo sori Tea	20			
	S l-Aged ficate	0	*W need t developed*		

Experienc		
Experience working within a child care setting, school setting or other child development position with verified employment	*nternally when training staff for a Supervisor position points could be received after 6 months of approved & supervised onsite training at the designated site*	*10*
	1-3 years	20
	4-10 years	30
	10+ years	40

**something to consider after looking at a couple of the other state examples*

Professional Development		
Department Approved training taken within the last 3 years	30-50 hours	5
	51-100	10
	101-150+	20

**Something to consider would Getting Started, Mandated Reporter, Safe Sleep count in these hours*

Approved Training Endorsements/Tracks (could be developed for extra points)		
minimum of x hours	*Business*	
	Infant/Toddler	
	Preschool	
	Pyramid	
Ideas of Potential Tracks	*School-Aged*	
	Onboarding	
	Family Engagement	

**Think this could help add some quality training to a Supervisor or Director training record vs just taking a bunch of random trainings*

DRAFT