

Modification to Child Care Center Licensing Requirements

The Commissioner of Human Services has temporarily modified certain requirements for licensed child care centers, whose services have been designated as essential during the peacetime emergency due to the COVID-19 pandemic. In addition to the modifications issued on March 20, 2020, which temporarily suspended routine inspections, the issuance of correction orders and other licensing actions, and extended expired training timelines, these modifications are necessary to provide flexibility to providers, mitigate the spread of the virus, and protect the health and safety of children and staff.

These additional modifications apply to requirements for staffing, age category grouping, staff training, immunization records, and overnight care, and impose a new requirement to review guidance from the Minnesota Department of Health (MDH) and the Centers for Disease Control and Prevention (CDC) specific to child care settings. These changes are effective April 9, 2020, until the conclusion of the peacetime emergency.

By releasing these changes to licensing standards and practices, the Department of Human Services (DHS) is providing child care centers with more flexibility to operate in a pandemic and be able to focus on the most critical health and safety measures needed during this time. DHS recognizes that guidance from MDH and the CDC may point centers in a different direction than licensing standards. If a child care center chooses to continue operating during the pandemic, the center should feel empowered to follow the specific guidance from MDH and the CDC, use their discretion in making the best decisions for their program and efforts to keep children and staff safe, and continue to use DHS-Licensing for technical assistance as needed.

The modifications of requirements for licensed child care centers are as follows:

1. Staff distribution requirements are temporarily suspended. Licensed child care centers are not required to have a teacher-qualified staff person in each classroom, but must have at least one teacher-qualified person on-site at all times when children are in care. This provides additional flexibility by not requiring as many staff to meet teacher or assistant teacher qualifications as workforce needs change in response to the pandemic.
2. Licensed centers must have a staff person on site who is responsible for overseeing the operation of the daily activities of the program, ensuring the health and safety of the children, and supervising staff. This staff person is not required to meet the qualifications of a director. While this is a new requirement for licensed child care centers, it is necessary due to staffing changes and fluctuations which are likely to increase as the spread of the pandemic increases.
3. At least one staff person who has had first aid training and one staff person who has had CPR training in the last three years must be present at all times when children are present in the center. Online training and testing will be accepted during the peacetime emergency when necessary to meet this requirement if pediatric first aid and/or CPR training are not available. This change provides additional flexibility by allowing a smaller number of individuals to be trained in CPR and First Aid and permitting individuals to work with children before the training is completed.

This modification is in addition to the extension of training timelines for existing staff that expire during the peacetime emergency and cannot be met, as temporarily suspended by the Commissioner of Human Services previously on March 20, 2020.

4. The child care center must follow the minimum staff-to-child ratios and maximum group size limitations as specified in [Minnesota Rules, part 9503.0040](#). However, based on recommendations from the Minnesota Department of Health and the Centers for Disease Control to limit group activities and maintain social distancing, centers are encouraged to limit group sizes to no more than ten people total, including children and adults. If a center chooses to keep group sizes to less than 10 individuals, it does not mean that only 10 individuals can be in a classroom. The child care center can continue to operate within the overall capacity of the room, but staff are encouraged to separate into groups of 10 or fewer and respect social distancing recommendations. Note, this does not decrease the overall capacity of the center's license.
5. Children of different age groups may be mixed during all hours of operation as long as the ratio and group size for the youngest child present is met. In order to accommodate lower numbers of children in attendance and fluctuations in staffing, this gives centers additional flexibility to mix age groups throughout the day rather than limiting it to 25 percent of the center's daily hours of operation at the beginning and end of the day.
6. During this pandemic, child care providers face a rapidly changing situation which makes it challenging to remain in compliance with all of the usual licensing standards. The child care center must have staff review guidance from the [Minnesota Department of Health](#) and the [Centers for Disease Control](#) for child care providers on health and safety practices that prevent the spread of COVID-19 in a child care environment, and make decisions based on their particular child care program in light of this guidance. This is an ongoing requirement, as the guidance will evolve as the understanding of the COVID-19 virus and how to prevent it evolves. DHS will communicate current guidance and any updated guidance to providers via email and on the [DHS website](#).
7. To the extent that [MDH/CDC guidance](#) is inconsistent with a licensing standard, centers are permitted to deviate from licensing requirements to the extent necessary to follow the MDH/CDC guidance. Centers must document any changes they make to policies or programming. For example:
 - a) In order to follow the CDC guidance to engage in more thorough or frequent cleaning of toys and other items used by children, a center is not required to have all required equipment and materials for children available at all times if some of it cannot be adequately disinfected or if it is being rotated in and out of use as it is being disinfected.
 - b) In order to follow CDC guidance for social distancing, a center may decide to limit parent access to the center and deviate from their current policy of allowing parents to walk their child to the classroom and instead require parents to remain in the entryway at drop off time.
8. Immunization records must be obtained within 30 days of child's first date of attendance. This provides additional flexibility for child care centers by giving them additional time to obtain immunization records which currently must be obtained by the child's first day of attendance.

9. Child care centers that provide night care may use a cot for toddlers, preschoolers, and school age children. This provides additional flexibility by permitting the use of a cot instead of a bed or a cot with a mattress during the peacetime emergency.

In addition to the links above, you may find it helpful to review www.mn.gov/childcare for more COVID-19 child care information and resources.