

113.11 **ARTICLE 4**  
113.12 **SPECIAL PROGRAMS**

29.16 **ARTICLE 3**  
29.17 **SPECIAL PROGRAMS**

113.13 Section 1. Minnesota Statutes 2012, section 121A.582, subdivision 1, is amended to  
113.14 read:

113.15 Subdivision 1. **Reasonable force standard.** (a) A teacher or school principal, in  
113.16 exercising the person's lawful authority, may use reasonable force when it is necessary  
113.17 under the circumstances to correct or restrain a student or prevent bodily harm or death  
113.18 to another.

113.19 (b) A school employee, school bus driver, or other agent of a district, in exercising  
113.20 the person's lawful authority, may use reasonable force when it is necessary under the  
113.21 circumstances to restrain a student or prevent bodily harm or death to another.

113.22 (c) Paragraphs (a) and (b) do not authorize conduct prohibited under sections  
113.23 ~~121A.58 and 121A.67~~ section 125A.0942.

113.24 **EFFECTIVE DATE.** This section is effective the day following final enactment.

113.25 Sec. 2. Minnesota Statutes 2012, section 125A.023, subdivision 3, is amended to read:

113.26 Subd. 3. **Definitions.** For purposes of this section and section 125A.027, the  
113.27 following terms have the meanings given them:

113.28 (a) "Health plan" means:

113.29 (1) a health plan under section 62Q.01, subdivision 3;

113.30 (2) a county-based purchasing plan under section 256B.692;

114.1 (3) a self-insured health plan established by a local government under section  
114.2 471.617; or

114.3 (4) self-insured health coverage provided by the state to its employees or retirees.

114.4 (b) For purposes of this section, "health plan company" means an entity that issues

114.5 a health plan as defined in paragraph (a).

114.6 (c) ~~"Individual interagency intervention plan" means a standardized written plan~~

114.7 ~~describing those programs or services and the accompanying funding sources available to~~  
114.8 ~~eligible children with disabilities.~~

114.9 ~~(d)~~ (c) "Interagency intervention service system" means a system that coordinates

114.10 services and programs required in state and federal law to meet the needs of eligible

114.11 children with disabilities ages birth through 21, including:

29.18 Section 1. Minnesota Statutes 2012, section 121A.582, subdivision 1, is amended to  
29.19 read:

29.20 Subdivision 1. **Reasonable force standard.** (a) A teacher or school principal, in  
29.21 exercising the person's lawful authority, may use reasonable force when it is necessary  
29.22 under the circumstances to correct or restrain a student or prevent bodily harm or death  
29.23 to another.

29.24 (b) A school employee, school bus driver, or other agent of a district, in exercising  
29.25 the person's lawful authority, may use reasonable force when it is necessary under the  
29.26 circumstances to restrain a student or prevent bodily harm or death to another.

29.27 (c) Paragraphs (a) and (b) do not authorize conduct prohibited under sections  
29.28 ~~121A.58 and 121A.67~~ section 125A.0942.

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29.30 Sec. 2. Minnesota Statutes 2012, section 125A.023, subdivision 3, is amended to read:

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30.2 following terms have the meanings given them:

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30.6 (3) a self-insured health plan established by a local government under section  
30.7 471.617; or

30.8 (4) self-insured health coverage provided by the state to its employees or retirees.

30.9 (b) For purposes of this section, "health plan company" means an entity that issues

30.10 a health plan as defined in paragraph (a).

30.11 (c) ~~"Individual interagency intervention plan" means a standardized written plan~~

30.12 ~~describing those programs or services and the accompanying funding sources available to~~  
30.13 ~~eligible children with disabilities.~~

30.14 ~~(d)~~ (c) "Interagency intervention service system" means a system that coordinates

30.15 services and programs required in state and federal law to meet the needs of eligible

30.16 children with disabilities ages birth through 21, including:

114.12 (1) services provided under the following programs or initiatives administered  
114.13 by state or local agencies:

114.14 (i) the maternal and child health program under title V of the Social Security Act;

114.15 (ii) the Minnesota children with special health needs program under sections 144.05  
114.16 and 144.07;

114.17 (iii) the Individuals with Disabilities Education Act, Part B, section 619, and Part  
114.18 C as amended;

114.19 (iv) medical assistance under title 42, chapter 7, of the Social Security Act;

114.20 (v) developmental disabilities services under chapter 256B;

114.21 (vi) the Head Start Act under title 42, chapter 105, of the Social Security Act;

114.22 (vii) vocational rehabilitation services provided under chapters 248 and 268A and  
114.23 the Rehabilitation Act of 1973;

114.24 (viii) Juvenile Court Act services provided under sections 260.011 to 260.91;  
114.25 260B.001 to 260B.446; and 260C.001 to 260C.451;

114.26 (ix) Minnesota Comprehensive Children's Mental Health Act under section 245.487;

114.27 (x) the community health services grants under sections 145.88 to 145.9266;

114.28 (xi) the Local Public Health Act under chapter 145A; and

114.29 (xii) the Vulnerable Children and Adults Act, sections 256M.60 to 256M.80;

114.30 (2) service provision and funding that can be coordinated through:

114.31 (i) the children's mental health collaborative under section 245.493;

114.32 (ii) the family services collaborative under section 124D.23;

114.33 (iii) the community transition interagency committees under section 125A.22; and

114.34 (iv) the interagency early intervention committees under section 125A.259;

114.35 (3) financial and other funding programs to be coordinated including medical  
114.36 assistance under title 42, chapter 7, of the Social Security Act, the MinnesotaCare program  
115.1 under chapter 256L, Supplemental Social Security Income, Developmental Disabilities  
115.2 Assistance, and any other employment-related activities associated with the Social  
115.3 Security Administration; and services provided under a health plan in conformity with an  
115.4 individual family service plan or an individualized education program or an individual  
115.5 interagency intervention plan; and

115.6 (4) additional appropriate services that local agencies and counties provide on  
115.7 an individual need basis upon determining eligibility and receiving a request from the  
115.8 interagency early intervention committee and the child's parent.

30.17 (1) services provided under the following programs or initiatives administered  
30.18 by state or local agencies:

30.19 (i) the maternal and child health program under title V of the Social Security Act;

30.20 (ii) the Minnesota children with special health needs program under sections 144.05  
30.21 and 144.07;

30.22 (iii) the Individuals with Disabilities Education Act, Part B, section 619, and Part  
30.23 C as amended;

30.24 (iv) medical assistance under title 42, chapter 7, of the Social Security Act;

30.25 (v) developmental disabilities services under chapter 256B;

30.26 (vi) the Head Start Act under title 42, chapter 105, of the Social Security Act;

30.27 (vii) vocational rehabilitation services provided under chapters 248 and 268A and  
30.28 the Rehabilitation Act of 1973;

30.29 (viii) Juvenile Court Act services provided under sections 260.011 to 260.91;  
30.30 260B.001 to 260B.446; and 260C.001 to 260C.451;

30.31 (ix) Minnesota Comprehensive Children's Mental Health Act under section 245.487;

30.32 (x) the community health services grants under sections 145.88 to 145.9266;

30.33 (xi) the Local Public Health Act under chapter 145A; and

30.34 (xii) the Vulnerable Children and Adults Act, sections 256M.60 to 256M.80;

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31.1 (ii) the family services collaborative under section 124D.23;

31.2 (iii) the community transition interagency committees under section 125A.22; and

31.3 (iv) the interagency early intervention committees under section 125A.259;

31.4 (3) financial and other funding programs to be coordinated including medical  
31.5 assistance under title 42, chapter 7, of the Social Security Act, the MinnesotaCare program  
31.6 under chapter 256L, Supplemental Social Security Income, Developmental Disabilities  
31.7 Assistance, and any other employment-related activities associated with the Social  
31.8 Security Administration; and services provided under a health plan in conformity with an  
31.9 individual family service plan or an individualized education program or an individual  
31.10 interagency intervention plan; and

31.11 (4) additional appropriate services that local agencies and counties provide on  
31.12 an individual need basis upon determining eligibility and receiving a request from the  
31.13 interagency early intervention committee and the child's parent.

115.9 ~~(e)~~ (d) "Children with disabilities" has the meaning given in section 125A.02.

115.10 ~~(f)~~ (e) A "standardized written plan" means those individual services or programs,

115.11 with accompanying funding sources, available through the interagency intervention

115.12 service system to an eligible child other than the services or programs described in the

115.13 child's individualized education program or the child's individual family service plan.

115.14 Sec. 3. Minnesota Statutes 2012, section 125A.023, subdivision 4, is amended to read:

115.15 Subd. 4. **State Interagency Committee.** (a) The commissioner of education, on

115.16 behalf of the governor, shall convene ~~a 19-member~~ an interagency committee to develop

115.17 and implement a coordinated, multidisciplinary, interagency intervention service system

115.18 for children ages three to 21 with disabilities. The commissioners of commerce, education,

115.19 health, human rights, human services, employment and economic development, and

115.20 corrections shall each appoint two committee members from their departments; ~~the~~

115.21 ~~Association of Minnesota Counties shall appoint two county representatives, one of whom~~

115.22 ~~must be an elected official, as committee members; and the Association of Minnesota~~

115.23 ~~Counties, Minnesota School Boards Association, the Minnesota Administrators of Special~~

115.24 ~~Education, and the School Nurse Association of Minnesota shall each appoint one~~

115.25 ~~committee member. The committee shall select a chair from among its members.~~

115.26 (b) The committee shall:

115.27 (1) identify and assist in removing state and federal barriers to local coordination of

115.28 services provided to children with disabilities;

115.29 (2) identify adequate, equitable, and flexible funding sources to streamline these

115.30 services;

115.31 (3) develop guidelines for implementing policies that ensure a comprehensive and

115.32 coordinated system of all state and local agency services, including multidisciplinary

115.33 assessment practices for children with disabilities ages three to 21; including:

115.34 ~~(4)~~ (i) develop, consistent with federal law, a standardized written plan for providing

115.35 services to a child with disabilities;

116.1 ~~(5)~~ (ii) identify how current systems for dispute resolution can be coordinated ~~and~~

116.2 ~~develop guidelines for that coordination;~~

116.3 ~~(6)~~ (iii) develop an evaluation process to measure the success of state and local

116.4 interagency efforts in improving the quality and coordination of services to children with

116.5 disabilities ages three to 21; and

116.6 ~~(7)~~ (iv) develop guidelines to assist the governing boards of the interagency

116.7 early intervention committees in carrying out the duties assigned in section 125A.027,

116.8 subdivision 1, paragraph (b); and

31.14 ~~(e)~~ (d) "Children with disabilities" has the meaning given in section 125A.02.

31.15 ~~(f)~~ (e) A "standardized written plan" means those individual services or programs,

31.16 with accompanying funding sources, available through the interagency intervention

31.17 service system to an eligible child other than the services or programs described in the

31.18 child's individualized education program or the child's individual family service plan.

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31.22 and implement a coordinated, multidisciplinary, interagency intervention service system

31.23 for children ages three to 21 with disabilities. The commissioners of commerce, education,

31.24 health, human rights, human services, employment and economic development, and

31.25 corrections shall each appoint two committee members from their departments; ~~the~~

31.26 ~~Association of Minnesota Counties shall appoint two county representatives, one of whom~~

31.27 ~~must be an elected official, as committee members; and the Association of Minnesota~~

31.28 ~~Counties, Minnesota School Boards Association, the Minnesota Administrators of Special~~

31.29 ~~Education, and the School Nurse Association of Minnesota shall each appoint one~~

31.30 ~~committee member. The committee shall select a chair from among its members.~~

31.31 (b) The committee shall:

31.32 (1) identify and assist in removing state and federal barriers to local coordination of

31.33 services provided to children with disabilities;

31.34 (2) identify adequate, equitable, and flexible funding sources to streamline these

31.35 services;

32.1 (3) develop guidelines for implementing policies that ensure a comprehensive and

32.2 coordinated system of all state and local agency services, including multidisciplinary

32.3 assessment practices for children with disabilities ages three to 21; including:

32.4 ~~(4)~~ (i) develop, consistent with federal law, a standardized written plan for providing

32.5 services to a child with disabilities;

32.6 ~~(5)~~ (ii) identify how current systems for dispute resolution can be coordinated ~~and~~

32.7 ~~develop guidelines for that coordination;~~

32.8 ~~(6)~~ (iii) develop an evaluation process to measure the success of state and local

32.9 interagency efforts in improving the quality and coordination of services to children with

32.10 disabilities ages three to 21; and

32.11 ~~(7)~~ (iv) develop guidelines to assist the governing boards of the interagency

32.12 early intervention committees in carrying out the duties assigned in section 125A.027,

32.13 subdivision 1, paragraph (b); and

116.9 ~~(8)~~ (4) carry out other duties necessary to develop and implement within  
 116.10 communities a coordinated, multidisciplinary, interagency intervention service system for  
 116.11 children with disabilities.

116.12 (c) The committee shall consult on an ongoing basis with the state Special Education  
 116.13 Advisory Committee for Special Education Panel and the governor's Interagency  
 116.14 Coordinating Council in carrying out its duties under this section, including assisting the  
 116.15 governing boards of the interagency early intervention committees.

116.16 Sec. 4. Minnesota Statutes 2012, section 125A.027, subdivision 1, is amended to read:

116.17 Subdivision 1. **Additional duties.** (a) The governing boards of the interagency early  
 116.18 intervention committees are responsible for developing and implementing interagency  
 116.19 policies and procedures to coordinate services at the local level for children with  
 116.20 disabilities ages three to 21 under guidelines established by the state interagency  
 116.21 committee under section 125A.023, subdivision 4. Consistent with the requirements  
 116.22 in this section and section 125A.023, the governing boards of the interagency early  
 116.23 intervention committees ~~shall~~ may organize as a joint powers board under section 471.59  
 116.24 or enter into an interagency agreement that establishes a governance structure.

116.25 (b) The governing board of each interagency early intervention committee as defined  
 116.26 in section 125A.30, paragraph (a), which may include a juvenile justice professional, shall:

116.27 (1) identify ~~and assist in removing~~ state and federal barriers to local coordination of  
 116.28 services provided to children with disabilities;

116.29 (2) identify ~~adequate, equitable, and flexible use of funding by local agencies for~~  
 116.30 ~~these services;~~

116.31 ~~(3)~~ implement policies that ensure a comprehensive and coordinated system of  
 116.32 all state and local agency services, including practices on multidisciplinary assessment  
 116.33 practices, standardized written plans, dispute resolution, and system evaluation for  
 116.34 children with disabilities ages three to 21;

117.1 ~~(4)~~ use a standardized written plan for providing services to a child with disabilities  
 117.2 ~~developed under section 125A.023;~~

117.3 ~~(5)~~ access the coordinated dispute resolution system and incorporate the guidelines  
 117.4 ~~for coordinating services at the local level, consistent with section 125A.023;~~

117.5 ~~(6)~~ use the evaluation process to measure the success of the local interagency effort  
 117.6 ~~in improving the quality and coordination of services to children with disabilities ages~~  
 117.7 ~~three to 21 consistent with section 125A.023;~~

117.8 ~~(7)~~ develop a transitional plan for children moving from the interagency early  
 117.9 childhood intervention system under sections 125A.259 to 125A.48 into the interagency  
 117.10 intervention service system under this section;

32.14 ~~(8)~~ (4) carry out other duties necessary to develop and implement within  
 32.15 communities a coordinated, multidisciplinary, interagency intervention service system for  
 32.16 children with disabilities.

32.17 (c) The committee shall consult on an ongoing basis with the state Special Education  
 32.18 Advisory Committee for Special Education Panel and the governor's Interagency  
 32.19 Coordinating Council in carrying out its duties under this section, including assisting the  
 32.20 governing boards of the interagency early intervention committees.

32.21 Sec. 4. Minnesota Statutes 2012, section 125A.027, subdivision 1, is amended to read:

32.22 Subdivision 1. **Additional duties.** (a) The governing boards of the interagency early  
 32.23 intervention committees are responsible for developing and implementing interagency  
 32.24 policies and procedures to coordinate services at the local level for children with  
 32.25 disabilities ages three to 21 under guidelines established by the state interagency  
 32.26 committee under section 125A.023, subdivision 4. Consistent with the requirements  
 32.27 in this section and section 125A.023, the governing boards of the interagency early  
 32.28 intervention committees ~~shall~~ may organize as a joint powers board under section 471.59  
 32.29 or enter into an interagency agreement that establishes a governance structure.

32.30 (b) The governing board of each interagency early intervention committee as defined  
 32.31 in section 125A.30, paragraph (a), which may include a juvenile justice professional, shall:

32.32 (1) identify ~~and assist in removing~~ state and federal barriers to local coordination of  
 32.33 services provided to children with disabilities;

32.34 (2) identify ~~adequate, equitable, and flexible use of funding by local agencies for~~  
 32.35 ~~these services;~~

33.1 ~~(3)~~ implement policies that ensure a comprehensive and coordinated system of  
 33.2 all state and local agency services, including practices on multidisciplinary assessment  
 33.3 practices, standardized written plans, dispute resolution, and system evaluation for  
 33.4 children with disabilities ages three to 21;

33.5 ~~(4)~~ use a standardized written plan for providing services to a child with disabilities  
 33.6 ~~developed under section 125A.023;~~

33.7 ~~(5)~~ access the coordinated dispute resolution system and incorporate the guidelines  
 33.8 ~~for coordinating services at the local level, consistent with section 125A.023;~~

33.9 ~~(6)~~ use the evaluation process to measure the success of the local interagency effort  
 33.10 ~~in improving the quality and coordination of services to children with disabilities ages~~  
 33.11 ~~three to 21 consistent with section 125A.023;~~

33.12 ~~(7)~~ develop a transitional plan for children moving from the interagency early  
 33.13 childhood intervention system under sections 125A.259 to 125A.48 into the interagency  
 33.14 intervention service system under this section;

117.11 ~~(8)~~ (3) coordinate services and facilitate payment for services from public and  
117.12 private institutions, agencies, and health plan companies; and

117.13 ~~(9)~~ (4) share needed information consistent with state and federal data practices  
117.14 requirements.

117.15 Sec. 5. Minnesota Statutes 2012, section 125A.027, subdivision 4, is amended to read:

117.16 Subd. 4. **Responsibilities of school and county boards.** (a) It is the joint  
117.17 responsibility of school and county boards to coordinate, provide, and pay for appropriate  
117.18 services, and to facilitate payment for services from public and private sources.

Appropriate

117.19 service for children eligible under section 125A.02 and receiving service from two or more  
117.20 public agencies of which one is the public school must be determined in consultation with  
117.21 parents, physicians, and other education, medical health, and human services providers.  
117.22 The services provided must be in conformity with ~~an Individual Interagency Intervention~~  
117.23 ~~Plan (HHP)~~ a standardized written plan for each eligible child ages 3 to 21.

117.24 (b) Appropriate services include those services listed on a child's ~~HHP~~ standardized  
117.25 written plan. These services are those that are required to be documented on a plan under  
117.26 federal and state law or rule.

117.27 (c) School and county boards shall coordinate interagency services. Service  
117.28 responsibilities for eligible children, ages 3 to 21, ~~shall may~~ be established in interagency  
117.29 agreements or joint powers board agreements. In addition, interagency agreements or joint  
117.30 powers board agreements ~~shall may~~ be developed to establish agency responsibility that  
117.31 assures that coordinated interagency services are coordinated, provided, and paid for, and  
117.32 that payment is facilitated from public and private sources. School boards must provide,  
117.33 pay for, and facilitate payment for special education services as required under sections  
117.34 125A.03 and 125A.06. County boards must provide, pay for, and facilitate payment for  
118.1 those programs over which they have service and fiscal responsibility as referenced in  
118.2 section 125A.023, subdivision 3, paragraph ~~(d)~~ (c), clause (1).

118.3 Sec. 6. Minnesota Statutes 2012, section 125A.03, is amended to read:

118.4 **125A.03 SPECIAL INSTRUCTION FOR CHILDREN WITH A DISABILITY.**

33.15 ~~(8)~~ (3) coordinate services and facilitate payment for services from public and  
33.16 private institutions, agencies, and health plan companies; and

33.17 ~~(9)~~ (4) share needed information consistent with state and federal data practices  
33.18 requirements.

33.19 Sec. 5. Minnesota Statutes 2012, section 125A.027, subdivision 4, is amended to read:

33.20 Subd. 4. **Responsibilities of school and county boards.** (a) It is the joint  
33.21 responsibility of school and county boards to coordinate, provide, and pay for appropriate  
33.22 services, and to facilitate payment for services from public and private sources. Appropriate

33.23 service for children eligible under section 125A.02 and receiving service from two or more  
33.24 public agencies of which one is the public school must be determined in consultation with  
33.25 parents, physicians, and other education, medical health, and human services providers.  
33.26 The services provided must be in conformity with ~~an Individual Interagency Intervention~~  
33.27 ~~Plan (HHP)~~ a standardized written plan for each eligible child ages 3 to 21.

33.28 (b) Appropriate services include those services listed on a child's ~~HHP~~ standardized  
33.29 written plan. These services are those that are required to be documented on a plan under  
33.30 federal and state law or rule.

33.31 (c) School and county boards shall coordinate interagency services. Service  
33.32 responsibilities for eligible children, ages 3 to 21, ~~shall may~~ be established in interagency  
33.33 agreements or joint powers board agreements. In addition, interagency agreements or joint  
33.34 powers board agreements ~~shall may~~ be developed to establish agency responsibility that  
33.35 assures that coordinated interagency services are coordinated, provided, and paid for, and  
34.1 that payment is facilitated from public and private sources. School boards must provide,  
34.2 pay for, and facilitate payment for special education services as required under sections  
34.3 125A.03 and 125A.06. County boards must provide, pay for, and facilitate payment for  
34.4 those programs over which they have service and fiscal responsibility as referenced in  
34.5 section 125A.023, subdivision 3, paragraph ~~(d)~~ (c), clause (1).

34.6 Sec. 6. Minnesota Statutes 2012, section 125A.03, is amended to read:

34.7 **125A.03 SPECIAL INSTRUCTION FOR CHILDREN WITH A DISABILITY.**

118.5 (a) As defined in paragraph (b), every district must provide special instruction and  
 118.6 services, either within the district or in another district, for all children with a disability,  
 118.7 including providing required services under Code of Federal Regulations, title 34, section  
 118.8 300.121, paragraph (d), to those children suspended or expelled from school for more than  
 118.9 ten school days in that school year, who are residents of the district and who are disabled  
 118.10 as set forth in section 125A.02. For purposes of state and federal special education  
 118.11 laws, the phrase "special instruction and services" in the state Education Code means a  
 118.12 free and appropriate public education provided to an eligible child with disabilities and  
 118.13 includes special education and related services defined in the Individuals with Disabilities  
 118.14 Education Act, subpart A, section 300.24. "Free appropriate public education" means  
 118.15 special education and related services that:

118.16 (1) are provided at public expense, under public supervision and direction, and  
 118.17 without charge;

118.18 (2) meet the standards of the state, including the requirements of the Individuals  
 118.19 with Disabilities Education Act, Part B or C;

118.20 (3) include an appropriate preschool, elementary school, or secondary school  
 118.21 education; and

118.22 (4) are provided to children ages three through 21 in conformity with an  
 118.23 individualized education program that meets the requirements of the Individuals with  
 118.24 Disabilities Education Act, subpart A, sections 300.320 to 300.324, and provided to  
 118.25 infants and toddlers in conformity with an individualized family service plan that meets  
 118.26 the requirements of the Individuals with Disabilities Education Act, subpart A, sections  
 118.27 303.300 to 303.346.

118.28 (b) Notwithstanding any age limits in laws to the contrary, special instruction and  
 118.29 services must be provided from birth until July 1 after the child with a disability becomes  
 118.30 21 years old but shall not extend beyond secondary school or its equivalent, except as  
 118.31 provided in section 124D.68, subdivision 2. Local health, education, and social service  
 118.32 agencies must refer children under age five who are known to need or suspected of  
 118.33 needing special instruction and services to the school district. Districts with less than the  
 118.34 minimum number of eligible children with a disability as determined by the commissioner  
 118.35 must cooperate with other districts to maintain a full range of programs for education  
 119.1 and services for children with a disability. This section does not alter the compulsory  
 119.2 attendance requirements of section 120A.22.

119.3 Sec. 7. Minnesota Statutes 2012, section 125A.08, is amended to read:  
 119.4 **125A.08 INDIVIDUALIZED EDUCATION PROGRAMS.**

119.5 (a) At the beginning of each school year, each school district shall have in effect, for  
 119.6 each child with a disability, an individualized education program.

119.7 (b) As defined in this section, every district must ensure the following:

34.8 (a) As defined in paragraph (b), every district must provide special instruction and  
 34.9 services, either within the district or in another district, for all children with a disability,  
 34.10 including providing required services under Code of Federal Regulations, title 34, section  
 34.11 300.121, paragraph (d), to those children suspended or expelled from school for more than  
 34.12 ten school days in that school year, who are residents of the district and who are disabled  
 34.13 as set forth in section 125A.02. For purposes of state and federal special education  
 34.14 laws, the phrase "special instruction and services" in the state Education Code means a  
 34.15 free and appropriate public education provided to an eligible child with disabilities and  
 34.16 includes special education and related services defined in the Individuals with Disabilities  
 34.17 Education Act, subpart A, section 300.24. "Free appropriate public education" means  
 34.18 special education and related services that:

34.19 (1) are provided at public expense, under public supervision and direction, and  
 34.20 without charge;

34.21 (2) meet the standards of the state, including the requirements of the Individuals  
 34.22 with Disabilities Education Act, Part B or C;

34.23 (3) include an appropriate preschool, elementary school, or secondary school  
 34.24 education; and

34.25 (4) are provided to children ages three through 21 in conformity with an  
 34.26 individualized education program that meets the requirements of the Individuals with  
 34.27 Disabilities Education Act, subpart A, sections 300.320 to 300.324, and provided to  
 34.28 infants and toddlers in conformity with an individualized family service plan that meets  
 34.29 the requirements of the Individuals with Disabilities Education Act, subpart A, sections  
 34.30 303.300 to 303.346.

34.31 (b) ~~Notwithstanding any age limits in laws to the contrary, special instruction and~~  
 34.32 ~~services must be provided from birth until July 1 after the child with a disability becomes~~  
 34.33 ~~21 years old but shall not extend beyond secondary school or its equivalent, except as~~  
 34.34 ~~provided in section 124D.68, subdivision 2. Local health, education, and social service~~  
 34.35 agencies must refer children under age five who are known to need or suspected of  
 35.1 needing special instruction and services to the school district. Districts with less than the  
 35.2 minimum number of eligible children with a disability as determined by the commissioner  
 35.3 must cooperate with other districts to maintain a full range of programs for education  
 35.4 and services for children with a disability. This section does not alter the compulsory  
 35.5 attendance requirements of section 120A.22.

35.6 Sec. 7. Minnesota Statutes 2012, section 125A.08, is amended to read:  
 35.7 **125A.08 INDIVIDUALIZED EDUCATION PROGRAMS.**

35.8 (a) At the beginning of each school year, each school district shall have in effect, for  
 35.9 each child with a disability, an individualized education program.

35.10 (b) As defined in this section, every district must ensure the following:

119.8 (1) all students with disabilities are provided the special instruction and services  
 119.9 which are appropriate to their needs. Where the individualized education program team  
 119.10 has determined appropriate goals and objectives based on the student's needs, including  
 119.11 the extent to which the student can be included in the least restrictive environment,  
 119.12 and where there are essentially equivalent and effective instruction, related services, or  
 119.13 assistive technology devices available to meet the student's needs, cost to the district may  
 119.14 be among the factors considered by the team in choosing how to provide the appropriate  
 119.15 services, instruction, or devices that are to be made part of the student's individualized  
 119.16 education program. The individualized education program team shall consider and  
 119.17 may authorize services covered by medical assistance according to section 256B.0625,  
 119.18 subdivision 26. The student's needs and the special education instruction and services to  
 119.19 be provided must be agreed upon through the development of an individualized education  
 119.20 program. The program must address the student's need to develop skills to live and work  
 119.21 as independently as possible within the community. The individualized education program  
 119.22 team must consider positive behavioral interventions, strategies, and supports that address  
 119.23 behavior for children with attention deficit disorder or attention deficit hyperactivity  
 119.24 disorder. During grade 9, the program must address the student's needs for transition from  
 119.25 secondary services to postsecondary education and training, employment, community  
 119.26 participation, recreation, and leisure and home living. In developing the program, districts  
 119.27 must inform parents of the full range of transitional goals and related services that should  
 119.28 be considered. The program must include a statement of the needed transition services,  
 119.29 including a statement of the interagency responsibilities or linkages or both before  
 119.30 secondary services are concluded;

119.31 (2) children with a disability under age five and their families are provided special  
 119.32 instruction and services appropriate to the child's level of functioning and needs;

119.33 (3) children with a disability and their parents or guardians are guaranteed procedural  
 119.34 safeguards and the right to participate in decisions involving identification, assessment  
 120.1 including assistive technology assessment, and educational placement of children with a  
 120.2 disability;

120.3 (4) eligibility and needs of children with a disability are determined by an initial  
 120.4 ~~assessment or reassessment~~ evaluation or reevaluation, which may be completed using  
 120.5 existing data under United States Code, title 20, section 33, et seq.;

120.6 (5) to the maximum extent appropriate, children with a disability, including those  
 120.7 in public or private institutions or other care facilities, are educated with children who  
 120.8 are not disabled, and that special classes, separate schooling, or other removal of children  
 120.9 with a disability from the regular educational environment occurs only when and to the  
 120.10 extent that the nature or severity of the disability is such that education in regular classes  
 120.11 with the use of supplementary services cannot be achieved satisfactorily;

35.11 (1) all students with disabilities are provided the special instruction and services  
 35.12 which are appropriate to their needs. Where the individualized education program team  
 35.13 has determined appropriate goals and objectives based on the student's needs, including  
 35.14 the extent to which the student can be included in the least restrictive environment,  
 35.15 and where there are essentially equivalent and effective instruction, related services, or  
 35.16 assistive technology devices available to meet the student's needs, cost to the district may  
 35.17 be among the factors considered by the team in choosing how to provide the appropriate  
 35.18 services, instruction, or devices that are to be made part of the student's individualized  
 35.19 education program. The individualized education program team shall consider and  
 35.20 may authorize services covered by medical assistance according to section 256B.0625,  
 35.21 subdivision 26. The student's needs and the special education instruction and services to  
 35.22 be provided must be agreed upon through the development of an individualized education  
 35.23 program. The program must address the student's need to develop skills to live and work  
 35.24 as independently as possible within the community. The individualized education program  
 35.25 team must consider positive behavioral interventions, strategies, and supports that address  
 35.26 behavior for children with attention deficit disorder or attention deficit hyperactivity  
 35.27 disorder. During grade 9, the program must address the student's needs for transition from  
 35.28 secondary services to postsecondary education and training, employment, community  
 35.29 participation, recreation, and leisure and home living. In developing the program, districts  
 35.30 must inform parents of the full range of transitional goals and related services that should  
 35.31 be considered. The program must include a statement of the needed transition services,  
 35.32 including a statement of the interagency responsibilities or linkages or both before  
 35.33 secondary services are concluded;

35.34 (2) children with a disability under age five and their families are provided special  
 35.35 instruction and services appropriate to the child's level of functioning and needs;

36.1 (3) children with a disability and their parents or guardians are guaranteed procedural  
 36.2 safeguards and the right to participate in decisions involving identification, assessment  
 36.3 including assistive technology assessment, and educational placement of children with a  
 36.4 disability;

36.5 (4) eligibility and needs of children with a disability are determined by an initial  
 36.6 ~~assessment or reassessment~~ evaluation or reevaluation, which may be completed using  
 36.7 existing data under United States Code, title 20, section 33, et seq.;

36.8 (5) to the maximum extent appropriate, children with a disability, including those  
 36.9 in public or private institutions or other care facilities, are educated with children who  
 36.10 are not disabled, and that special classes, separate schooling, or other removal of children  
 36.11 with a disability from the regular educational environment occurs only when and to the  
 36.12 extent that the nature or severity of the disability is such that education in regular classes  
 36.13 with the use of supplementary services cannot be achieved satisfactorily;

120.12 (6) in accordance with recognized professional standards, testing and evaluation  
 120.13 materials, and procedures used for the purposes of classification and placement of children  
 120.14 with a disability are selected and administered so as not to be racially or culturally  
 120.15 discriminatory; and

120.16 (7) the rights of the child are protected when the parents or guardians are not known  
 120.17 or not available, or the child is a ward of the state.

120.18 (c) For paraprofessionals employed to work in programs for students with  
 120.19 disabilities, the school board in each district shall ensure that:

120.20 (1) before or immediately upon employment, each paraprofessional develops  
 120.21 sufficient knowledge and skills in emergency procedures, building orientation, roles and  
 120.22 responsibilities, confidentiality, vulnerability, and reportability, among other things, to  
 120.23 begin meeting the needs of the students with whom the paraprofessional works;

120.24 (2) annual training opportunities are available to enable the paraprofessional to  
 120.25 continue to further develop the knowledge and skills that are specific to the students with  
 120.26 whom the paraprofessional works, including understanding disabilities, following lesson  
 120.27 plans, and implementing follow-up instructional procedures and activities; and

120.28 (3) a districtwide process obligates each paraprofessional to work under the ongoing  
 120.29 direction of a licensed teacher and, where appropriate and possible, the supervision of a  
 120.30 school nurse.

## H3172-2

173.28 Subd. 2. **Restrictive procedures.** (a) Restrictive procedures may be used only  
 173.29 by a licensed special education teacher, school social worker, school psychologist,  
 173.30 behavior analyst certified by the National Behavior Analyst Certification Board, a person  
 173.31 with a master's degree in behavior analysis, other licensed education professional,  
 173.32 paraprofessional under section 120B.363, or mental health professional under section  
 173.33 245.4871, subdivision 27, who has completed the training program under subdivision 5.

173.34 (b) A school shall make reasonable efforts to notify the parent on the same day a  
 173.35 restrictive procedure is used on the child, or if the school is unable to provide same-day  
 174.1 notice, notice is sent within two days by written or electronic means or as otherwise  
 174.2 indicated by the child's parent under paragraph ~~(d)~~ (f).

36.14 (6) in accordance with recognized professional standards, testing and evaluation  
 36.15 materials, and procedures used for the purposes of classification and placement of children  
 36.16 with a disability are selected and administered so as not to be racially or culturally  
 36.17 discriminatory; and

36.18 (7) the rights of the child are protected when the parents or guardians are not known  
 36.19 or not available, or the child is a ward of the state.

36.20 (c) For paraprofessionals employed to work in programs for students with  
 36.21 disabilities, the school board in each district shall ensure that:

36.22 (1) before or immediately upon employment, each paraprofessional develops  
 36.23 sufficient knowledge and skills in emergency procedures, building orientation, roles and  
 36.24 responsibilities, confidentiality, vulnerability, and reportability, among other things, to  
 36.25 begin meeting the needs of the students with whom the paraprofessional works;

36.26 (2) annual training opportunities are available to enable the paraprofessional to  
 36.27 continue to further develop the knowledge and skills that are specific to the students with  
 36.28 whom the paraprofessional works, including understanding disabilities, following lesson  
 36.29 plans, and implementing follow-up instructional procedures and activities; and

36.30 (3) a districtwide process obligates each paraprofessional to work under the ongoing  
 36.31 direction of a licensed teacher and, where appropriate and possible, the supervision of a  
 36.32 school nurse.

36.33 **EFFECTIVE DATE.** This section is effective the day following final enactment.

36.34 Sec. 8. Minnesota Statutes 2013 Supplement, section 125A.0942, subdivision 2,  
 36.35 is amended to read:

37.1 Subd. 2. **Restrictive procedures.** (a) Restrictive procedures may be used only  
 37.2 by a licensed special education teacher, school social worker, school psychologist,  
 37.3 behavior analyst certified by the National Behavior Analyst Certification Board, a person  
 37.4 with a master's degree in behavior analysis, other licensed education professional,  
 37.5 paraprofessional under section 120B.363, or mental health professional under section  
 37.6 245.4871, subdivision 27, who has completed the training program under subdivision 5.

37.7 (b) A school shall make reasonable efforts to notify the parent on the same day a  
 37.8 restrictive procedure is used on the child, or if the school is unable to provide same-day  
 37.9 notice, notice is sent within two days by written or electronic means or as otherwise  
 37.10 indicated by the child's parent under paragraph ~~(d)~~ (f).



174.3 (c) The district must hold a meeting of the individualized education program team,  
 174.4 conduct or review a functional behavioral analysis, review data, consider developing  
 174.5 additional or revised positive behavioral interventions and supports, consider actions to  
 174.6 reduce the use of restrictive procedures, and modify the individualized education program  
 174.7 or behavior intervention plan as appropriate. The district must hold the meeting: within  
 174.8 ten calendar days after district staff use restrictive procedures on two separate school  
 174.9 days within 30 calendar days or a pattern of use emerges and the child's individualized  
 174.10 education program or behavior intervention plan does not provide for using restrictive  
 174.11 procedures in an emergency; or at the request of a parent or the district after restrictive  
 174.12 procedures are used. The district must review use of restrictive procedures at a child's  
 174.13 annual individualized education program meeting when the child's individualized  
 174.14 education program provides for using restrictive procedures in an emergency.

174.15 (d) If the individualized education program team under paragraph (c) determines  
 174.16 that existing interventions and supports are ineffective in reducing the use of restrictive  
 174.17 procedures or the district uses restrictive procedures on a child on ten or more school days  
 174.18 during the same school year, the team, as appropriate, either must consult with other  
 174.19 professionals working with the child; consult with experts in behavior analysis, mental  
 174.20 health, communication, or autism; consult with culturally competent professionals;  
 174.21 review existing evaluations, resources, and successful strategies; or consider whether to  
 174.22 reevaluate the child.

174.23 (e) At the individualized education program meeting under paragraph (c), the team  
 174.24 must review any known medical or psychological limitations, including any medical  
 174.25 information the parent provides voluntarily, that contraindicate the use of a restrictive  
 174.26 procedure, consider whether to prohibit that restrictive procedure, and document any  
 174.27 prohibition in the individualized education program or behavior intervention plan.

174.28 (f) An individualized education program team may plan for using restrictive  
 174.29 procedures and may include these procedures in a child's individualized education  
 174.30 program or behavior intervention plan; however, the restrictive procedures may be used  
 174.31 only in response to behavior that constitutes an emergency, consistent with this section.  
 174.32 The individualized education program or behavior intervention plan shall indicate how the  
 174.33 parent wants to be notified when a restrictive procedure is used.

37.11 (c) The district must hold a meeting of the individualized education program team,  
 37.12 conduct or review a functional behavioral analysis, review data, consider developing  
 37.13 additional or revised positive behavioral interventions and supports, consider actions to  
 37.14 reduce the use of restrictive procedures, and modify the individualized education program  
 37.15 or behavior intervention plan as appropriate. The district must hold the meeting: within  
 37.16 ten calendar days after district staff use restrictive procedures on two separate school  
 37.17 days within 30 calendar days or a pattern of use emerges and the child's individualized  
 37.18 education program or behavior intervention plan does not provide for using restrictive  
 37.19 procedures in an emergency; or at the request of a parent or the district after restrictive  
 37.20 procedures are used. The district must review use of restrictive procedures at a child's  
 37.21 annual individualized education program meeting when the child's individualized  
 37.22 education program provides for using restrictive procedures in an emergency.

37.23 (d) If the individualized education program team under paragraph (c) determines  
 37.24 that existing interventions and supports are ineffective in reducing the use of restrictive  
 37.25 procedures or the district uses restrictive procedures on a child on ten or more school days  
 37.26 during the same school year, the team, as appropriate, either must consult with other  
 37.27 professionals working with the child; consult with experts in behavior analysis, mental  
 37.28 health, communication, or autism; consult with culturally competent professionals;  
 37.29 review existing evaluations, resources, and successful strategies; or consider whether to  
 37.30 reevaluate the child.

37.31 (e) At the individualized education program meeting under paragraph (c), the team  
 37.32 must review any known medical or psychological limitations, including any medical  
 37.33 information the parent provides voluntarily, that contraindicate the use of a restrictive  
 37.34 procedure, consider whether to prohibit that restrictive procedure, and document any  
 37.35 prohibition in the individualized education program or behavior intervention plan.

38.1 (f) An individualized education program team may plan for using restrictive  
 38.2 procedures and may include these procedures in a child's individualized education  
 38.3 program or behavior intervention plan; however, the restrictive procedures may be used  
 38.4 only in response to behavior that constitutes an emergency, consistent with this section.  
 38.5 The individualized education program or behavior intervention plan shall indicate how the  
 38.6 parent wants to be notified when a restrictive procedure is used.

38.7 **EFFECTIVE DATE.** This section is effective the day following final enactment.

### H2397-3

120.31 Sec. 8. Minnesota Statutes 2012, section 125A.22, is amended to read:  
 120.32 **125A.22 COMMUNITY TRANSITION INTERAGENCY COMMITTEE.**

38.8 Sec. 9. Minnesota Statutes 2012, section 125A.22, is amended to read:  
 38.9 **125A.22 COMMUNITY TRANSITION INTERAGENCY COMMITTEE.**

120.33 A district, group of districts, or special education cooperative, in cooperation with  
 120.34 the county or counties in which the district or cooperative is located, ~~must~~ may establish  
 120.35 a community transition interagency committee for youth with disabilities, beginning at  
 121.1 grade 9 or age equivalent, and their families. Members of the committee ~~must consist of~~  
 121.2 may include representatives from special education, vocational and regular education,  
 121.3 community education, postsecondary education and training institutions, mental health,  
 121.4 adults with disabilities who have received transition services if such persons are available,  
 121.5 parents of youth with disabilities, local business or industry, rehabilitation services, county  
 121.6 social services, health agencies, and additional public or private adult service providers as  
 121.7 appropriate. ~~The committee must elect a chair and must meet regularly.~~ The committee  
 121.8 ~~must~~ may:

121.9 (1) identify current services, programs, and funding sources provided within  
 121.10 the community for secondary and postsecondary aged youth with disabilities and their  
 121.11 families that prepare them for further education; employment, including integrated  
 121.12 competitive employment; and independent living;

121.13 (2) facilitate the development of multiagency teams to address present and future  
 121.14 transition needs of individual students on their individualized education programs;

121.15 (3) develop a community plan to include mission, goals, and objectives, and an  
 121.16 implementation plan to assure that transition needs of individuals with disabilities are met;

121.17 (4) recommend changes or improvements in the community system of transition  
 121.18 services; and

121.19 (5) exchange agency information such as appropriate data, effectiveness studies,  
 121.20 special projects, exemplary programs, and creative funding of programs; ~~and~~

121.21 (6) ~~following procedures determined by the commissioner, prepare a yearly summary~~  
 121.22 ~~assessing the progress of transition services in the community including follow-up of~~  
 121.23 ~~individuals with disabilities who were provided transition services to determine postschool~~  
 121.24 ~~outcomes. The summary must be disseminated to all adult services agencies involved in~~  
 121.25 ~~the planning and to the commissioner by October 1 of each year.~~

121.26 Sec. 9. Minnesota Statutes 2013 Supplement, section 125A.30, is amended to read:  
 121.27 **125A.30 INTERAGENCY EARLY INTERVENTION COMMITTEES.**

38.10 A district, group of districts, or special education cooperative, in cooperation with  
 38.11 the county or counties in which the district or cooperative is located, ~~must~~ may establish  
 38.12 a community transition interagency committee for youth with disabilities, beginning at  
 38.13 grade 9 or age equivalent, and their families. Members of the committee ~~must consist of~~  
 38.14 may include representatives from special education, vocational and regular education,  
 38.15 community education, postsecondary education and training institutions, mental health,  
 38.16 adults with disabilities who have received transition services if such persons are available,  
 38.17 parents of youth with disabilities, local business or industry, rehabilitation services, county  
 38.18 social services, health agencies, and additional public or private adult service providers as  
 38.19 appropriate. ~~The committee must elect a chair and must meet regularly.~~ The committee  
 38.20 ~~must~~ may:

38.21 (1) identify current services, programs, and funding sources provided within  
 38.22 the community for secondary and postsecondary aged youth with disabilities and their  
 38.23 families that prepare them for further education; employment, including integrated  
 38.24 competitive employment; and independent living;

38.25 (2) facilitate the development of multiagency teams to address present and future  
 38.26 transition needs of individual students on their individualized education programs;

38.27 (3) develop a community plan to include mission, goals, and objectives, and an  
 38.28 implementation plan to assure that transition needs of individuals with disabilities are met;

38.29 (4) recommend changes or improvements in the community system of transition  
 38.30 services; and

38.31 (5) exchange agency information such as appropriate data, effectiveness studies,  
 38.32 special projects, exemplary programs, and creative funding of programs; ~~and~~

38.33 (6) ~~following procedures determined by the commissioner, prepare a yearly summary~~  
 38.34 ~~assessing the progress of transition services in the community including follow-up of~~  
 39.1 ~~individuals with disabilities who were provided transition services to determine postschool~~  
 39.2 ~~outcomes. The summary must be disseminated to all adult services agencies involved in~~  
 39.3 ~~the planning and to the commissioner by October 1 of each year.~~

39.4 Sec. 10. Minnesota Statutes 2013 Supplement, section 125A.30, is amended to read:  
 39.5 **125A.30 INTERAGENCY EARLY INTERVENTION COMMITTEES.**

121.28 (a) ~~A school district, group of school districts, or special education cooperative~~  
 121.29 ~~cooperatives, in cooperation with the health and human service agencies located in~~  
 121.30 ~~the county or counties in which the district districts or cooperative is cooperatives are~~  
 121.31 ~~located, must establish an Interagency Early Intervention Committee for children with~~  
 121.32 ~~disabilities under age five and their families under this section, and for children with~~  
 121.33 ~~disabilities ages three to 22 consistent with the requirements under sections 125A.023~~  
 121.34 ~~and 125A.027. Committees must include representatives of local health, education, and~~  
 121.35 ~~county human service agencies, county boards, school boards, early childhood family~~  
 122.1 ~~education programs, Head Start, parents of young children with disabilities under age 12,~~  
 122.2 ~~child care resource and referral agencies, school readiness programs, current service~~  
 122.3 ~~providers, and agencies that serve families experiencing homelessness, and may also~~  
 122.4 ~~include representatives from other private or public agencies and school nurses. The~~  
 122.5 ~~committee must elect a chair from among its members and must meet at least quarterly.~~

122.6 (b) The committee must develop and implement interagency policies and procedures  
 122.7 concerning the following ongoing duties:

122.8 (1) develop public awareness systems designed to inform potential recipient families,  
 122.9 especially parents with premature infants, or infants with other physical risk factors  
 122.10 associated with learning or development complications, of available programs and  
 services;

122.11 (2) to reduce families' need for future services, and especially parents with premature  
 122.12 infants, or infants with other physical risk factors associated with learning or development  
 122.13 complications, implement interagency child find systems designed to actively seek out,  
 122.14 identify, and refer infants and young children with, or at risk of, disabilities, including  
 122.15 a child under the age of three who: (i) is the subject of a substantiated case of abuse or  
 122.16 neglect or (ii) is identified as directly affected by illegal substance abuse, or withdrawal  
 122.17 symptoms resulting from prenatal drug exposure;

122.18 (3) ~~establish and evaluate the identification, referral, screening, evaluation, child-~~  
 122.19 ~~and family-directed assessment systems, procedural safeguard process, and community~~  
 122.20 ~~learning systems to recommend, where necessary, alterations and improvements;~~

122.21 (4) ~~assure the development of individualized family service plans for all eligible~~  
 122.22 ~~infants and toddlers with disabilities from birth through age two, and their families,~~  
 122.23 ~~and individualized education programs and individual service plans when necessary to~~  
 122.24 ~~appropriately serve children with disabilities, age three and older, and their families and~~  
 122.25 ~~recommend assignment of financial responsibilities to the appropriate agencies;~~

122.26 (5) (3) implement a process for assuring that services involve cooperating agencies  
 122.27 at all steps leading to individualized programs;

122.28 (6) ~~facilitate the development of a transition plan in the individual family service~~  
 122.29 ~~plan by the time a child is two years and nine months old;~~

39.6 (a) ~~A school district, group of school districts, or special education cooperative~~  
 39.7 ~~cooperatives, in cooperation with the health and human service agencies located in~~  
 39.8 ~~the county or counties in which the district districts or cooperative is cooperatives are~~  
 39.9 ~~located, must establish an Interagency Early Intervention Committee for children with~~  
 39.10 ~~disabilities under age five and their families under this section, and for children with~~  
 39.11 ~~disabilities ages three to 22 consistent with the requirements under sections 125A.023~~  
 39.12 ~~and 125A.027. Committees must include representatives of local health, education, and~~  
 39.13 ~~county human service agencies, county boards, school boards, early childhood family~~  
 39.14 ~~education programs, Head Start, parents of young children with disabilities under age 12,~~  
 39.15 ~~child care resource and referral agencies, school readiness programs, current service~~  
 39.16 ~~providers, and agencies that serve families experiencing homelessness, and may also~~  
 39.17 ~~include representatives from other private or public agencies and school nurses. The~~  
 39.18 ~~committee must elect a chair from among its members and must meet at least quarterly.~~

39.19 (b) The committee must develop and implement interagency policies and procedures  
 39.20 concerning the following ongoing duties:

39.21 (1) develop public awareness systems designed to inform potential recipient families,  
 39.22 especially parents with premature infants, or infants with other physical risk factors  
 39.23 associated with learning or development complications, of available programs and services;

39.24 (2) to reduce families' need for future services, and especially parents with premature  
 39.25 infants, or infants with other physical risk factors associated with learning or development  
 39.26 complications, implement interagency child find systems designed to actively seek out,  
 39.27 identify, and refer infants and young children with, or at risk of, disabilities, including  
 39.28 a child under the age of three who: (i) is the subject of a substantiated case of abuse or  
 39.29 neglect or (ii) is identified as directly affected by illegal substance abuse, or withdrawal  
 39.30 symptoms resulting from prenatal drug exposure;

39.31 (3) ~~establish and evaluate the identification, referral, screening, evaluation, child-~~  
 39.32 ~~and family-directed assessment systems, procedural safeguard process, and community~~  
 39.33 ~~learning systems to recommend, where necessary, alterations and improvements;~~

39.34 (4) ~~assure the development of individualized family service plans for all eligible~~  
 39.35 ~~infants and toddlers with disabilities from birth through age two, and their families,~~  
 40.1 ~~and individualized education programs and individual service plans when necessary to~~  
 40.2 ~~appropriately serve children with disabilities, age three and older, and their families and~~  
 40.3 ~~recommend assignment of financial responsibilities to the appropriate agencies;~~

40.4 (5) (3) implement a process for assuring that services involve cooperating agencies  
 40.5 at all steps leading to individualized programs;

40.6 (6) ~~facilitate the development of a transition plan in the individual family service~~  
 40.7 ~~plan by the time a child is two years and nine months old;~~

122.30 ~~(7)~~ (4) identify the current services and funding being provided within the  
 122.31 community for children with disabilities under age five and their families; and  
 122.32 ~~(8)~~ (5) develop a plan for the allocation and expenditure of federal early intervention  
 122.33 funds under United States Code, title 20, section 1471 et seq. (Part C, Public Law 108-446)  
 122.34 and United States Code, title 20, section 631, et seq. (Chapter I, Public Law 89-313); and.  
 123.1 ~~(9) develop a policy that is consistent with section 13.05, subdivision 9, and federal~~  
 123.2 ~~law to enable a member of an interagency early intervention committee to allow another~~  
 123.3 ~~member access to data classified as not public.~~  
 123.4 (c) The local committee shall also participate in needs assessments and program  
 123.5 planning activities conducted by local social service, health and education agencies for  
 123.6 young children with disabilities and their families.  
 123.7 Sec. 10. Minnesota Statutes 2012, section 127A.065, is amended to read:  
 123.8 **127A.065 CROSS-SUBSIDY REPORT.**  
 123.9 By ~~January 10~~ March 30, the commissioner of education shall submit an annual  
 123.10 report to the legislative committees having jurisdiction over kindergarten through grade  
 123.11 12 education on the amount each district is cross-subsidizing special education costs  
 123.12 with general education revenue.  
 123.13 Sec. 11. Minnesota Statutes 2012, section 260D.06, subdivision 2, is amended to read:  
 123.14 Subd. 2. **Agency report to court; court review.** The agency shall obtain judicial  
 123.15 review by reporting to the court according to the following procedures:  
 123.16 (a) A written report shall be forwarded to the court within 165 days of the date of the  
 123.17 voluntary placement agreement. The written report shall contain or have attached:  
 123.18 (1) a statement of facts that necessitate the child's foster care placement;  
 123.19 (2) the child's name, date of birth, race, gender, and current address;  
 123.20 (3) the names, race, date of birth, residence, and post office addresses of the child's  
 123.21 parents or legal custodian;  
 123.22 (4) a statement regarding the child's eligibility for membership or enrollment in an  
 123.23 Indian tribe and the agency's compliance with applicable provisions of sections 260.751 to  
 123.24 260.835;  
 123.25 (5) the names and addresses of the foster parents or chief administrator of the facility  
 123.26 in which the child is placed, if the child is not in a family foster home or group home;  
 123.27 (6) a copy of the out-of-home placement plan required under section 260C.212,  
 123.28 subdivision 1;  
 123.29 (7) a written summary of the proceedings of any administrative review required  
 123.30 under section 260C.203; and

40.8 ~~(7)~~ (4) identify the current services and funding being provided within the  
 40.9 community for children with disabilities under age five and their families; and  
 40.10 ~~(8)~~ (5) develop a plan for the allocation and expenditure of federal early intervention  
 40.11 funds under United States Code, title 20, section 1471 et seq. (Part C, Public Law 108-446)  
 40.12 and United States Code, title 20, section 631, et seq. (Chapter I, Public Law 89-313); and.  
 40.13 ~~(9) develop a policy that is consistent with section 13.05, subdivision 9, and federal~~  
 40.14 ~~law to enable a member of an interagency early intervention committee to allow another~~  
 40.15 ~~member access to data classified as not public.~~  
 40.16 (c) The local committee shall also participate in needs assessments and program  
 40.17 planning activities conducted by local social service, health and education agencies for  
 40.18 young children with disabilities and their families.  
 40.19 Sec. 11. Minnesota Statutes 2012, section 127A.065, is amended to read:  
 40.20 **127A.065 CROSS-SUBSIDY REPORT.**  
 40.21 By ~~January 10~~ March 30, the commissioner of education shall submit an annual  
 40.22 report to the legislative committees having jurisdiction over kindergarten through grade  
 40.23 12 education on the amount each district is cross-subsidizing special education costs  
 40.24 with general education revenue.  
 40.25 Sec. 12. Minnesota Statutes 2012, section 260D.06, subdivision 2, is amended to read:  
 40.26 Subd. 2. **Agency report to court; court review.** The agency shall obtain judicial  
 40.27 review by reporting to the court according to the following procedures:  
 40.28 (a) A written report shall be forwarded to the court within 165 days of the date of the  
 40.29 voluntary placement agreement. The written report shall contain or have attached:  
 40.30 (1) a statement of facts that necessitate the child's foster care placement;  
 40.31 (2) the child's name, date of birth, race, gender, and current address;  
 40.32 (3) the names, race, date of birth, residence, and post office addresses of the child's  
 40.33 parents or legal custodian;  
 41.1 (4) a statement regarding the child's eligibility for membership or enrollment in an  
 41.2 Indian tribe and the agency's compliance with applicable provisions of sections 260.751 to  
 41.3 260.835;  
 41.4 (5) the names and addresses of the foster parents or chief administrator of the facility  
 41.5 in which the child is placed, if the child is not in a family foster home or group home;  
 41.6 (6) a copy of the out-of-home placement plan required under section 260C.212,  
 41.7 subdivision 1;  
 41.8 (7) a written summary of the proceedings of any administrative review required  
 41.9 under section 260C.203; and

123.31 (8) any other information the agency, parent or legal custodian, the child or the foster parent, or other residential facility wants the court to consider.

123.32 parent, or other residential facility wants the court to consider.

123.33 (b) In the case of a child in placement due to emotional disturbance, the written report shall include as an attachment, the child's individual treatment plan developed by the child's treatment professional, as provided in section 245.4871, subdivision 21, or the child's ~~individual interagency intervention standard written~~ plan, as provided in section 125A.023, subdivision 3, paragraph (e) (e).

124 (c) In the case of a child in placement due to developmental disability or a related condition, the written report shall include as an attachment, the child's individual service plan, as provided in section 256B.092, subdivision 1b; the child's individual program plan, as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan; or the child's ~~individual interagency intervention standard written~~ plan, as provided in section 125A.023, subdivision 3, paragraph (e) (e).

124.10 (d) The agency must inform the child, age 12 or older, the child's parent, and the foster parent or foster care facility of the reporting and court review requirements of this section and of their right to submit information to the court:

124.11 foster parent or foster care facility of the reporting and court review requirements of this section and of their right to submit information to the court:

124.12 section and of their right to submit information to the court:

124.13 (1) if the child or the child's parent or the foster care provider wants to send information to the court, the agency shall advise those persons of the reporting date and the date by which the agency must receive the information they want forwarded to the court so the agency is timely able submit it with the agency's report required under this subdivision;

124.14 information to the court, the agency shall advise those persons of the reporting date and the date by which the agency must receive the information they want forwarded to the court so the agency is timely able submit it with the agency's report required under this subdivision;

124.15 date by which the agency must receive the information they want forwarded to the court so the agency is timely able submit it with the agency's report required under this subdivision;

124.16 the agency is timely able submit it with the agency's report required under this subdivision;

124.17 (2) the agency must also inform the child, age 12 or older, the child's parent, and the foster care facility that they have the right to be heard in person by the court and how to exercise that right;

124.18 the foster care facility that they have the right to be heard in person by the court and how to exercise that right;

124.19 how to exercise that right;

124.20 (3) the agency must also inform the child, age 12 or older, the child's parent, and the foster care provider that an in-court hearing will be held if requested by the child, the parent, or the foster care provider; and

124.21 the foster care provider that an in-court hearing will be held if requested by the child, the parent, or the foster care provider; and

124.22 the parent, or the foster care provider; and

124.23 (4) if, at the time required for the report under this section, a child, age 12 or older, disagrees about the foster care facility or services provided under the out-of-home placement plan required under section 260C.212, subdivision 1, the agency shall include information regarding the child's disagreement, and to the extent possible, the basis for the child's disagreement in the report required under this section.

124.24 older, disagrees about the foster care facility or services provided under the out-of-home placement plan required under section 260C.212, subdivision 1, the agency shall include information regarding the child's disagreement, and to the extent possible, the basis for the child's disagreement in the report required under this section.

124.25 placement plan required under section 260C.212, subdivision 1, the agency shall include information regarding the child's disagreement, and to the extent possible, the basis for the child's disagreement in the report required under this section.

124.26 information regarding the child's disagreement, and to the extent possible, the basis for the child's disagreement in the report required under this section.

124.27 child's disagreement in the report required under this section.

124.28 (e) After receiving the required report, the court has jurisdiction to make the following determinations and must do so within ten days of receiving the forwarded report, whether a hearing is requested:

124.29 following determinations and must do so within ten days of receiving the forwarded report, whether a hearing is requested:

124.30 report, whether a hearing is requested:

124.31 (1) whether the voluntary foster care arrangement is in the child's best interests;

124.32 (2) whether the parent and agency are appropriately planning for the child; and

41.10 (8) any other information the agency, parent or legal custodian, the child or the foster parent, or other residential facility wants the court to consider.

41.11 parent, or other residential facility wants the court to consider.

41.12 (b) In the case of a child in placement due to emotional disturbance, the written report shall include as an attachment, the child's individual treatment plan developed by the child's treatment professional, as provided in section 245.4871, subdivision 21, or the child's ~~individual interagency intervention standard written~~ plan, as provided in section 125A.023, subdivision 3, paragraph (e) (e).

41.13 report shall include as an attachment, the child's individual treatment plan developed by the child's treatment professional, as provided in section 245.4871, subdivision 21, or the child's ~~individual interagency intervention standard written~~ plan, as provided in section 125A.023, subdivision 3, paragraph (e) (e).

41.14 the child's treatment professional, as provided in section 245.4871, subdivision 21, or the child's ~~individual interagency intervention standard written~~ plan, as provided in section 125A.023, subdivision 3, paragraph (e) (e).

41.15 child's ~~individual interagency intervention standard written~~ plan, as provided in section 125A.023, subdivision 3, paragraph (e) (e).

41.16 125A.023, subdivision 3, paragraph (e) (e).

41.17 (c) In the case of a child in placement due to developmental disability or a related condition, the written report shall include as an attachment, the child's individual service plan, as provided in section 256B.092, subdivision 1b; the child's individual program plan, as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan; or the child's ~~individual interagency intervention standard written~~ plan, as provided in section 125A.023, subdivision 3, paragraph (e) (e).

41.18 condition, the written report shall include as an attachment, the child's individual service plan, as provided in section 256B.092, subdivision 1b; the child's individual program plan, as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan; or the child's ~~individual interagency intervention standard written~~ plan, as provided in section 125A.023, subdivision 3, paragraph (e) (e).

41.19 plan, as provided in section 256B.092, subdivision 1b; the child's individual program plan, as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan; or the child's ~~individual interagency intervention standard written~~ plan, as provided in section 125A.023, subdivision 3, paragraph (e) (e).

41.20 as provided in Minnesota Rules, part 9525.0004, subpart 11; the child's waiver care plan; or the child's ~~individual interagency intervention standard written~~ plan, as provided in section 125A.023, subdivision 3, paragraph (e) (e).

41.21 or the child's ~~individual interagency intervention standard written~~ plan, as provided in section 125A.023, subdivision 3, paragraph (e) (e).

41.22 section 125A.023, subdivision 3, paragraph (e) (e).

41.23 (d) The agency must inform the child, age 12 or older, the child's parent, and the foster parent or foster care facility of the reporting and court review requirements of this section and of their right to submit information to the court:

41.24 foster parent or foster care facility of the reporting and court review requirements of this section and of their right to submit information to the court:

41.25 section and of their right to submit information to the court:

41.26 (1) if the child or the child's parent or the foster care provider wants to send information to the court, the agency shall advise those persons of the reporting date and the date by which the agency must receive the information they want forwarded to the court so the agency is timely able submit it with the agency's report required under this subdivision;

41.27 information to the court, the agency shall advise those persons of the reporting date and the date by which the agency must receive the information they want forwarded to the court so the agency is timely able submit it with the agency's report required under this subdivision;

41.28 date by which the agency must receive the information they want forwarded to the court so the agency is timely able submit it with the agency's report required under this subdivision;

41.29 the agency is timely able submit it with the agency's report required under this subdivision;

41.30 (2) the agency must also inform the child, age 12 or older, the child's parent, and the foster care facility that they have the right to be heard in person by the court and how to exercise that right;

41.31 the foster care facility that they have the right to be heard in person by the court and how to exercise that right;

41.32 how to exercise that right;

41.33 (3) the agency must also inform the child, age 12 or older, the child's parent, and the foster care provider that an in-court hearing will be held if requested by the child, the parent, or the foster care provider; and

41.34 the foster care provider that an in-court hearing will be held if requested by the child, the parent, or the foster care provider; and

41.35 the parent, or the foster care provider; and

42.1 (4) if, at the time required for the report under this section, a child, age 12 or older, disagrees about the foster care facility or services provided under the out-of-home placement plan required under section 260C.212, subdivision 1, the agency shall include information regarding the child's disagreement, and to the extent possible, the basis for the child's disagreement in the report required under this section.

42.2 older, disagrees about the foster care facility or services provided under the out-of-home placement plan required under section 260C.212, subdivision 1, the agency shall include information regarding the child's disagreement, and to the extent possible, the basis for the child's disagreement in the report required under this section.

42.3 placement plan required under section 260C.212, subdivision 1, the agency shall include information regarding the child's disagreement, and to the extent possible, the basis for the child's disagreement in the report required under this section.

42.4 information regarding the child's disagreement, and to the extent possible, the basis for the child's disagreement in the report required under this section.

42.5 child's disagreement in the report required under this section.

42.6 (e) After receiving the required report, the court has jurisdiction to make the following determinations and must do so within ten days of receiving the forwarded report, whether a hearing is requested:

42.7 following determinations and must do so within ten days of receiving the forwarded report, whether a hearing is requested:

42.8 report, whether a hearing is requested:

42.9 (1) whether the voluntary foster care arrangement is in the child's best interests;

42.10 (2) whether the parent and agency are appropriately planning for the child; and

124.33 (3) in the case of a child age 12 or older, who disagrees with the foster care facility  
 124.34 or services provided under the out-of-home placement plan, whether it is appropriate to  
 124.35 appoint counsel and a guardian ad litem for the child using standards and procedures  
 124.36 under section 260C.163.

125.1 (f) Unless requested by a parent, representative of the foster care facility, or the  
 125.2 child, no in-court hearing is required in order for the court to make findings and issue an  
 125.3 order as required in paragraph (e).

125.4 (g) If the court finds the voluntary foster care arrangement is in the child's best  
 125.5 interests and that the agency and parent are appropriately planning for the child, the  
 125.6 court shall issue an order containing explicit, individualized findings to support its  
 125.7 determination. The individualized findings shall be based on the agency's written report  
 125.8 and other materials submitted to the court. The court may make this determination  
 125.9 notwithstanding the child's disagreement, if any, reported under paragraph (d).

125.10 (h) The court shall send a copy of the order to the county attorney, the agency,  
 125.11 parent, child, age 12 or older, and the foster parent or foster care facility.

125.12 (i) The court shall also send the parent, the child, age 12 or older, the foster parent, or  
 125.13 representative of the foster care facility notice of the permanency review hearing required  
 125.14 under section 260D.07, paragraph (e).

125.15 (j) If the court finds continuing the voluntary foster care arrangement is not in the  
 125.16 child's best interests or that the agency or the parent are not appropriately planning for the  
 125.17 child, the court shall notify the agency, the parent, the foster parent or foster care facility,  
 125.18 the child, age 12 or older, and the county attorney of the court's determinations and the  
 125.19 basis for the court's determinations. In this case, the court shall set the matter for hearing  
 125.20 and appoint a guardian ad litem for the child under section 260C.163, subdivision 5.

125.21 Sec. 12. Minnesota Statutes 2013 Supplement, section 626.556, subdivision 2, is  
 125.22 amended to read:

125.23 Subd. 2. **Definitions.** As used in this section, the following terms have the meanings  
 125.24 given them unless the specific content indicates otherwise:

125.25 (a) "Family assessment" means a comprehensive assessment of child safety, risk  
 125.26 of subsequent child maltreatment, and family strengths and needs that is applied to a  
 125.27 child maltreatment report that does not allege substantial child endangerment. Family  
 125.28 assessment does not include a determination as to whether child maltreatment occurred  
 125.29 but does determine the need for services to address the safety of family members and the  
 125.30 risk of subsequent maltreatment.

42.11 (3) in the case of a child age 12 or older, who disagrees with the foster care facility  
 42.12 or services provided under the out-of-home placement plan, whether it is appropriate to  
 42.13 appoint counsel and a guardian ad litem for the child using standards and procedures  
 42.14 under section 260C.163.

42.15 (f) Unless requested by a parent, representative of the foster care facility, or the  
 42.16 child, no in-court hearing is required in order for the court to make findings and issue an  
 42.17 order as required in paragraph (e).

42.18 (g) If the court finds the voluntary foster care arrangement is in the child's best  
 42.19 interests and that the agency and parent are appropriately planning for the child, the  
 42.20 court shall issue an order containing explicit, individualized findings to support its  
 42.21 determination. The individualized findings shall be based on the agency's written report  
 42.22 and other materials submitted to the court. The court may make this determination  
 42.23 notwithstanding the child's disagreement, if any, reported under paragraph (d).

42.24 (h) The court shall send a copy of the order to the county attorney, the agency,  
 42.25 parent, child, age 12 or older, and the foster parent or foster care facility.

42.26 (i) The court shall also send the parent, the child, age 12 or older, the foster parent, or  
 42.27 representative of the foster care facility notice of the permanency review hearing required  
 42.28 under section 260D.07, paragraph (e).

42.29 (j) If the court finds continuing the voluntary foster care arrangement is not in the  
 42.30 child's best interests or that the agency or the parent are not appropriately planning for the  
 42.31 child, the court shall notify the agency, the parent, the foster parent or foster care facility,  
 42.32 the child, age 12 or older, and the county attorney of the court's determinations and the  
 42.33 basis for the court's determinations. In this case, the court shall set the matter for hearing  
 42.34 and appoint a guardian ad litem for the child under section 260C.163, subdivision 5.

43.1 Sec. 13. Minnesota Statutes 2013 Supplement, section 626.556, subdivision 2, is  
 43.2 amended to read:

43.3 Subd. 2. **Definitions.** As used in this section, the following terms have the meanings  
 43.4 given them unless the specific content indicates otherwise:

43.5 (a) "Family assessment" means a comprehensive assessment of child safety, risk  
 43.6 of subsequent child maltreatment, and family strengths and needs that is applied to a  
 43.7 child maltreatment report that does not allege substantial child endangerment. Family  
 43.8 assessment does not include a determination as to whether child maltreatment occurred  
 43.9 but does determine the need for services to address the safety of family members and the  
 43.10 risk of subsequent maltreatment.

125.31 (b) "Investigation" means fact gathering related to the current safety of a child  
 125.32 and the risk of subsequent maltreatment that determines whether child maltreatment  
 125.33 occurred and whether child protective services are needed. An investigation must be used  
 125.34 when reports involve substantial child endangerment, and for reports of maltreatment in  
 125.35 facilities required to be licensed under chapter 245A or 245B; under sections 144.50 to  
 126.1 144.58 and 241.021; in a school as defined in sections 120A.05, subdivisions 9, 11, and  
 126.2 13, and 124D.10; or in a nonlicensed personal care provider association as defined in  
 126.3 sections 256B.04, subdivision 16, and 256B.0625, subdivision 19a.

126.4 (c) "Substantial child endangerment" means a person responsible for a child's care,  
 126.5 and in the case of sexual abuse includes a person who has a significant relationship to the  
 126.6 child as defined in section 609.341, or a person in a position of authority as defined in  
 126.7 section 609.341, who by act or omission commits or attempts to commit an act against a  
 126.8 child under their care that constitutes any of the following:

126.9 (1) egregious harm as defined in section 260C.007, subdivision 14;

126.10 (2) sexual abuse as defined in paragraph (d);

126.11 (3) abandonment under section 260C.301, subdivision 2;

126.12 (4) neglect as defined in paragraph (f), clause (2), that substantially endangers the  
 126.13 child's physical or mental health, including a growth delay, which may be referred to as  
 126.14 failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

126.15 (5) murder in the first, second, or third degree under section 609.185, 609.19, or  
 126.16 609.195;

126.17 (6) manslaughter in the first or second degree under section 609.20 or 609.205;

126.18 (7) assault in the first, second, or third degree under section 609.221, 609.222, or  
 126.19 609.223;

126.20 (8) solicitation, inducement, and promotion of prostitution under section 609.322;

126.21 (9) criminal sexual conduct under sections 609.342 to 609.3451;

126.22 (10) solicitation of children to engage in sexual conduct under section 609.352;

126.23 (11) malicious punishment or neglect or endangerment of a child under section  
 126.24 609.377 or 609.378;

126.25 (12) use of a minor in sexual performance under section 617.246; or

126.26 (13) parental behavior, status, or condition which mandates that the county attorney  
 126.27 file a termination of parental rights petition under section 260C.503, subdivision 2.

43.11 (b) "Investigation" means fact gathering related to the current safety of a child  
 43.12 and the risk of subsequent maltreatment that determines whether child maltreatment  
 43.13 occurred and whether child protective services are needed. An investigation must be used  
 43.14 when reports involve substantial child endangerment, and for reports of maltreatment in  
 43.15 facilities required to be licensed under chapter 245A or 245B; under sections 144.50 to  
 43.16 144.58 and 241.021; in a school as defined in sections 120A.05, subdivisions 9, 11, and  
 43.17 13, and 124D.10; or in a nonlicensed personal care provider association as defined in  
 43.18 sections 256B.04, subdivision 16, and 256B.0625, subdivision 19a.

43.19 (c) "Substantial child endangerment" means a person responsible for a child's care,  
 43.20 and in the case of sexual abuse includes a person who has a significant relationship to the  
 43.21 child as defined in section 609.341, or a person in a position of authority as defined in  
 43.22 section 609.341, who by act or omission commits or attempts to commit an act against a  
 43.23 child under their care that constitutes any of the following:

43.24 (1) egregious harm as defined in section 260C.007, subdivision 14;

43.25 (2) sexual abuse as defined in paragraph (d);

43.26 (3) abandonment under section 260C.301, subdivision 2;

43.27 (4) neglect as defined in paragraph (f), clause (2), that substantially endangers the  
 43.28 child's physical or mental health, including a growth delay, which may be referred to as  
 43.29 failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

43.30 (5) murder in the first, second, or third degree under section 609.185, 609.19, or  
 43.31 609.195;

43.32 (6) manslaughter in the first or second degree under section 609.20 or 609.205;

43.33 (7) assault in the first, second, or third degree under section 609.221, 609.222, or  
 43.34 609.223;

43.35 (8) solicitation, inducement, and promotion of prostitution under section 609.322;

43.36 (9) criminal sexual conduct under sections 609.342 to 609.3451;

44.1 (10) solicitation of children to engage in sexual conduct under section 609.352;

44.2 (11) malicious punishment or neglect or endangerment of a child under section  
 44.3 609.377 or 609.378;

44.4 (12) use of a minor in sexual performance under section 617.246; or

44.5 (13) parental behavior, status, or condition which mandates that the county attorney  
 44.6 file a termination of parental rights petition under section 260C.503, subdivision 2.

126.28 (d) "Sexual abuse" means the subjection of a child by a person responsible for the  
 126.29 child's care, by a person who has a significant relationship to the child, as defined in  
 126.30 section 609.341, or by a person in a position of authority, as defined in section 609.341,  
 126.31 subdivision 10, to any act which constitutes a violation of section 609.342 (criminal sexual  
 126.32 conduct in the first degree), 609.343 (criminal sexual conduct in the second degree),  
 126.33 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct  
 126.34 in the fourth degree), or 609.3451 (criminal sexual conduct in the fifth degree). Sexual  
 126.35 abuse also includes any act which involves a minor which constitutes a violation of  
 126.36 prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes  
 127.1 threatened sexual abuse which includes the status of a parent or household member  
 127.2 who has committed a violation which requires registration as an offender under section  
 127.3 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section  
 127.4 243.166, subdivision 1b, paragraph (a) or (b).

127.5 (e) "Person responsible for the child's care" means (1) an individual functioning  
 127.6 within the family unit and having responsibilities for the care of the child such as a  
 127.7 parent, guardian, or other person having similar care responsibilities, or (2) an individual  
 127.8 functioning outside the family unit and having responsibilities for the care of the child  
 127.9 such as a teacher, school administrator, other school employees or agents, or other lawful  
 127.10 custodian of a child having either full-time or short-term care responsibilities including,  
 127.11 but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching,  
 127.12 and coaching.

127.13 (f) "Neglect" means the commission or omission of any of the acts specified under  
 127.14 clauses (1) to (9), other than by accidental means:

127.15 (1) failure by a person responsible for a child's care to supply a child with necessary  
 127.16 food, clothing, shelter, health, medical, or other care required for the child's physical or  
 127.17 mental health when reasonably able to do so;

127.18 (2) failure to protect a child from conditions or actions that seriously endanger the  
 127.19 child's physical or mental health when reasonably able to do so, including a growth delay,  
 127.20 which may be referred to as a failure to thrive, that has been diagnosed by a physician and  
 127.21 is due to parental neglect;

127.22 (3) failure to provide for necessary supervision or child care arrangements  
 127.23 appropriate for a child after considering factors as the child's age, mental ability, physical  
 127.24 condition, length of absence, or environment, when the child is unable to care for the  
 127.25 child's own basic needs or safety, or the basic needs or safety of another child in their care;

127.26 (4) failure to ensure that the child is educated as defined in sections 120A.22 and  
 127.27 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's  
 127.28 child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;

44.7 (d) "Sexual abuse" means the subjection of a child by a person responsible for the  
 44.8 child's care, by a person who has a significant relationship to the child, as defined in  
 44.9 section 609.341, or by a person in a position of authority, as defined in section 609.341,  
 44.10 subdivision 10, to any act which constitutes a violation of section 609.342 (criminal sexual  
 44.11 conduct in the first degree), 609.343 (criminal sexual conduct in the second degree),  
 44.12 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct  
 44.13 in the fourth degree), or 609.3451 (criminal sexual conduct in the fifth degree). Sexual  
 44.14 abuse also includes any act which involves a minor which constitutes a violation of  
 44.15 prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes  
 44.16 threatened sexual abuse which includes the status of a parent or household member  
 44.17 who has committed a violation which requires registration as an offender under section  
 44.18 243.166, subdivision 1b, paragraph (a) or (b), or required registration under section  
 44.19 243.166, subdivision 1b, paragraph (a) or (b).

44.20 (e) "Person responsible for the child's care" means (1) an individual functioning  
 44.21 within the family unit and having responsibilities for the care of the child such as a  
 44.22 parent, guardian, or other person having similar care responsibilities, or (2) an individual  
 44.23 functioning outside the family unit and having responsibilities for the care of the child  
 44.24 such as a teacher, school administrator, other school employees or agents, or other lawful  
 44.25 custodian of a child having either full-time or short-term care responsibilities including,  
 44.26 but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching,  
 44.27 and coaching.

44.28 (f) "Neglect" means the commission or omission of any of the acts specified under  
 44.29 clauses (1) to (9), other than by accidental means:

44.30 (1) failure by a person responsible for a child's care to supply a child with necessary  
 44.31 food, clothing, shelter, health, medical, or other care required for the child's physical or  
 44.32 mental health when reasonably able to do so;

44.33 (2) failure to protect a child from conditions or actions that seriously endanger the  
 44.34 child's physical or mental health when reasonably able to do so, including a growth delay,  
 44.35 which may be referred to as a failure to thrive, that has been diagnosed by a physician and  
 44.36 is due to parental neglect;

45.1 (3) failure to provide for necessary supervision or child care arrangements  
 45.2 appropriate for a child after considering factors as the child's age, mental ability, physical  
 45.3 condition, length of absence, or environment, when the child is unable to care for the  
 45.4 child's own basic needs or safety, or the basic needs or safety of another child in their care;

45.5 (4) failure to ensure that the child is educated as defined in sections 120A.22 and  
 45.6 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's  
 45.7 child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;



127.29 (5) nothing in this section shall be construed to mean that a child is neglected solely  
 127.30 because the child's parent, guardian, or other person responsible for the child's care in  
 127.31 good faith selects and depends upon spiritual means or prayer for treatment or care of  
 127.32 disease or remedial care of the child in lieu of medical care; except that a parent, guardian,  
 127.33 or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report  
 127.34 if a lack of medical care may cause serious danger to the child's health. This section does  
 127.35 not impose upon persons, not otherwise legally responsible for providing a child with  
 127.36 necessary food, clothing, shelter, education, or medical care, a duty to provide that care;

128.1 (6) prenatal exposure to a controlled substance, as defined in section 253B.02,  
 128.2 subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal  
 128.3 symptoms in the child at birth, results of a toxicology test performed on the mother at  
 128.4 delivery or the child at birth, medical effects or developmental delays during the child's  
 128.5 first year of life that medically indicate prenatal exposure to a controlled substance, or the  
 128.6 presence of a fetal alcohol spectrum disorder;

128.7 (7) "medical neglect" as defined in section 260C.007, subdivision 6, clause (5);

128.8 (8) chronic and severe use of alcohol or a controlled substance by a parent or  
 128.9 person responsible for the care of the child that adversely affects the child's basic needs  
 128.10 and safety; or

128.11 (9) emotional harm from a pattern of behavior which contributes to impaired  
 128.12 emotional functioning of the child which may be demonstrated by a substantial and  
 128.13 observable effect in the child's behavior, emotional response, or cognition that is not  
 128.14 within the normal range for the child's age and stage of development, with due regard to  
 128.15 the child's culture.

128.16 (g) "Physical abuse" means any physical injury, mental injury, or threatened injury,  
 128.17 inflicted by a person responsible for the child's care on a child other than by accidental  
 128.18 means, or any physical or mental injury that cannot reasonably be explained by the child's  
 128.19 history of injuries, or any aversive or deprivation procedures, or regulated interventions,  
 128.20 that have not been authorized under section ~~121A.67~~ 125A.0942 or 245.825.

128.21 Abuse does not include reasonable and moderate physical discipline of a child  
 128.22 administered by a parent or legal guardian which does not result in an injury. Abuse does  
 128.23 not include the use of reasonable force by a teacher, principal, or school employee as  
 128.24 allowed by section 121A.582. Actions which are not reasonable and moderate include,  
 128.25 but are not limited to, any of the following that are done in anger or without regard to the  
 128.26 safety of the child:

128.27 (1) throwing, kicking, burning, biting, or cutting a child;

128.28 (2) striking a child with a closed fist;

128.29 (3) shaking a child under age three;

45.8 (5) nothing in this section shall be construed to mean that a child is neglected solely  
 45.9 because the child's parent, guardian, or other person responsible for the child's care in  
 45.10 good faith selects and depends upon spiritual means or prayer for treatment or care of  
 45.11 disease or remedial care of the child in lieu of medical care; except that a parent, guardian,  
 45.12 or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report  
 45.13 if a lack of medical care may cause serious danger to the child's health. This section does  
 45.14 not impose upon persons, not otherwise legally responsible for providing a child with  
 45.15 necessary food, clothing, shelter, education, or medical care, a duty to provide that care;

45.16 (6) prenatal exposure to a controlled substance, as defined in section 253B.02,  
 45.17 subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal  
 45.18 symptoms in the child at birth, results of a toxicology test performed on the mother at  
 45.19 delivery or the child at birth, medical effects or developmental delays during the child's  
 45.20 first year of life that medically indicate prenatal exposure to a controlled substance, or the  
 45.21 presence of a fetal alcohol spectrum disorder;

45.22 (7) "medical neglect" as defined in section 260C.007, subdivision 6, clause (5);

45.23 (8) chronic and severe use of alcohol or a controlled substance by a parent or  
 45.24 person responsible for the care of the child that adversely affects the child's basic needs  
 45.25 and safety; or

45.26 (9) emotional harm from a pattern of behavior which contributes to impaired  
 45.27 emotional functioning of the child which may be demonstrated by a substantial and  
 45.28 observable effect in the child's behavior, emotional response, or cognition that is not  
 45.29 within the normal range for the child's age and stage of development, with due regard to  
 45.30 the child's culture.

45.31 (g) "Physical abuse" means any physical injury, mental injury, or threatened injury,  
 45.32 inflicted by a person responsible for the child's care on a child other than by accidental  
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46.1 Abuse does not include reasonable and moderate physical discipline of a child  
 46.2 administered by a parent or legal guardian which does not result in an injury. Abuse does  
 46.3 not include the use of reasonable force by a teacher, principal, or school employee as  
 46.4 allowed by section 121A.582. Actions which are not reasonable and moderate include,  
 46.5 but are not limited to, any of the following that are done in anger or without regard to the  
 46.6 safety of the child:

46.7 (1) throwing, kicking, burning, biting, or cutting a child;

46.8 (2) striking a child with a closed fist;

46.9 (3) shaking a child under age three;

128.30 (4) striking or other actions which result in any nonaccidental injury to a child  
 128.31 under 18 months of age;

128.32 (5) unreasonable interference with a child's breathing;

128.33 (6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;

128.34 (7) striking a child under age one on the face or head;

128.35 (8) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled  
 128.36 substances which were not prescribed for the child by a practitioner, in order to control or  
 129.1 punish the child; or other substances that substantially affect the child's behavior, motor  
 129.2 coordination, or judgment or that results in sickness or internal injury, or subjects the  
 129.3 child to medical procedures that would be unnecessary if the child were not exposed  
 129.4 to the substances;

129.5 (9) unreasonable physical confinement or restraint not permitted under section  
 129.6 609.379, including but not limited to tying, caging, or chaining; or

129.7 (10) in a school facility or school zone, an act by a person responsible for the child's  
 129.8 care that is a violation under section 121A.58.

129.9 (h) "Report" means any report received by the local welfare agency, police  
 129.10 department, county sheriff, or agency responsible for assessing or investigating  
 129.11 maltreatment pursuant to this section.

129.12 (i) "Facility" means:

129.13 (1) a licensed or unlicensed day care facility, residential facility, agency, hospital,  
 129.14 sanitarium, or other facility or institution required to be licensed under sections 144.50 to  
 129.15 144.58, 241.021, or 245A.01 to 245A.16, or chapter 245D;

129.16 (2) a school as defined in sections 120A.05, subdivisions 9, 11, and 13; and  
 129.17 124D.10; or

129.18 (3) a nonlicensed personal care provider organization as defined in sections 256B.04,  
 129.19 subdivision 16, and 256B.0625, subdivision 19a.

129.20 (j) "Operator" means an operator or agency as defined in section 245A.02.

129.21 (k) "Commissioner" means the commissioner of human services.

129.22 (l) "Practice of social services," for the purposes of subdivision 3, includes but is  
 129.23 not limited to employee assistance counseling and the provision of guardian ad litem and  
 129.24 parenting time expeditor services.

129.25 (m) "Mental injury" means an injury to the psychological capacity or emotional  
 129.26 stability of a child as evidenced by an observable or substantial impairment in the child's  
 129.27 ability to function within a normal range of performance and behavior with due regard to  
 129.28 the child's culture.

46.10 (4) striking or other actions which result in any nonaccidental injury to a child  
 46.11 under 18 months of age;

46.12 (5) unreasonable interference with a child's breathing;

46.13 (6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;

46.14 (7) striking a child under age one on the face or head;

46.15 (8) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled  
 46.16 substances which were not prescribed for the child by a practitioner, in order to control or  
 46.17 punish the child; or other substances that substantially affect the child's behavior, motor  
 46.18 coordination, or judgment or that results in sickness or internal injury, or subjects the  
 46.19 child to medical procedures that would be unnecessary if the child were not exposed  
 46.20 to the substances;

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 46.22 609.379, including but not limited to tying, caging, or chaining; or

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 46.31 144.58, 241.021, or 245A.01 to 245A.16, or chapter 245D;

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 46.33 124D.10; or

46.34 (3) a nonlicensed personal care provider organization as defined in sections 256B.04,  
 46.35 subdivision 16, and 256B.0625, subdivision 19a.

46.36 (j) "Operator" means an operator or agency as defined in section 245A.02.

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47.2 (l) "Practice of social services," for the purposes of subdivision 3, includes but is  
 47.3 not limited to employee assistance counseling and the provision of guardian ad litem and  
 47.4 parenting time expeditor services.

47.5 (m) "Mental injury" means an injury to the psychological capacity or emotional  
 47.6 stability of a child as evidenced by an observable or substantial impairment in the child's  
 47.7 ability to function within a normal range of performance and behavior with due regard to  
 47.8 the child's culture.

129.29 (n) "Threatened injury" means a statement, overt act, condition, or status that  
 129.30 represents a substantial risk of physical or sexual abuse or mental injury. Threatened  
 129.31 injury includes, but is not limited to, exposing a child to a person responsible for the  
 129.32 child's care, as defined in paragraph (e), clause (1), who has:

129.33 (1) subjected a child to, or failed to protect a child from, an overt act or condition  
 129.34 that constitutes egregious harm, as defined in section 260C.007, subdivision 14, or a  
 129.35 similar law of another jurisdiction;

130.1 (2) been found to be palpably unfit under section 260C.301, subdivision 1, paragraph  
 130.2 (b), clause (4), or a similar law of another jurisdiction;

130.3 (3) committed an act that has resulted in an involuntary termination of parental rights  
 130.4 under section 260C.301, or a similar law of another jurisdiction; or

130.5 (4) committed an act that has resulted in the involuntary transfer of permanent  
 130.6 legal and physical custody of a child to a relative under Minnesota Statutes 2010, section  
 130.7 260C.201, subdivision 11, paragraph (d), clause (1), section 260C.515, subdivision 4, or a  
 130.8 similar law of another jurisdiction.

130.9 A child is the subject of a report of threatened injury when the responsible social  
 130.10 services agency receives birth match data under paragraph (o) from the Department of  
 130.11 Human Services.

130.12 (o) Upon receiving data under section 144.225, subdivision 2b, contained in a  
 130.13 birth record or recognition of parentage identifying a child who is subject to threatened  
 130.14 injury under paragraph (n), the Department of Human Services shall send the data to the  
 130.15 responsible social services agency. The data is known as "birth match" data. Unless the  
 130.16 responsible social services agency has already begun an investigation or assessment of the  
 130.17 report due to the birth of the child or execution of the recognition of parentage and the  
 130.18 parent's previous history with child protection, the agency shall accept the birth match  
 130.19 data as a report under this section. The agency may use either a family assessment or  
 130.20 investigation to determine whether the child is safe. All of the provisions of this section  
 130.21 apply. If the child is determined to be safe, the agency shall consult with the county  
 130.22 attorney to determine the appropriateness of filing a petition alleging the child is in need  
 130.23 of protection or services under section 260C.007, subdivision 6, clause (16), in order to  
 130.24 deliver needed services. If the child is determined not to be safe, the agency and the county  
 130.25 attorney shall take appropriate action as required under section 260C.503, subdivision 2.

130.26 (p) Persons who conduct assessments or investigations under this section shall take  
 130.27 into account accepted child-rearing practices of the culture in which a child participates  
 130.28 and accepted teacher discipline practices, which are not injurious to the child's health,  
 130.29 welfare, and safety.

130.30 (q) "Accidental" means a sudden, not reasonably foreseeable, and unexpected  
 130.31 occurrence or event which:

47.9 (n) "Threatened injury" means a statement, overt act, condition, or status that  
 47.10 represents a substantial risk of physical or sexual abuse or mental injury. Threatened  
 47.11 injury includes, but is not limited to, exposing a child to a person responsible for the  
 47.12 child's care, as defined in paragraph (e), clause (1), who has:

47.13 (1) subjected a child to, or failed to protect a child from, an overt act or condition  
 47.14 that constitutes egregious harm, as defined in section 260C.007, subdivision 14, or a  
 47.15 similar law of another jurisdiction;

47.16 (2) been found to be palpably unfit under section 260C.301, subdivision 1, paragraph  
 47.17 (b), clause (4), or a similar law of another jurisdiction;

47.18 (3) committed an act that has resulted in an involuntary termination of parental rights  
 47.19 under section 260C.301, or a similar law of another jurisdiction; or

47.20 (4) committed an act that has resulted in the involuntary transfer of permanent  
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 47.32 report due to the birth of the child or execution of the recognition of parentage and the  
 47.33 parent's previous history with child protection, the agency shall accept the birth match  
 47.34 data as a report under this section. The agency may use either a family assessment or  
 47.35 investigation to determine whether the child is safe. All of the provisions of this section  
 47.36 apply. If the child is determined to be safe, the agency shall consult with the county  
 48.1 attorney to determine the appropriateness of filing a petition alleging the child is in need  
 48.2 of protection or services under section 260C.007, subdivision 6, clause (16), in order to  
 48.3 deliver needed services. If the child is determined not to be safe, the agency and the county  
 48.4 attorney shall take appropriate action as required under section 260C.503, subdivision 2.

48.5 (p) Persons who conduct assessments or investigations under this section shall take  
 48.6 into account accepted child-rearing practices of the culture in which a child participates  
 48.7 and accepted teacher discipline practices, which are not injurious to the child's health,  
 48.8 welfare, and safety.

48.9 (q) "Accidental" means a sudden, not reasonably foreseeable, and unexpected  
 48.10 occurrence or event which:

130.32 (1) is not likely to occur and could not have been prevented by exercise of due  
130.33 care; and

130.34 (2) if occurring while a child is receiving services from a facility, happens when the  
130.35 facility and the employee or person providing services in the facility are in compliance  
130.36 with the laws and rules relevant to the occurrence or event.

131.1 (r) "Nonmaltreatment mistake" means:

131.2 (1) at the time of the incident, the individual was performing duties identified in the  
131.3 center's child care program plan required under Minnesota Rules, part 9503.0045;

131.4 (2) the individual has not been determined responsible for a similar incident that  
131.5 resulted in a finding of maltreatment for at least seven years;

131.6 (3) the individual has not been determined to have committed a similar  
131.7 nonmaltreatment mistake under this paragraph for at least four years;

131.8 (4) any injury to a child resulting from the incident, if treated, is treated only with  
131.9 remedies that are available over the counter, whether ordered by a medical professional or  
131.10 not; and

131.11 (5) except for the period when the incident occurred, the facility and the individual  
131.12 providing services were both in compliance with all licensing requirements relevant to the  
131.13 incident.

131.14 This definition only applies to child care centers licensed under Minnesota  
131.15 Rules, chapter 9503. If clauses (1) to (5) apply, rather than making a determination of  
131.16 substantiated maltreatment by the individual, the commissioner of human services shall  
131.17 determine that a nonmaltreatment mistake was made by the individual.

131.18 **EFFECTIVE DATE.** This section is effective the day following final enactment.

131.19 Sec. 13. **IMPROVING THE ACADEMIC PERFORMANCE OF**

131.20 **UNDERACHIEVING STUDENTS THROUGH A MULTITIERED SYSTEM OF**

131.21 **EARLY INTERVENTION AND INSTRUCTIONAL SUPPORT.**

48.11 (1) is not likely to occur and could not have been prevented by exercise of due  
48.12 care; and

48.13 (2) if occurring while a child is receiving services from a facility, happens when the  
48.14 facility and the employee or person providing services in the facility are in compliance  
48.15 with the laws and rules relevant to the occurrence or event.

48.16 (r) "Nonmaltreatment mistake" means:

48.17 (1) at the time of the incident, the individual was performing duties identified in the  
48.18 center's child care program plan required under Minnesota Rules, part 9503.0045;

48.19 (2) the individual has not been determined responsible for a similar incident that  
48.20 resulted in a finding of maltreatment for at least seven years;

48.21 (3) the individual has not been determined to have committed a similar  
48.22 nonmaltreatment mistake under this paragraph for at least four years;

48.23 (4) any injury to a child resulting from the incident, if treated, is treated only with  
48.24 remedies that are available over the counter, whether ordered by a medical professional or  
48.25 not; and

48.26 (5) except for the period when the incident occurred, the facility and the individual  
48.27 providing services were both in compliance with all licensing requirements relevant to the  
48.28 incident.

48.29 This definition only applies to child care centers licensed under Minnesota  
48.30 Rules, chapter 9503. If clauses (1) to (5) apply, rather than making a determination of  
48.31 substantiated maltreatment by the individual, the commissioner of human services shall  
48.32 determine that a nonmaltreatment mistake was made by the individual.

48.33 **EFFECTIVE DATE.** This section is effective the day following final enactment.

131.22 The commissioner of education, in consultation with experts and stakeholders,  
 131.23 including Department of Educational Psychology faculty at the University of Minnesota  
 131.24 and representatives of special education and regular education school administrators and  
 131.25 teachers, parents, cooperating school districts, and special education advocacy groups,  
 131.26 among others, must develop recommendations, consistent with Minnesota Statutes  
 131.27 2012, section 125A.56, to replace Minnesota Rules, part 3525.1341, for the purpose of  
 131.28 improving the academic performance of underachieving students through a multitiered  
 131.29 system of early intervention and instructional support. The commissioner, by February 15,  
 131.30 2015, must submit written recommendations, consistent with this section, to the education  
 131.31 policy and finance committees of the legislature.

131.32 **EFFECTIVE DATE.** This section is effective the day following final enactment.

### H3172-2

188.34 Sec. 12. **RULEMAKING AUTHORITY; SPECIAL EDUCATION TASK FORCE**  
 188.35 **RECOMMENDATIONS.**

189.1 The commissioner of education must use the expedited rulemaking process under  
 189.2 Minnesota Statutes, section 14.389, including subdivision 5, to make the specific rule  
 189.3 changes recommended by the Special Education Case Load and Rule Alignment Task  
 189.4 Force in its 2014 report entitled "Recommendations for Special Education Case Load and  
 189.5 Rule Alignment" submitted to the legislature on February 15, 2014.

189.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

### H2397-3

131.33 Sec. 14. **REPEALER.**

132.1 Minnesota Statutes 2012, section 125A.027, subdivision 3, is repealed.

48.34 Sec. 14. **RULEMAKING AUTHORITY; SPECIAL EDUCATION TASK FORCE**  
 48.35 **RECOMMENDATIONS.**

49.1 The commissioner of education must use the expedited rulemaking process under  
 49.2 Minnesota Statutes, section 14.389, to make the rule changes recommended by the  
 49.3 Special Education Case Load and Rule Alignment Task Force in its 2014 report entitled  
 49.4 "Recommendations for Special Education Case Load and Rule Alignment" submitted  
 49.5 to the legislature on February 15, 2014.

49.6 **EFFECTIVE DATE.** This section is effective the day following final enactment.

49.7 Sec. 15. **REPEALER.**

49.8 Minnesota Statutes 2012, section 125A.027, subdivision 3, is repealed.