

1.1 moves to amend H.F. No. 3104, the delete everything amendment
1.2 (A20-0745), as follows:

1.3 Page 1, after line 4 insert:

1.4 "Sec. Minnesota Statutes 2019 Supplement, section 119B.011, subdivision 19, is
1.5 amended to read:

1.6 Subd. 19. **Provider.** "Provider" means:

1.7 (1) an individual or child care center or facility licensed to provide child care under
1.8 chapter 245A when operating within the terms of the license;

1.9 (2) a license-exempt center required to be certified under chapter 245H;

1.10 (3) an individual or child care center or facility that: (i) holds a valid child care license
1.11 issued by another state or a tribe; (ii) provides child care services in the licensing state or
1.12 in the area under the licensing tribe's jurisdiction; and (iii) is in compliance with federal
1.13 health and safety requirements as certified by the licensing state or tribe, or as determined
1.14 by receipt of child care development block grant funds in the licensing state; ~~or~~

1.15 (4) a legal nonlicensed child care provider as defined under section 119B.011, subdivision
1.16 16, providing legal child care services. A legal nonlicensed child care provider must be at
1.17 least 18 years of age, and not a member of the MFIP assistance unit or a member of the
1.18 family receiving child care assistance to be authorized under this chapter; or

1.19 (5) an individual or child care center or facility that is operated under the jurisdiction of
1.20 the federal government.

1.21 **EFFECTIVE DATE.** This section is effective July 1, 2020."

1.22 Page 1, after line 9 insert:

2.1 "Sec. Minnesota Statutes 2018, section 245A.04, subdivision 9, is amended to read:

2.2 Subd. 9. **Variations.** (a) The commissioner may grant variations to rules that do not affect
2.3 the health or safety of persons in a licensed program if the following conditions are met:

2.4 (1) the variance must be requested by an applicant or license holder on a form and in a
2.5 manner prescribed by the commissioner;

2.6 (2) the request for a variance must include the reasons that the applicant or license holder
2.7 cannot comply with a requirement as stated in the rule and the alternative equivalent measures
2.8 that the applicant or license holder will follow to comply with the intent of the rule; and

2.9 (3) the request must state the period of time for which the variance is requested.

2.10 The commissioner may grant a permanent variance when conditions under which the
2.11 variance is requested do not affect the health or safety of persons being served by the licensed
2.12 program, nor compromise the qualifications of staff to provide services. The permanent
2.13 variance shall expire as soon as the conditions that warranted the variance are modified in
2.14 any way. Any applicant or license holder must inform the commissioner of any changes or
2.15 modifications that have occurred in the conditions that warranted the permanent variance.
2.16 Failure to advise the commissioner shall result in revocation of the permanent variance and
2.17 may be cause for other sanctions under sections 245A.06 and 245A.07.

2.18 The commissioner's decision to grant or deny a variance request is final and not subject
2.19 to appeal under the provisions of chapter 14.

2.20 (b) The commissioner shall consider variations for child care center staff qualification
2.21 requirements under Minnesota Rules, parts 9503.0032 and 9503.0033, that do not affect
2.22 the health and safety of children served by the center. A variance request must be submitted
2.23 to the commissioner in accordance with paragraph (a) and must include a plan for the staff
2.24 person to gain additional experience, education, or training, as requested by the commissioner.
2.25 When reviewing a variance request under this section, the commissioner shall consider the
2.26 staff person's level of professional development, including but not limited to steps completed
2.27 on the Minnesota career lattice.

2.28 (c) Beginning January 1, 2021, counties shall use a uniform application form developed
2.29 by the commissioner for variance requests by family child care license holders.

3.1 Sec. Minnesota Statutes 2019 Supplement, section 245A.16, subdivision 1, is amended
3.2 to read:

3.3 Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and private
3.4 agencies that have been designated or licensed by the commissioner to perform licensing
3.5 functions and activities under section 245A.04 and background studies for family child care
3.6 under chapter 245C; to recommend denial of applicants under section 245A.05; to issue
3.7 correction orders, to issue variances, and recommend a conditional license under section
3.8 245A.06; or to recommend suspending or revoking a license or issuing a fine under section
3.9 245A.07, shall comply with rules and directives of the commissioner governing those
3.10 functions and with this section. The following variances are excluded from the delegation
3.11 of variance authority and may be issued only by the commissioner:

3.12 (1) dual licensure of family child care and child foster care, dual licensure of child and
3.13 adult foster care, and adult foster care and family child care;

3.14 (2) adult foster care maximum capacity;

3.15 (3) adult foster care minimum age requirement;

3.16 (4) child foster care maximum age requirement;

3.17 (5) variances regarding disqualified individuals except that, before the implementation
3.18 of NETStudy 2.0, county agencies may issue variances under section 245C.30 regarding
3.19 disqualified individuals when the county is responsible for conducting a consolidated
3.20 reconsideration according to sections 245C.25 and 245C.27, subdivision 2, clauses (a) and
3.21 (b), of a county maltreatment determination and a disqualification based on serious or
3.22 recurring maltreatment;

3.23 (6) the required presence of a caregiver in the adult foster care residence during normal
3.24 sleeping hours;

3.25 (7) variances to requirements relating to chemical use problems of a license holder or a
3.26 household member of a license holder; and

3.27 (8) variances to section 245A.53 for a time-limited period. If the commissioner grants
3.28 a variance under this clause, the license holder must provide notice of the variance to all
3.29 parents and guardians of the children in care.

3.30 Except as provided in section 245A.14, subdivision 4, paragraph (e), a county agency must
3.31 not grant a license holder a variance to exceed the maximum allowable family child care
3.32 license capacity of 14 children.

4.1 (b) A county agency that has been designated by the commissioner to issue family child
4.2 care variances must:

4.3 (1) publish the county agency's policies and criteria for issuing variances on the county's
4.4 public website and update the policies as necessary; and

4.5 (2) annually distribute the county agency's policies and criteria for issuing variances to
4.6 all family child care license holders in the county.

4.7 ~~(b)~~ (c) Before the implementation of NETStudy 2.0, county agencies must report
4.8 information about disqualification reconsiderations under sections 245C.25 and 245C.27,
4.9 subdivision 2, paragraphs (a) and (b), and variances granted under paragraph (a), clause
4.10 (5), to the commissioner at least monthly in a format prescribed by the commissioner.

4.11 ~~(e)~~ (d) For family child care programs, the commissioner shall require a county agency
4.12 to conduct one unannounced licensing review at least annually.

4.13 ~~(d)~~ (e) For family adult day services programs, the commissioner may authorize licensing
4.14 reviews every two years after a licensee has had at least one annual review.

4.15 ~~(e)~~ (f) A license issued under this section may be issued for up to two years.

4.16 ~~(f)~~ (g) During implementation of chapter 245D, the commissioner shall consider:

4.17 (1) the role of counties in quality assurance;

4.18 (2) the duties of county licensing staff; and

4.19 (3) the possible use of joint powers agreements, according to section 471.59, with counties
4.20 through which some licensing duties under chapter 245D may be delegated by the
4.21 commissioner to the counties.

4.22 Any consideration related to this paragraph must meet all of the requirements of the corrective
4.23 action plan ordered by the federal Centers for Medicare and Medicaid Services.

4.24 ~~(g)~~ (h) Licensing authority specific to section 245D.06, subdivisions 5, 6, 7, and 8, or
4.25 successor provisions; and section 245D.061 or successor provisions, for family child foster
4.26 care programs providing out-of-home respite, as identified in section 245D.03, subdivision
4.27 1, paragraph (b), clause (1), is excluded from the delegation of authority to county and
4.28 private agencies.

4.29 ~~(h)~~ (i) A county agency shall report to the commissioner, in a manner prescribed by the
4.30 commissioner, the following information for a licensed family child care program:

5.1 (1) the results of each licensing review completed, including the date of the review, and
 5.2 any licensing correction order issued;

5.3 (2) any death, serious injury, or determination of substantiated maltreatment; and

5.4 (3) any fires that require the service of a fire department within 48 hours of the fire. The
 5.5 information under this clause must also be reported to the state fire marshal within two
 5.6 business days of receiving notice from a licensed family child care provider.

5.7 **EFFECTIVE DATE.** This section is effective January 1, 2021."

5.8 Page 13, after line 24 insert:

5.9 "Sec. Laws 2016, chapter 189, article 15, section 29, is amended to read:

5.10 **Sec. 29. DIRECTION TO COMMISSIONERS; INCOME AND ASSET EXCLUSION.**

5.11 (a) The commissioner of human services shall not count payments made to families by
 5.12 the income and child development in the first three years of life demonstration project as
 5.13 income or assets for purposes of determining or redetermining eligibility for child care
 5.14 assistance programs under Minnesota Statutes, chapter 119B; the Minnesota family
 5.15 investment program, work benefit program, or diversionary work program under Minnesota
 5.16 Statutes, chapter 256J, during the duration of the demonstration.

5.17 (b) The commissioner of human services shall not count payments made to families by
 5.18 the income and child development in the first three years of life demonstration project as
 5.19 income for purposes of determining or redetermining eligibility for medical assistance under
 5.20 Minnesota Statutes, chapter 256B, and MinnesotaCare under Minnesota Statutes, chapter
 5.21 256L.

5.22 (c) For the purposes of this section, "income and child development in the first three
 5.23 years of life demonstration project" means a demonstration project funded by the United
 5.24 States Department of Health and Human Services National Institutes of Health to evaluate
 5.25 whether the unconditional cash payments have a causal effect on the cognitive,
 5.26 socioemotional, and brain development of infants and toddlers.

5.27 (d) This section shall only be implemented if Minnesota is chosen as a site for the child
 5.28 development in the first three years of life demonstration project, and expires January 1,
 5.29 ~~2022~~ 2026.

5.30 (e) The commissioner of human services shall provide a report to the chairs and ranking
 5.31 minority members of the legislative committees having jurisdiction over human services

6.1 issues by January 1, ~~2023~~ 2027, informing the legislature on the progress and outcomes of
6.2 the demonstration under this section.

6.3 Sec. Laws 2017, First Special Session chapter 6, article 7, section 33, subdivision 2,
6.4 is amended to read:

6.5 Subd. 2. **Pilot design and goals.** The pilot will establish five key developmental milestone
6.6 markers from birth to age eight. ~~Enrollees in the Pilot~~ program participants will be
6.7 developmentally assessed and tracked by a technology solution that tracks developmental
6.8 milestones along the established developmental continuum. If a ~~child's~~ pilot program
6.9 participant's progress falls below established milestones ~~and the weighted scoring~~, the
6.10 coordinated service system will focus on identified areas of concern, ~~mobilize appropriate~~
6.11 ~~supportive services~~, and offer referrals or services to identified children and their families
6.12 pilot program participants.

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

6.14 Sec. Laws 2017, First Special Session chapter 6, article 7, section 33, subdivision 3,
6.15 is amended to read:

6.16 Subd. 3. **Program participants in ~~phase 1~~ target population.** Pilot program participants
6.17 must opt in and provide parental or guardian consent to participate and be enrolled or engaged
6.18 in one or more of the following:

6.19 (1) ~~be enrolled in a~~ Women's Infant & Children (WIC) program;

6.20 (2) ~~be participating in a~~ family home visiting program, ~~or nurse family practice, or~~
6.21 Healthy Families America (HFA) Follow Along Program;

6.22 (3) ~~be children and families qualifying for and participating in early language learners~~
6.23 ~~(ELL) in the school district in which they reside; and~~ school's early childhood screening;
6.24 or

6.25 (4) ~~opt in and provide parental consent to participate in the pilot project~~ any other Dakota
6.26 County or school program that is determined as useful for identifying children at risk of
6.27 falling below established guidelines.

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

7.1 Sec. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
 7.2 **UNIFORM FAMILY CHILD CARE VARIANCE APPLICATION FORM**
 7.3 **DEVELOPED BY THE COMMISSIONER.**

7.4 By October 1, 2020, the commissioner of human services, after consultation with county
 7.5 licensors and family child care providers, including those serving on the Family Child Care
 7.6 Task Force, shall issue to counties a uniform application form for family child care variance
 7.7 requests. The commissioner shall also issue any necessary training or guidance for counties
 7.8 to use the form.

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

7.10 Page 36, after line 2 insert:

7.11 "Sec. Minnesota Statutes 2018, section 119B.21, is amended to read:

7.12 **119B.21 CHILD CARE SERVICES GRANTS.**

7.13 Subdivision 1. **Distribution of grant funds.** (a) The commissioner shall distribute funds
 7.14 to the child care resource and referral programs designated under ~~section~~ sections 119B.189
 7.15 and 119B.19, subdivision 1a, for child care services grants to centers under subdivision 5
 7.16 and family child care programs based upon the following factors improve child care quality,
 7.17 support start-up of new programs, and expand existing programs.

7.18 (b) Up to ten percent of funds appropriated for grants under this section may be used by
 7.19 the commissioner for statewide child care development initiatives, training initiatives,
 7.20 collaboration programs, and research and data collection. The commissioner shall develop
 7.21 eligibility guidelines and a process to distribute funds under this paragraph.

7.22 (c) At least 90 percent of funds appropriated for grants under this section may be
 7.23 distributed by the commissioner to child care resource and referral programs under ~~section~~
 7.24 sections 119B.189 and 119B.19, subdivision 1a, for child care center grants and family
 7.25 child care grants based on the following factors:

7.26 (1) the number of children under 13 years of age needing child care in the region;

7.27 (2) the region served by the program;

7.28 (3) the ratio of children under 13 years of age needing child care to the number of licensed
 7.29 spaces in the region;

7.30 (4) the number of licensed child care providers and school-age care programs in the
 7.31 region; and

8.1 (5) other related factors determined by the commissioner.

8.2 (d) Child care resource and referral programs must award child care ~~center grants and~~
8.3 ~~family child care~~ services grants based on the recommendation of the child care district
8.4 proposal review committees under subdivision 3.

8.5 (e) The commissioner may distribute funds under this section for a two-year period.

8.6 Subd. 1a. Eligible programs. A child care resource and referral program designated
8.7 under sections 119B.189 and 119B.19, subdivision 1a, may award child care services grants
8.8 to:

8.9 (1) a child care center licensed under Minnesota Rules, chapter 9503, or in the process
8.10 of becoming licensed;

8.11 (2) a family or group family child care home licensed under Minnesota Rules, chapter
8.12 9502, or in the process of becoming licensed;

8.13 (3) corporations or public agencies that develop or provide child care services;

8.14 (4) a school-age care program;

8.15 (5) a tribally licensed child care program;

8.16 (6) legal nonlicensed or family, friend, and neighbor child care providers; or

8.17 (7) other programs as determined by the commissioner.

8.18 **Subd. 3. Child care district proposal review committees.** (a) Child care district proposal
8.19 review committees review applications for ~~family child care grants and~~ child care ~~center~~
8.20 services grants under this section and make funding recommendations to the child care
8.21 resource and referral program designated under ~~section~~ sections 119B.189 and 119B.19,
8.22 subdivision 1a. Each region within a district must be represented on the review committee.
8.23 The child care district proposal review committees must complete their reviews and forward
8.24 their recommendations to the child care resource and referral district programs by the date
8.25 specified by the commissioner.

8.26 (b) A child care resource and referral district program shall establish a process to select
8.27 members of the child care district proposal review committee. Members must reflect a broad
8.28 cross-section of the community, and may include the following constituent groups: family
8.29 child care providers, child care center providers, school-age care providers, parents who
8.30 use child care services, health services, social services, public schools, Head Start, employers,
8.31 representatives of cultural and ethnic communities, and other citizens with demonstrated
8.32 interest in child care issues. Members of the proposal review committee with a direct financial

9.1 interest in a pending grant proposal may not provide a recommendation or participate in
9.2 the ranking of that grant proposal.

9.3 (c) The child care resource and referral district program may ~~reimburse committee~~
9.4 ~~members for their actual travel, child care, and child care provider substitute expenses for~~
9.5 ~~up to two committee meetings per year. The program may also pay offer~~ a stipend to ~~parent~~
9.6 ~~representatives~~ proposal review committee members for participating in ~~two meetings per~~
9.7 ~~year~~ the grant review process.

9.8 Subd. 5. **Child care services grants.** (a) A child care resource and referral program
9.9 designated under ~~section~~ sections 119B.189 and 119B.19, subdivision 1a, may award child
9.10 care services grants for:

9.11 (1) creating new licensed child care facilities and expanding existing facilities, including,
9.12 but not limited to, supplies, equipment, facility renovation, and remodeling;

9.13 (2) ~~improving licensed child care facility programs~~ facility improvements, including but
9.14 not limited to, improvements to meet licensing requirements;

9.15 (3) staff training and development services including, but not limited to, in-service
9.16 training, curriculum development, accreditation, certification, consulting, resource centers,
9.17 program and resource materials, supporting effective teacher-child interactions, child-focused
9.18 teaching, and content-driven classroom instruction;

9.19 (4) capacity building through the purchase of appropriate technology to create, enhance,
9.20 and maintain business management systems;

9.21 (5) emergency assistance for child care programs;

9.22 (6) new programs or projects for the creation, expansion, or improvement of programs
9.23 that serve ethnic immigrant and refugee communities; ~~and~~

9.24 (7) targeted recruitment initiatives to expand and build the capacity of the child care
9.25 system and to improve the quality of care provided by legal nonlicensed child care providers; ~~;~~
9.26 and

9.27 (8) other uses as approved by the commissioner.

9.28 (b) A child care resource and referral organization designated under ~~section~~ sections
9.29 119B.189 and 119B.19, subdivision 1a, may award child care services grants ~~of up to \$1,000~~
9.30 ~~to family child care providers. These grants may be used for:~~ eligible programs in amounts
9.31 up to a maximum determined by the commissioner for each type of eligible program.

10.1 ~~(1) facility improvements, including, but not limited to, improvements to meet licensing~~
10.2 ~~requirements;~~

10.3 ~~(2) improvements to expand a child care facility or program;~~

10.4 ~~(3) toys and equipment;~~

10.5 ~~(4) technology and software to create, enhance, and maintain business management~~
10.6 ~~systems;~~

10.7 ~~(5) start-up costs;~~

10.8 ~~(6) staff training and development; and~~

10.9 ~~(7) other uses approved by the commissioner.~~

10.10 ~~(c) A child care resource and referral program designated under section 119B.19,~~
10.11 ~~subdivision 1a, may award child care services grants to:~~

10.12 ~~(1) licensed providers;~~

10.13 ~~(2) providers in the process of being licensed;~~

10.14 ~~(3) corporations or public agencies that develop or provide child care services;~~

10.15 ~~(4) school-age care programs;~~

10.16 ~~(5) legal nonlicensed or family, friend, and neighbor care providers; or~~

10.17 ~~(6) any combination of clauses (1) to (5).~~

10.18 ~~(d) A child care center that is a recipient of a child care services grant for facility~~
10.19 ~~improvements or staff training and development must provide a 25 percent local match. A~~
10.20 ~~local match is not required for grants to family child care providers.~~

10.21 ~~(e) Beginning July 1, 2009, grants to child care centers under this subdivision shall be~~
10.22 ~~increasingly awarded for activities that improve provider quality, including activities under~~
10.23 ~~paragraph (a), clauses (1) to (3) and (6). Grants to family child care providers shall be~~
10.24 ~~increasingly awarded for activities that improve provider quality, including activities under~~
10.25 ~~paragraph (b), clauses (1), (3), and (6).~~

10.26 Sec. Minnesota Statutes 2018, section 119B.26, is amended to read:

10.27 **119B.26 AUTHORITY TO WAIVE REQUIREMENTS DURING DISASTER**
10.28 **PERIODS.**

10.29 The commissioner may waive requirements under this chapter for up to nine months
10.30 after the disaster in areas where a federal disaster has been declared under United States

11.1 Code, title 42, section 5121, et seq., or the governor has exercised authority under chapter
 11.2 12. The commissioner may waive requirements retroactively from the date of the disaster.
 11.3 The commissioner shall notify the chairs of the house of representatives and senate
 11.4 committees with jurisdiction over this chapter and the house of representatives Ways and
 11.5 Means Committee ~~ten days before the effective date of any waiver granted~~ within five
 11.6 business days after the commissioner grants a waiver under this section."

11.7 Page 39, after line 21 insert

11.8 "Sec. Minnesota Statutes 2018, section 245A.02, subdivision 2c, is amended to read:

11.9 Subd. 2c. **Annual or annually; family child care training requirements.** For the
 11.10 purposes of ~~section 245A.50, subdivisions 1 to 9~~ sections 245A.50 to 245A.53, "annual"
 11.11 or "annually" means the 12-month period beginning on the license effective date or the
 11.12 annual anniversary of the effective date and ending on the day prior to the annual anniversary
 11.13 of the license effective date.

11.14 **EFFECTIVE DATE.** This section is effective September 30, 2020.

11.15 Sec. Minnesota Statutes 2019 Supplement, section 245A.149, is amended to read:

11.16 **245A.149 SUPERVISION OF FAMILY CHILD CARE LICENSE HOLDER'S**
 11.17 **OWN CHILD.**

11.18 (a) Notwithstanding Minnesota Rules, part 9502.0365, subpart 5, and with the license
 11.19 holder's consent, an individual may be present in the licensed space, may supervise the
 11.20 family child care license holder's own child both inside and outside of the licensed space,
 11.21 and is exempt from the training and supervision requirements of this chapter and Minnesota
 11.22 Rules, chapter 9502, if the individual:

11.23 (1) is related to the license holder or to the license holder's child, as defined in section
 11.24 245A.02, subdivision 13, or is a household member who the license holder has reported to
 11.25 the county agency;

11.26 (2) is not a designated caregiver, helper, or substitute for the licensed program;

11.27 (3) is involved only in the care of the license holder's own child; and

11.28 (4) does not have direct, unsupervised contact with any nonrelative children receiving
 11.29 services.

11.30 (b) If the individual in paragraph (a) is not a household member, the individual is also
 11.31 exempt from background study requirements under chapter 245C.

12.1 **EFFECTIVE DATE.** This section is effective September 30, 2020.

12.2 Sec. Minnesota Statutes 2019 Supplement, section 245A.40, subdivision 7, is amended
12.3 to read:

12.4 Subd. 7. **In-service.** (a) A license holder must ensure that the center director, staff
12.5 persons, substitutes, and unsupervised volunteers complete in-service training each calendar
12.6 year.

12.7 (b) The center director and staff persons who work more than 20 hours per week must
12.8 complete 24 hours of in-service training each calendar year. Staff persons who work 20
12.9 hours or less per week must complete 12 hours of in-service training each calendar year.
12.10 Substitutes and unsupervised volunteers must complete the requirements of paragraphs ~~(e)~~
12.11 ~~to (h)~~ (d) through (g) and do not otherwise have a minimum number of hours of training to
12.12 complete.

12.13 (c) The number of in-service training hours may be prorated for individuals not employed
12.14 for an entire year.

12.15 (d) Each year, in-service training must include:

12.16 (1) the center's procedures for maintaining health and safety according to section 245A.41
12.17 and Minnesota Rules, part 9503.0140, and handling emergencies and accidents according
12.18 to Minnesota Rules, part 9503.0110;

12.19 (2) the reporting responsibilities under section 626.556 and Minnesota Rules, part
12.20 9503.0130;

12.21 (3) at least one-half hour of training on the standards under section 245A.1435 and on
12.22 reducing the risk of sudden unexpected infant death as required under subdivision 5, if
12.23 applicable; and

12.24 (4) at least one-half hour of training on the risk of abusive head trauma from shaking
12.25 infants and young children as required under subdivision 5a, if applicable.

12.26 (e) Each year, or when a change is made, whichever is more frequent, in-service training
12.27 must be provided on: (1) the center's risk reduction plan under section 245A.66, subdivision
12.28 2; and (2) a child's individual child care program plan as required under Minnesota Rules,
12.29 part 9503.0065, subpart 3.

12.30 (f) At least once every two calendar years, the in-service training must include:

12.31 (1) child development and learning training under subdivision 2;

- 13.1 (2) pediatric first aid that meets the requirements of subdivision 3;
- 13.2 (3) pediatric cardiopulmonary resuscitation training that meets the requirements of
13.3 subdivision 4;
- 13.4 (4) cultural dynamics training to increase awareness of cultural differences; and
- 13.5 (5) disabilities training to increase awareness of differing abilities of children.
- 13.6 (g) At least once every five years, in-service training must include child passenger
13.7 restraint training that meets the requirements of subdivision 6, if applicable.
- 13.8 (h) The remaining hours of the in-service training requirement must be met by completing
13.9 training in the following content areas of the Minnesota Knowledge and Competency
13.10 Framework:
- 13.11 (1) Content area I: child development and learning;
- 13.12 (2) Content area II: developmentally appropriate learning experiences;
- 13.13 (3) Content area III: relationships with families;
- 13.14 (4) Content area IV: assessment, evaluation, and individualization;
- 13.15 (5) Content area V: historical and contemporary development of early childhood
13.16 education;
- 13.17 (6) Content area VI: professionalism;
- 13.18 (7) Content area VII: health, safety, and nutrition; and
- 13.19 (8) Content area VIII: application through clinical experiences.
- 13.20 (i) For purposes of this subdivision, the following terms have the meanings given them.
- 13.21 (1) "Child development and learning training" means training in understanding how
13.22 children develop physically, cognitively, emotionally, and socially and learn as part of the
13.23 children's family, culture, and community.
- 13.24 (2) "Developmentally appropriate learning experiences" means creating positive learning
13.25 experiences, promoting cognitive development, promoting social and emotional development,
13.26 promoting physical development, and promoting creative development.
- 13.27 (3) "Relationships with families" means training on building a positive, respectful
13.28 relationship with the child's family.

14.1 (4) "Assessment, evaluation, and individualization" means training in observing,
14.2 recording, and assessing development; assessing and using information to plan; and assessing
14.3 and using information to enhance and maintain program quality.

14.4 (5) "Historical and contemporary development of early childhood education" means
14.5 training in past and current practices in early childhood education and how current events
14.6 and issues affect children, families, and programs.

14.7 (6) "Professionalism" means training in knowledge, skills, and abilities that promote
14.8 ongoing professional development.

14.9 (7) "Health, safety, and nutrition" means training in establishing health practices, ensuring
14.10 safety, and providing healthy nutrition.

14.11 (8) "Application through clinical experiences" means clinical experiences in which a
14.12 person applies effective teaching practices using a range of educational programming models.

14.13 (j) The license holder must ensure that documentation, as required in subdivision 10,
14.14 includes the number of total training hours required to be completed, name of the training,
14.15 the Minnesota Knowledge and Competency Framework content area, number of hours
14.16 completed, and the director's approval of the training.

14.17 (k) In-service training completed by a staff person that is not specific to that child care
14.18 center is transferable upon a staff person's change in employment to another child care
14.19 program.

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

14.21 Sec. Minnesota Statutes 2018, section 245A.50, as amended by Laws 2019, First Special
14.22 Session chapter 9, article 2, section 53, is amended to read:

14.23 **245A.50 FAMILY CHILD CARE TRAINING REQUIREMENTS.**

14.24 Subdivision 1. **Initial training.** (a) License holders, adult caregivers, and substitutes
14.25 must comply with the training requirements in this section.

14.26 (b) Helpers who assist with care on a regular basis must complete six hours of training
14.27 within one year after the date of initial employment.

14.28 (c) Training requirements established under this section that must be completed prior
14.29 to initial licensure must be satisfied only by a newly licensed child care provider or by a
14.30 child care provider who has not held an active child care license in Minnesota in the previous
14.31 12 months. A child care provider who voluntarily cancels a license or allows the license to
14.32 lapse for a period of less than 12 months and who seeks reinstatement of the lapsed or

15.1 canceled license within 12 months of the lapse or cancellation must satisfy the annual,
15.2 ongoing training requirements, and is not required to satisfy the training requirements that
15.3 must be completed prior to initial licensure. A child care provider who relocates within the
15.4 state must (1) satisfy the annual, ongoing training requirements according to the schedules
15.5 established in this section and (2) not be required to satisfy the training requirements under
15.6 this section that the child care provider completed prior to initial licensure. If a licensed
15.7 provider moves to a new county, the new county is prohibited from requiring the provider
15.8 to complete any orientation class or training for new providers.

15.9 (d) Before an adult caregiver or substitute cares for a child or assists in the care of a
15.10 child, the license holder must train the adult caregiver or substitute on:

15.11 (1) the emergency preparedness plan required under section 245A.51, subdivision 3;
15.12 and

15.13 (2) allergy prevention and response required under section 245A.51, subdivision 1.

15.14 Subd. 1a. **Definitions and general provisions.** (a) For the purposes of this section, the
15.15 following terms have the meanings given:

15.16 (1) "adult caregiver" means an adult other than the license holder who supervises children
15.17 for a cumulative total of more than 500 hours annually;

15.18 (2) "helper" means a minor, ages 13 to 17, who assists in caring for children; and

15.19 (3) "substitute" means an adult who assumes responsibility for a provider for a cumulative
15.20 total of not more than 500 hours annually.

15.21 (b) Notwithstanding other requirements of this section, courses within the identified
15.22 knowledge and competency areas that are specific to child care centers or legal nonlicensed
15.23 providers do not fulfill the requirements of this section.

15.24 Subd. 2. **Child development and learning and behavior guidance training.** (a) For
15.25 purposes of family and group family child care, the license holder and each adult caregiver
15.26 who provides care in the licensed setting for more than 30 days in any 12-month period
15.27 shall complete and document at least four hours of child growth and learning and behavior
15.28 guidance training prior to initial licensure, and before caring for children. For purposes of
15.29 this subdivision, "child development and learning training" means training in understanding
15.30 how children develop physically, cognitively, emotionally, and socially and learn as part
15.31 of the children's family, culture, and community. "Behavior guidance training" means
15.32 training in the understanding of the functions of child behavior and strategies for managing
15.33 challenging situations. At least two hours of child development and learning or behavior

16.1 ~~guidance training must be repeated annually. Training curriculum shall be developed or~~
16.2 ~~approved by the commissioner of human services. This requirement must be met by~~
16.3 ~~completing one of the following:~~

16.4 (1) two hours in Knowledge and Competency Area I: Child Development and Learning
16.5 or Knowledge, and two hours in Knowledge and Competency Area II-C: Promoting Social
16.6 and Emotional Development; or

16.7 (2) four hours in Knowledge and Competency Area II-C; or

16.8 (3) one four-hour course in both Knowledge and Competency Area I and Knowledge
16.9 and Competency Area II-C.

16.10 Training curriculum shall be developed or approved by the commissioner of human services.

16.11 (b) Notwithstanding initial child development and learning and behavior guidance
16.12 training requirements in paragraph (a), individuals are exempt from this requirement if they:

16.13 (1) have taken a three-credit course on early childhood development within the past five
16.14 years;

16.15 (2) have received a baccalaureate or master's degree in early childhood education or
16.16 school-age child care within the past five years;

16.17 (3) are licensed in Minnesota as a prekindergarten teacher, an early childhood educator,
16.18 a kindergarten to grade 6 teacher with a prekindergarten specialty, an early childhood special
16.19 education teacher, or an elementary teacher with a kindergarten endorsement; or

16.20 (4) have received a baccalaureate degree with a Montessori certificate within the past
16.21 five years.

16.22 (c) The license holder and adult caregivers must annually take at least two hours of child
16.23 development and learning or behavior guidance training. This annual training must be
16.24 fulfilled by completing any course in Knowledge and Competency Area I: Child Development
16.25 and Learning or Knowledge and Competency Area II-C: Promoting Social and Emotional
16.26 Development. Training curriculum shall be developed or approved by the commissioner of
16.27 human services.

16.28 (d) A three-credit course about early childhood development meets the requirements of
16.29 paragraph (c).

16.30 Subd. 3. **First aid.** (a) ~~When children are present in a family child care home governed~~
16.31 ~~by Minnesota Rules, parts 9502.0315 to 9502.0445, at least one staff person must be present~~
16.32 ~~in the home who has been trained in first aid~~ Before initial licensure and before caring for

17.1 a child, license holders, adult caregivers, and substitutes must be trained in pediatric first
 17.2 aid. The first aid training must have been provided by an individual approved to provide
 17.3 first aid instruction. First aid training may be less than eight hours and persons qualified to
 17.4 provide first aid training include individuals approved as first aid instructors. ~~First aid~~
 17.5 ~~training must be repeated~~ License holders, adult caregivers, and substitutes must repeat
 17.6 pediatric first aid training every two years.

17.7 ~~(b) A family child care provider is exempt from the first aid training requirements under~~
 17.8 ~~this subdivision related to any substitute caregiver who provides less than 30 hours of care~~
 17.9 ~~during any 12-month period.~~

17.10 ~~(e)~~ (b) Video training reviewed and approved by the county licensing agency satisfies
 17.11 the training requirement of this subdivision.

17.12 **Subd. 4. Cardiopulmonary resuscitation.** ~~(a) When children are present in a family~~
 17.13 ~~child care home governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least one~~
 17.14 ~~caregiver must be present in the home who has been trained in cardiopulmonary resuscitation~~
 17.15 ~~(CPR)~~ Before initial licensure and before caring for a child, license holders, adult caregivers,
 17.16 and substitutes must be trained in pediatric cardiopulmonary resuscitation (CPR), including
 17.17 CPR techniques for infants and children, and in the treatment of obstructed airways. The
 17.18 CPR training must have been provided by an individual approved to provide CPR instruction;
 17.19 License holders, adult caregivers, and substitutes must be repeated repeat pediatric CPR
 17.20 training at least once every two years, and it must be documented in the caregiver's license
 17.21 holder's records.

17.22 ~~(b) A family child care provider is exempt from the CPR training requirement in this~~
 17.23 ~~subdivision related to any substitute caregiver who provides less than 30 hours of care during~~
 17.24 ~~any 12-month period.~~

17.25 ~~(e)~~ (b) Persons providing CPR training must use CPR training that has been developed:

17.26 (1) by the American Heart Association or the American Red Cross and incorporates
 17.27 psychomotor skills to support the instruction; or

17.28 (2) using nationally recognized, evidence-based guidelines for CPR training and
 17.29 incorporates psychomotor skills to support the instruction.

17.30 **Subd. 5. Sudden unexpected infant death and abusive head trauma training.** (a)
 17.31 License holders must ensure and document that before staff persons the license holder, adult
 17.32 caregivers, substitutes, and helpers assist in the care of infants, they are instructed on the
 17.33 standards in section 245A.1435 and receive training on reducing the risk of sudden

18.1 unexpected infant death. In addition, license holders must ensure and document that before
18.2 ~~staff persons~~ the license holder, adult caregivers, substitutes, and helpers assist in the care
18.3 of infants and children under school age, they receive training on reducing the risk of abusive
18.4 head trauma from shaking infants and young children. The training in this subdivision may
18.5 be provided as initial training under subdivision 1 or ongoing annual training under
18.6 subdivision 7.

18.7 (b) Sudden unexpected infant death reduction training required under this subdivision
18.8 must, at a minimum, address the risk factors related to sudden unexpected infant death,
18.9 means of reducing the risk of sudden unexpected infant death in child care, and license
18.10 holder communication with parents regarding reducing the risk of sudden unexpected infant
18.11 death.

18.12 (c) Abusive head trauma training required under this subdivision must, at a minimum,
18.13 address the risk factors related to shaking infants and young children, means of reducing
18.14 the risk of abusive head trauma in child care, and license holder communication with parents
18.15 regarding reducing the risk of abusive head trauma.

18.16 (d) Training for family and group family child care providers must be developed by the
18.17 commissioner in conjunction with the Minnesota Sudden Infant Death Center and approved
18.18 by the Minnesota Center for Professional Development. Sudden unexpected infant death
18.19 reduction training and abusive head trauma training may be provided in a single course of
18.20 no more than two hours in length.

18.21 (e) Sudden unexpected infant death reduction training and abusive head trauma training
18.22 required under this subdivision must be completed in person or as allowed under subdivision
18.23 10, clause (1) or (2), at least once every two years. On the years when the ~~license holder~~
18.24 person receiving training is not receiving training in person or as allowed under subdivision
18.25 10, clause (1) or (2), the ~~license holder~~ person receiving training in accordance with this
18.26 subdivision must receive sudden unexpected infant death reduction training and abusive
18.27 head trauma training through a video of no more than one hour in length. The video must
18.28 be developed or approved by the commissioner.

18.29 (f) An individual who is related to the license holder as defined in section 245A.02,
18.30 subdivision 13, and who is involved only in the care of the license holder's own infant or
18.31 child under school age and who is not designated to be an adult caregiver, helper, or
18.32 substitute, ~~as defined in Minnesota Rules, part 9502.0315,~~ for the licensed program, is
18.33 exempt from the sudden unexpected infant death and abusive head trauma training.

19.1 Subd. 6. **Child passenger restraint systems; training requirement.** (a) A license
19.2 holder must comply with all seat belt and child passenger restraint system requirements
19.3 under section 169.685.

19.4 (b) Family and group family child care programs licensed by the Department of Human
19.5 Services that serve a child or children under nine years of age must document training that
19.6 fulfills the requirements in this subdivision.

19.7 (1) Before a license holder, ~~staff person,~~ adult caregiver, substitute, or helper transports
19.8 a child or children under age nine in a motor vehicle, the person placing the child or children
19.9 in a passenger restraint must satisfactorily complete training on the proper use and installation
19.10 of child restraint systems in motor vehicles. Training completed under this subdivision may
19.11 be used to meet initial training under subdivision 1 or ongoing training under subdivision
19.12 7.

19.13 (2) Training required under this subdivision must be at least one hour in length, completed
19.14 at initial training, and repeated at least once every five years. At a minimum, the training
19.15 must address the proper use of child restraint systems based on the child's size, weight, and
19.16 age, and the proper installation of a car seat or booster seat in the motor vehicle used by the
19.17 license holder to transport the child or children.

19.18 (3) Training under this subdivision must be provided by individuals who are certified
19.19 and approved by the Department of Public Safety, Office of Traffic Safety. License holders
19.20 may obtain a list of certified and approved trainers through the Department of Public Safety
19.21 website or by contacting the agency.

19.22 (c) Child care providers that only transport school-age children as defined in section
19.23 245A.02, subdivision 19, paragraph (f), in child care buses as defined in section 169.448,
19.24 subdivision 1, paragraph (e), are exempt from this subdivision.

19.25 Subd. 7. **Training requirements for family and group family child care.** For purposes
19.26 of family and group family child care, the license holder and each primary adult caregiver
19.27 must complete 16 hours of ongoing training each year. ~~For purposes of this subdivision, a~~
19.28 ~~primary caregiver is an adult caregiver who provides services in the licensed setting for~~
19.29 ~~more than 30 days in any 12-month period.~~ Repeat of topical training requirements in
19.30 subdivisions 2 to 8 shall count toward the annual 16-hour training requirement. Additional
19.31 ongoing training subjects to meet the annual 16-hour training requirement must be selected
19.32 from the following areas:

20.1 (1) child development and learning training ~~under subdivision 2, paragraph (a) in~~
20.2 understanding how a child develops physically, cognitively, emotionally, and socially, and
20.3 how a child learns as part of the child's family, culture, and community;

20.4 (2) developmentally appropriate learning experiences, including training in creating
20.5 positive learning experiences, promoting cognitive development, promoting social and
20.6 emotional development, promoting physical development, promoting creative development;
20.7 and behavior guidance;

20.8 (3) relationships with families, including training in building a positive, respectful
20.9 relationship with the child's family;

20.10 (4) assessment, evaluation, and individualization, including training in observing,
20.11 recording, and assessing development; assessing and using information to plan; and assessing
20.12 and using information to enhance and maintain program quality;

20.13 (5) historical and contemporary development of early childhood education, including
20.14 training in past and current practices in early childhood education and how current events
20.15 and issues affect children, families, and programs;

20.16 (6) professionalism, including training in knowledge, skills, and abilities that promote
20.17 ongoing professional development; and

20.18 (7) health, safety, and nutrition, including training in establishing healthy practices;
20.19 ensuring safety; and providing healthy nutrition.

20.20 Subd. 8. **Other required training requirements.** (a) The training required of family
20.21 and group family child care providers and staff must include training in the cultural dynamics
20.22 of early childhood development and child care. The cultural dynamics and disabilities
20.23 training and skills development of child care providers must be designed to achieve outcomes
20.24 for providers of child care that include, but are not limited to:

20.25 (1) an understanding and support of the importance of culture and differences in ability
20.26 in children's identity development;

20.27 (2) understanding the importance of awareness of cultural differences and similarities
20.28 in working with children and their families;

20.29 (3) understanding and support of the needs of families and children with differences in
20.30 ability;

20.31 (4) developing skills to help children develop unbiased attitudes about cultural differences
20.32 and differences in ability;

21.1 (5) developing skills in culturally appropriate caregiving; and

21.2 (6) developing skills in appropriate caregiving for children of different abilities.

21.3 The commissioner shall approve the curriculum for cultural dynamics and disability
21.4 training.

21.5 (b) The provider must meet the training requirement in section 245A.14, subdivision
21.6 11, paragraph (a), clause (4), to be eligible to allow a child cared for at the family child care
21.7 or group family child care home to use the swimming pool located at the home.

21.8 Subd. 9. **Supervising for safety; training requirement.** (a) Courses required by this
21.9 subdivision must include the following health and safety topics:

21.10 (1) preventing and controlling infectious diseases;

21.11 (2) administering medication;

21.12 (3) preventing and responding to allergies;

21.13 (4) ensuring building and physical premise safety;

21.14 (5) handling and storing biological contaminants;

21.15 (6) preventing and reporting child abuse and maltreatment; and

21.16 (7) emergency preparedness.

21.17 ~~(a)~~ (b) Before initial licensure and before caring for a child, all family child care license
21.18 holders and each adult caregiver ~~who provides care in the licensed family child care home~~
21.19 ~~for more than 30 days in any 12-month period~~ shall complete and document the completion
21.20 of the six-hour Supervising for Safety for Family Child Care course developed by the
21.21 commissioner.

21.22 (c) The license holder must ensure and document that, before caring for a child, all
21.23 substitutes have completed the four-hour Basics of Licensed Family Child Care for
21.24 Substitutes course developed by the commissioner, which must include health and safety
21.25 topics as well as child development and learning.

21.26 ~~(b)~~ (d) The family child care license holder and each adult caregiver ~~who provides care~~
21.27 ~~in the licensed family child care home for more than 30 days in any 12-month period~~ shall
21.28 complete and document:

21.29 (1) the annual completion of a two-hour active supervision course developed by the
21.30 commissioner, which may be fulfilled by completing any course in Knowledge and

22.1 Competency Area VII-A: Establishing Healthy Practices or Knowledge and Competency
 22.2 area VII-B: Ensuring Safety, that is not otherwise required in this section; and

22.3 (2) the completion at least once every five years of the two-hour courses Health and
 22.4 Safety I and Health and Safety II. A license holder's or adult caregiver's completion of either
 22.5 training in a given year meets the annual active supervision training requirement in clause
 22.6 (1).

22.7 (e) At least once every three years, license holders must ensure and document that
 22.8 substitutes have completed the four-hour Basics of Licensed Family Child Care for
 22.9 Substitutes course.

22.10 Subd. 10. **Approved training.** County licensing staff must accept training approved by
 22.11 the Minnesota Center for Professional Development, including:

22.12 (1) face-to-face or classroom training;

22.13 (2) online training; and

22.14 (3) relationship-based professional development, such as mentoring, coaching, and
 22.15 consulting.

22.16 Subd. 11. **Provider training.** New and increased training requirements under this section
 22.17 must not be imposed on providers until the commissioner establishes statewide accessibility
 22.18 to the required provider training.

22.19 **EFFECTIVE DATE.** This section is effective September 30, 2020.

22.20 Page 123, after line 18 insert:

22.21 "Sec. **DIRECTION TO THE COMMISSIONER; EVALUATION OF**
 22.22 **CONTINUOUS LICENSES.**

22.23 By January 1, 2021, the commissioner of human services shall consult with family child
 22.24 care license holders and county agencies to determine whether family child care licenses
 22.25 should automatically renew instead of requiring license holders to reapply for licensure. If
 22.26 the commissioner determines that family child care licenses should automatically renew,
 22.27 the commissioner must propose legislation for the 2021 legislative session to make the
 22.28 required amendments to statute and administrative rules, as necessary.

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

22.30 Renumber the sections in sequence and correct the internal references

22.31 Amend the title accordingly