

1.1 moves to amend H.F. No. 1779 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2012, section 245A.07, subdivision 2a, is amended to
1.4 read:

1.5 Subd. 2a. **Immediate suspension expedited hearing.** (a) Within five working days
1.6 of receipt of the license holder's timely appeal, the commissioner shall request assignment
1.7 of an administrative law judge. The request must include a proposed date, time, and place
1.8 of a hearing. A hearing must be conducted by an administrative law judge within 30
1.9 calendar days of the request for assignment, unless an extension is requested by either
1.10 party and granted by the administrative law judge for good cause. The commissioner shall
1.11 issue a notice of hearing by certified mail or personal service at least ten working days
1.12 before the hearing. The scope of the hearing shall be limited solely to the issue of whether
1.13 the temporary immediate suspension should remain in effect pending the commissioner's
1.14 final order under section 245A.08, regarding a licensing sanction issued under subdivision
1.15 3 following the immediate suspension. The burden of proof in expedited hearings under
1.16 this subdivision shall be limited to the commissioner's demonstration that reasonable
1.17 cause exists to believe that the license holder's actions or failure to comply with applicable
1.18 law or rule poses, or if the actions of other individuals or conditions in the program poses
1.19 an imminent risk of harm to the health, safety, or rights of persons served by the program.
1.20 "Reasonable cause" means there exist specific articulable facts or circumstances which
1.21 provide the commissioner with a reasonable suspicion that there is an imminent risk of harm
1.22 to the health, safety, or rights of persons served by the program. When the commissioner
1.23 has determined there is reasonable cause to order the temporary immediate suspension of
1.24 a license based on a violation of safe sleep requirements, the commissioner is not required
1.25 to demonstrate that an infant died or was injured as a result of the safe sleep violations.

1.26 (b) The administrative law judge shall issue findings of fact, conclusions, and a
1.27 recommendation within ten working days from the date of hearing. The parties shall have

2.1 ten calendar days to submit exceptions to the administrative law judge's report. The
2.2 record shall close at the end of the ten-day period for submission of exceptions. The
2.3 commissioner's final order shall be issued within ten working days from the close of the
2.4 record. Within 90 calendar days after a final order affirming an immediate suspension, the
2.5 commissioner shall make a determination regarding whether a final licensing sanction
2.6 shall be issued under subdivision 3. The license holder shall continue to be prohibited
2.7 from operation of the program during this 90-day period.

2.8 (c) When the final order under paragraph (b) affirms an immediate suspension, and a
2.9 final licensing sanction is issued under subdivision 3 and the license holder appeals that
2.10 sanction, the license holder continues to be prohibited from operation of the program
2.11 pending a final commissioner's order under section 245A.08, subdivision 5, regarding the
2.12 final licensing sanction.

2.13 Sec. 2. Minnesota Statutes 2012, section 245A.1435, is amended to read:

2.14 **245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT**
2.15 **DEATH SYNDROME IN LICENSED PROGRAMS.**

2.16 (a) When a license holder is placing an infant to sleep, the license holder must
2.17 place the infant on the infant's back, unless the license holder has documentation from
2.18 the infant's parent physician directing an alternative sleeping position for the infant. The
2.19 parent physician directive must be on a form approved by the commissioner and must
2.20 ~~include a statement that the parent or legal guardian has read the information provided by~~
2.21 ~~the Minnesota Sudden Infant Death Center, related to the risk of SIDS and the importance~~
2.22 ~~of placing an infant or child on its back to sleep to reduce the risk of SIDS~~ remain on file
2.23 at the licensed location. An infant who independently rolls onto its stomach after being
2.24 placed to sleep on its back may be allowed to remain sleeping on its stomach.

2.25 (b) The license holder must place the infant in a crib directly on a firm mattress with
2.26 a fitted crib sheet that fits tightly on the mattress and overlaps the mattress so it cannot be
2.27 dislodged by pulling on the corner of the sheet. The license holder must not place pillows,
2.28 quilts, comforters, sheepskin, pillow-like stuffed toys, any loose bedding including but
2.29 not limited to blankets and sheets, or other soft products in the crib with the infant. The
2.30 requirements of this section apply to license holders serving infants up to and including
2.31 12 months of age. Licensed child care providers must meet the crib requirements under
2.32 section 245A.146.

2.33 (c) If an infant falls asleep before being placed in a crib, the license holder must
2.34 move the infant to a crib as soon as practicable, and must keep the infant within sight of
2.35 the license holder until the infant is placed in a crib. When an infant falls asleep while

3.1 being held, the license holder must consider the supervision needs of other children in
 3.2 care when determining how long to hold the infant before placing the infant in a crib to
 3.3 sleep. The sleeping infant must not be in a position where the airway may be blocked or
 3.4 with anything covering the infant's face.

3.5 Sec. 3. Minnesota Statutes 2012, section 245A.144, is amended to read:

3.6 **245A.144 TRAINING ON RISK OF SUDDEN UNEXPECTED INFANT**
 3.7 **DEATH AND SHAKEN-BABY SYNDROME ABUSIVE HEAD TRAUMA FOR**
 3.8 **CHILD FOSTER CARE PROVIDERS.**

3.9 (a) Licensed child foster care providers that care for infants or children through five
 3.10 years of age must document that before staff persons and caregivers assist in the care
 3.11 of infants or children through five years of age, they are instructed on the standards in
 3.12 section 245A.1435 and receive training on reducing the risk of sudden unexpected infant
 3.13 death ~~syndrome~~ and ~~shaken baby syndrome~~ for abusive head trauma from shaking infants
 3.14 and young children. This section does not apply to emergency relative placement under
 3.15 section 245A.035. The training on reducing the risk of sudden unexpected infant death
 3.16 ~~syndrome~~ and ~~shaken baby syndrome~~ abusive head trauma may be provided as:

3.17 (1) orientation training to child foster care providers, who care for infants or children
 3.18 through five years of age, under Minnesota Rules, part 2960.3070, subpart 1; or

3.19 (2) in-service training to child foster care providers, who care for infants or children
 3.20 through five years of age, under Minnesota Rules, part 2960.3070, subpart 2.

3.21 (b) Training required under this section must be at least one hour in length and must
 3.22 be completed at least once every five years. At a minimum, the training must address
 3.23 the risk factors related to sudden unexpected infant death ~~syndrome~~ and ~~shaken baby~~
 3.24 ~~syndrome~~ abusive head trauma, means of reducing the risk of sudden unexpected infant
 3.25 death ~~syndrome~~ and ~~shaken baby syndrome~~ abusive head trauma, and license holder
 3.26 communication with parents regarding reducing the risk of sudden unexpected infant
 3.27 death ~~syndrome~~ and ~~shaken baby syndrome~~ abusive head trauma.

3.28 (c) Training for child foster care providers must be approved by the county or
 3.29 private licensing agency that is responsible for monitoring the child foster care provider
 3.30 under section 245A.16. The approved training fulfills, in part, training required under
 3.31 Minnesota Rules, part 2960.3070.

3.32 Sec. 4. Minnesota Statutes 2012, section 245A.1444, is amended to read:

4.1 **245A.1444 TRAINING ON RISK OF SUDDEN UNEXPECTED INFANT**
4.2 **DEATH SYNDROME AND SHAKEN-BABY SYNDROME ABUSIVE HEAD**
4.3 **TRAUMA BY OTHER PROGRAMS.**

4.4 A licensed chemical dependency treatment program that serves clients with infants
4.5 or children through five years of age, who sleep at the program and a licensed children's
4.6 residential facility that serves infants or children through five years of age, must document
4.7 that before program staff persons or volunteers assist in the care of infants or children
4.8 through five years of age, they are instructed on the standards in section 245A.1435 and
4.9 receive training on reducing the risk of sudden unexpected infant death syndrome and
4.10 shaken-baby-syndrome abusive head trauma from shaking infants and young children. The
4.11 training conducted under this section may be used to fulfill training requirements under
4.12 Minnesota Rules, parts 2960.0100, subpart 3; and 9530.6490, subpart 4, item B.

4.13 This section does not apply to child care centers or family child care programs
4.14 governed by sections 245A.40 and 245A.50.

4.15 Sec. 5. **[245A.147] FAMILY CHILD CARE INFANT SLEEP SUPERVISION**
4.16 **REQUIREMENTS.**

4.17 Subdivision 1. **In-person checks on infants.** (a) License holders that serve infants
4.18 must monitor sleeping infants by conducting in-person checks on each infant in their care
4.19 every 30 minutes.

4.20 (b) Upon enrollment of an infant in a family child care program, the license holder
4.21 must conduct in-person checks on the infant every 15 minutes, during the first four
4.22 months of care.

4.23 (c) When an infant has an upper respiratory infection, the license holder must
4.24 conduct in-person checks on the infant every 15 minutes throughout the hours of care.

4.25 Subd. 2. **Use of audio or visual monitoring devices.** In addition to conducting
4.26 the in-person checks required under subdivision 1, license holders serving infants must
4.27 use and maintain an audio or visual monitoring device to monitor each infant in care
4.28 during all hours of care.

4.29 Sec. 6. **[245A.152] CHILD CARE LICENSE HOLDER INSURANCE.**

4.30 Subdivision 1. **Insurance coverage required for child care licensure.** (a) All
4.31 licensed family child care providers and child care centers shall maintain insurance
4.32 coverage for personal injury, death, or property damage resulting from any act or omission
4.33 related to the provision of services under the license. The coverage limits shall be at least
4.34 \$100,000 per person and \$250,000 per occurrence.

5.1 (b) No license to provide child care shall take effect before the insurance coverage
 5.2 required under this section becomes effective. A license shall be suspended or revoked
 5.3 any time the insurance coverage required under this section lapses or is terminated and
 5.4 replacement coverage has not taken effect.

5.5 (c) A license holder shall immediately notify the commissioner if the insurance
 5.6 coverage required under this section lapses or is terminated and no replacement coverage
 5.7 has taken effect.

5.8 Subd. 2. **Evidence of insurance.** (a) A current certificate of coverage for insurance
 5.9 required under this section shall be posted in a place in the licensed family child care
 5.10 home or center that is conspicuous to all visitors and parents of children receiving services
 5.11 from the program.

5.12 (b) A license holder shall, upon request, provide a copy of the current certificate of
 5.13 coverage for insurance required under this section to the commissioner or to any parent
 5.14 of a child receiving services from the licensed program.

5.15 Sec. 7. Minnesota Statutes 2012, section 245A.40, subdivision 5, is amended to read:

5.16 Subd. 5. **Sudden unexpected infant death syndrome and ~~shaken baby syndrome~~**
 5.17 **abusive head trauma training.** (a) License holders must document that before staff
 5.18 persons and volunteers care for infants, they are instructed on the standards in section
 5.19 245A.1435 and receive training on reducing the risk of sudden unexpected infant death
 5.20 ~~syndrome~~. In addition, license holders must document that before staff persons care for
 5.21 infants or children under school age, they receive training on the risk of ~~shaken baby~~
 5.22 ~~syndrome~~ abusive head trauma from shaking infants and young children. The training
 5.23 in this subdivision may be provided as orientation training under subdivision 1 and
 5.24 in-service training under subdivision 7.

5.25 (b) Sudden unexpected infant death ~~syndrome~~ reduction training required under
 5.26 this subdivision must be at least one-half hour in length and must be completed at least
 5.27 once every ~~five years~~ year. At a minimum, the training must address the risk factors
 5.28 related to sudden unexpected infant death ~~syndrome~~, means of reducing the risk of sudden
 5.29 unexpected infant death ~~syndrome~~ in child care, and license holder communication with
 5.30 parents regarding reducing the risk of sudden unexpected infant death ~~syndrome~~.

5.31 (c) ~~Shaken baby syndrome~~ Abusive head trauma training under this subdivision
 5.32 must be at least one-half hour in length and must be completed at least once every ~~five~~
 5.33 ~~years~~ year. At a minimum, the training must address the risk factors related to ~~shaken~~
 5.34 ~~baby syndrome~~ for shaking infants and young children, means to reduce the risk of ~~shaken~~

6.1 ~~baby syndrome~~ abusive head trauma in child care, and license holder communication with
 6.2 parents regarding reducing the risk of ~~shaken baby syndrome~~ abusive head trauma.

6.3 (d) The commissioner shall make available for viewing a video presentation on the
 6.4 dangers associated with shaking infants and young children. The video presentation must
 6.5 be part of the orientation and annual in-service training of licensed child care center
 6.6 staff persons caring for children under school age. The commissioner shall provide to
 6.7 child care providers and interested individuals, at cost, copies of a video approved by the
 6.8 commissioner of health under section 144.574 on the dangers associated with shaking
 6.9 infants and young children.

6.10 Sec. 8. Minnesota Statutes 2012, section 245A.50, is amended to read:

6.11 **245A.50 FAMILY CHILD CARE TRAINING REQUIREMENTS.**

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

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

6.16 Subd. 2. **Child growth and development and behavior guidance training.** (a) For
 6.17 purposes of family and group family child care, the license holder and each adult caregiver
 6.18 who provides care in the licensed setting for more than 30 days in any 12-month period
 6.19 shall complete and document at least ~~two~~ four hours of child growth and development
 6.20 and behavior guidance training within the first year of prior to initial licensure, and before
 6.21 caring for children. For purposes of this subdivision, "child growth and development
 6.22 training" means training in understanding how children acquire language and develop
 6.23 physically, cognitively, emotionally, and socially. "Behavior guidance training" means
 6.24 training in the understanding of the functions of child behavior and strategies for managing
 6.25 challenging situations. Child growth and development and behavior guidance training
 6.26 must be repeated annually. Training curriculum shall be developed by the commissioner
 6.27 of human services by January 1, 2014.

6.28 (b) Notwithstanding paragraph (a), individuals are exempt from this requirement if
 6.29 they:

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

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

6.34 (3) are licensed in Minnesota as a prekindergarten teacher, an early childhood
 6.35 educator, a kindergarten to grade 6 teacher with a prekindergarten specialty, an early

7.1 childhood special education teacher, or an elementary teacher with a kindergarten
7.2 endorsement; or

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

7.5 Subd. 3. **First aid.** (a) When children are present in a family child care home
7.6 governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least one staff person
7.7 must be present in the home who has been trained in first aid. The first aid training must
7.8 have been provided by an individual approved to provide first aid instruction. First aid
7.9 training may be less than eight hours and persons qualified to provide first aid training
7.10 include individuals approved as first aid instructors. First aid training must be repeated
7.11 every two years.

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

7.15 (c) Video training reviewed and approved by the county licensing agency satisfies
7.16 the training requirement of this subdivision.

7.17 Subd. 4. **Cardiopulmonary resuscitation.** (a) When children are present in a family
7.18 child care home governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least
7.19 one staff person must be present in the home who has been trained in cardiopulmonary
7.20 resuscitation (CPR) and in the treatment of obstructed airways that includes CPR
7.21 techniques for infants and children. The CPR training must have been provided by an
7.22 individual approved to provide CPR instruction, must be repeated at least once every ~~three~~
7.23 two years, and must be documented in the staff person's records.

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

7.27 ~~(c) Video training reviewed and approved by the county licensing agency satisfies~~
7.28 ~~the training requirement of this subdivision.~~ Persons providing CPR training must use
7.29 CPR training that has been developed:

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

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

7.34 Subd. 5. **Sudden unexpected infant death syndrome and ~~shaken baby syndrome~~**
7.35 **abusive head trauma training.** (a) License holders must document that before staff
7.36 persons, caregivers, and helpers assist in the care of infants, they are instructed on the

8.1 standards in section 245A.1435 and receive training on reducing the risk of sudden
8.2 unexpected infant death syndrome. In addition, license holders must document that before
8.3 staff persons, caregivers, and helpers assist in the care of infants and children under
8.4 school age, they receive training on reducing the risk of ~~shaken baby syndrome~~ abusive
8.5 head trauma from shaking infants and young children. The training in this subdivision
8.6 may be provided as initial training under subdivision 1 or ongoing annual training under
8.7 subdivision 7.

8.8 (b) Sudden unexpected infant death syndrome reduction training required under
8.9 this subdivision must be at least one-half hour in length and must be completed at least
8.10 once every ~~five years~~ year. At a minimum, the training must address the risk factors
8.11 related to sudden unexpected infant death syndrome, means of reducing the risk of sudden
8.12 unexpected infant death syndrome in child care, and license holder communication with
8.13 parents regarding reducing the risk of sudden unexpected infant death syndrome.

8.14 (c) ~~Shaken baby syndrome~~ Abusive head trauma training required under this
8.15 subdivision must be at least one-half hour in length and must be completed at least once
8.16 every ~~five years~~ year. At a minimum, the training must address the risk factors related
8.17 to ~~shaken baby syndrome~~ shaking infants and young children, means of reducing the
8.18 risk of ~~shaken baby syndrome~~ abusive head trauma in child care, and license holder
8.19 communication with parents regarding reducing the risk of ~~shaken baby syndrome~~ abusive
8.20 head trauma.

8.21 (d) Training for family and group family child care providers must be approved
8.22 by the county licensing agency.

8.23 ~~(e) The commissioner shall make available for viewing by all licensed child care~~
8.24 ~~providers a video presentation on the dangers associated with shaking infants and young~~
8.25 ~~children. The video presentation shall be part of the initial and ongoing annual training of~~
8.26 ~~licensed child care providers, caregivers, and helpers caring for children under school age.~~
8.27 ~~The commissioner shall provide to child care providers and interested individuals, at cost,~~
8.28 ~~copies of a video approved by the commissioner of health under section 144.574 on the~~
8.29 ~~dangers associated with shaking infants and young children.~~

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

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

9.1 (1) Before a license holder, staff person, caregiver, or helper transports a child or
9.2 children under age nine in a motor vehicle, the person placing the child or children in a
9.3 passenger restraint must satisfactorily complete training on the proper use and installation
9.4 of child restraint systems in motor vehicles. Training completed under this subdivision may
9.5 be used to meet initial training under subdivision 1 or ongoing training under subdivision 7.

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

9.11 (3) Training under this subdivision must be provided by individuals who are certified
9.12 and approved by the Department of Public Safety, Office of Traffic Safety. License holders
9.13 may obtain a list of certified and approved trainers through the Department of Public
9.14 Safety Web site or by contacting the agency.

9.15 (c) Child care providers that only transport school-age children as defined in section
9.16 245A.02, subdivision 19, paragraph (f), in child care buses as defined in section 169.448,
9.17 subdivision 1, paragraph (e), are exempt from this subdivision.

9.18 **Subd. 7. Training requirements for family and group family child care.** For
9.19 purposes of family and group family child care, the license holder and each primary
9.20 caregiver must complete ~~eight~~ 16 hours of ongoing training each year. For purposes
9.21 of this subdivision, a primary caregiver is an adult caregiver who provides services in
9.22 the licensed setting for more than 30 days in any 12-month period. Repeat of topical
9.23 training requirements in subdivisions 2 to 7 shall count toward the annual 16-hour training
9.24 requirement. Additional ongoing training subjects to meet the annual 16-hour training
9.25 requirement must be selected from the following areas:

9.26 (1) "child growth and development training" ~~has the meaning given in~~ under
9.27 subdivision 2, paragraph (a);

9.28 (2) "learning environment and curriculum" ~~includes,~~ including training in
9.29 establishing an environment and providing activities that provide learning experiences to
9.30 meet each child's needs, capabilities, and interests;

9.31 (3) "assessment and planning for individual needs" ~~includes,~~ including training in
9.32 observing and assessing what children know and can do in order to provide curriculum
9.33 and instruction that addresses their developmental and learning needs, including children
9.34 with special needs and bilingual children or children for whom English is not their
9.35 primary language;

10.1 (4) "interactions with children" ~~includes~~, including training in establishing
10.2 supportive relationships with children, guiding them as individuals and as part of a group;

10.3 (5) "families and communities" ~~includes~~, including training in working
10.4 collaboratively with families and agencies or organizations to meet children's needs and to
10.5 encourage the community's involvement;

10.6 (6) "health, safety, and nutrition" ~~includes~~, including training in establishing and
10.7 maintaining an environment that ensures children's health, safety, and nourishment,
10.8 including child abuse, maltreatment, prevention, and reporting; home and fire safety; child
10.9 injury prevention; communicable disease prevention and control; first aid; and CPR; and

10.10 (7) "program planning and evaluation" ~~includes~~, including training in establishing,
10.11 implementing, evaluating, and enhancing program operations.

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

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

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

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

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

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

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

10.27 The commissioner shall approve the curriculum for cultural dynamics and disability
10.28 training.

10.29 (b) The provider must meet the training requirement in section 245A.14, subdivision
10.30 11, paragraph (a), clause (4), to be eligible to allow a child cared for at the family child
10.31 care or group family child care home to use the swimming pool located at the home.

10.32 **Subd. 9. Supervising for safety; training requirement.** Effective July 1, 2014,
10.33 all family child care license holders and each adult caregiver who provides care in the
10.34 licensed family child care home for more than 30 days in any 12-month period shall
10.35 complete and document at least six hours approved training on supervising for safety
10.36 prior to initial licensure, and before caring for children. At least two hours of training

- 11.1 on supervising for safety must be repeated annually. For purposes of this subdivision,
- 11.2 "supervising for safety" includes supervision basics, supervision outdoors, equipment and
- 11.3 materials, illness, injuries, and disaster preparedness. The commissioner shall develop
- 11.4 the supervising for safety curriculum by January 1, 2014."
- 11.5 Amend the title accordingly