

1.1 moves to amend H.F. No. 2001 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2013 Supplement, section 245A.1435, is amended to
1.4 read:

1.5 **245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT**
1.6 **DEATH IN LICENSED PROGRAMS.**

1.7 (a) When a license holder is placing an infant to sleep, the license holder must place
1.8 the infant on the infant's back, unless the license holder has documentation from the
1.9 infant's physician directing an alternative sleeping position for the infant. The physician
1.10 directive must be on a form approved by the commissioner and must remain on file at the
1.11 licensed location. An infant who independently rolls onto its stomach after being placed to
1.12 sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least
1.13 six months of age or the license holder has a signed statement from the parent indicating
1.14 that the infant regularly rolls over at home.

1.15 (b) The license holder must place the infant in a crib directly on a firm mattress with
1.16 a fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress, and
1.17 overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of
1.18 the sheet with reasonable effort. The license holder must not place anything in the crib with
1.19 the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title 16,
1.20 part 1511. The requirements of this section apply to license holders serving infants younger
1.21 than one year of age. Licensed child care providers must meet the crib requirements under
1.22 section 245A.146. A correction order shall not be issued under this paragraph unless there
1.23 is evidence that a violation occurred when an infant was present in the license holder's care.

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

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

2.5 (d) Placing a swaddled infant down to sleep in a licensed setting is not recommended
2.6 for an infant of any age and is prohibited for any infant who has begun to roll over
2.7 independently. However, with the written consent of a parent or guardian according to this
2.8 paragraph, a license holder may place the infant who has not yet begun to roll over on its
2.9 own down to sleep in a one-piece sleeper equipped with an attached system that fastens
2.10 securely only across the upper torso, with no constriction of the hips or legs, to create a
2.11 swaddle. Prior to any use of swaddling for sleep by a provider licensed under this chapter,
2.12 the license holder must obtain informed written consent for the use of swaddling from the
2.13 parent or guardian of the infant on a form provided by the commissioner and prepared in
2.14 partnership with the Minnesota Sudden Infant Death Center.

2.15 (e) A license holder must be able to show a safe sleep space readily available for
2.16 each infant present in the license holder's care. Each safe sleep space must meet the
2.17 requirements of this subdivision.

2.18 Sec. 2. **[245A.1511] CONTRACTORS SERVING MULTIPLE FAMILY CHILD**
2.19 **CARE LICENSE HOLDERS.**

2.20 Contractors who serve multiple family child care holders may request that the
2.21 county agency maintain a record of:

- 2.22 (1) the contractor's background study results as required in 245C.04, subdivision 7, to
2.23 verify that the contractor is does not have a disqualification or a disqualification that has not
2.24 been set aside and is eligible to provide direct contact services in a licensed program; and
2.25 (2) the contractor's compliance with training requirements.

2.26 Sec. 3. Minnesota Statutes 2013 Supplement, section 245A.50, subdivision 5, is
2.27 amended to read:

2.28 Subd. 5. **Sudden unexpected infant death and abusive head trauma training.**

2.29 (a) License holders must document that before staff persons, caregivers, and helpers
2.30 assist in the care of infants, they are instructed on the standards in section 245A.1435 and
2.31 receive training on reducing the risk of sudden unexpected infant death. In addition,
2.32 license holders must document that before staff persons, caregivers, and helpers assist in
2.33 the care of infants and children under school age, they receive training on reducing the
2.34 risk of abusive head trauma from shaking infants and young children. The training in this

3.1 subdivision may be provided as initial training under subdivision 1 or ongoing annual
3.2 training under subdivision 7.

3.3 (b) Sudden unexpected infant death reduction training required under this subdivision
3.4 must ~~be at least one-half hour in length and must be completed in person at least once~~
3.5 ~~every two years. On the years when the license holder is not receiving the in-person~~
3.6 ~~training on sudden unexpected infant death reduction, the license holder must receive~~
3.7 ~~sudden unexpected infant death reduction training through a video of no more than one~~
3.8 ~~hour in length developed or approved by the commissioner.~~ at a minimum, the training
3.9 must address the risk factors related to sudden unexpected infant death, means of reducing
3.10 the risk of sudden unexpected infant death in child care, and license holder communication
3.11 with parents regarding reducing the risk of sudden unexpected infant death.

3.12 (c) Abusive head trauma training required under this subdivision must ~~be at least~~
3.13 ~~one-half hour in length and must be completed at least once every year.~~ at a minimum,
3.14 ~~the training must~~ address the risk factors related to shaking infants and young children,
3.15 means of reducing the risk of abusive head trauma in child care, and license holder
3.16 communication with parents regarding reducing the risk of abusive head trauma.

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

3.22 (e) Sudden unexpected infant death reduction training and abusive head trauma
3.23 training required under this subdivision must be completed in person or as allowed under
3.24 subdivision 10, clauses (1) or (2), at least once every two years. On the years when the
3.25 license holder is not receiving these trainings training in-person or as allowed under
3.26 subdivision 10, clauses (1) or (2), the license holder must receive sudden unexpected infant
3.27 death reduction training and abusive head trauma training through a video of no more than
3.28 one hour in length. The video must be developed or approved by the commissioner.

3.29 **EFFECTIVE DATE.** This section is effective January 1, 2015.

3.30 Sec. 4. Minnesota Statutes 2012, section 245C.04, is amended by adding a subdivision
3.31 to read:

3.32 **Subd. 7. Current or prospective contractors serving multiple family child care**
3.33 **license holders.** Current or prospective contractors who are required to have a background
3.34 study under section 245C.03, subdivision 1, provide services for multiple family child
3.35 care license holders in a single county, and will have direct contact with children served

4.1 in the family child care setting are required to have only one background study which is
4.2 transferable to all family child care programs in that county if:

4.3 (1) the county agency maintains a record of the contractor's background study results
4.4 which verify the contractor is approved to have direct contact with children receiving
4.5 services;

4.6 (2) the license holder contacts the county agency and obtains notice that the current
4.7 or prospective contractor is in compliance with background study requirements and
4.8 approved to have direct contact; and

4.9 (3) the contractor's background study is repeated every two years."