

The Devastating Loss of Licensed Family Child Care Providers in Minnesota Over the Last 15 Years

We have been warning about this childcare crisis since 2011.



Family child care is, by far, the most affordable option for licensed care and—in many rural areas—it is the only viable option. MACCP has repeatedly recommended commonsense (no-cost) reforms to fix the over-regulation, burdensome paperwork, compounded training requirements, increasingly punitive methods of oversight, and the ever-increasing liability in our profession.

- December 31, 2010: ^{almost} **12,000**
- December 31, 2013: **10,300**
- May 5, 2015: **9,643**
- December 31, 2016: **9,122**
- December 31, 2017: **8,600**
- September 5, 2018: **7,995**
- October 8, 2018: **7,931**
- September 5, 2019: **7,552**
- April 21, 2020: **7,448**
- March 3, 2021: **7,149**
- December 31, 2021: **6,678**
- September 5, 2022: **6,378**
- September 14, 2023: **6,041**
- January 1, 2025: **5,782**
- February 15, 2025: **5,741**
- April 5, 2025: **5,714**
- May 7, 2025: **5,707**
- June 23, 2025: **5,671**
- September 27, 2025: **5,579**
- December 31, 2025: **5,493**
- February 4, 2026: **5,425**

The time to act is NOW...because Minnesota's children, families, providers, and economy cannot continue sustaining the critical loss of providers.

PLEASE contact your state legislators and share about the love and care you provide and how licensing changes--implemented and proposed--have and will impact you and the children and families you serve. If you have a child in family child care, please contact your legislators, too.



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April 10, 2026

Dear Members of the House Children and Families Finance and Policy Committee,

As president of the Minnesota Association of Child Care Professionals (MACCP), a statewide association of family child care providers, I want to share our concerns about much of the proposed language in HF 3482 that you will hear in committee on Tuesday.

Though DHS initially presented the project as an effort to streamline and reduce regulation, the proposed language expands regulatory requirements and includes numerous overly prescriptive, subjective, and operationally burdensome requirements that are not workable in a family child care setting. Many provisions extend beyond core health and safety protections and instead regulate the daily operations of small, home-based businesses in unprecedented detail. The cumulative effect would be increased documentation, new physical space requirements, and broader compliance obligations—raising costs and increasing regulatory risk for providers.

Minnesota must evaluate this proposal within the context of an ongoing child care crisis. In December 2010, Minnesota had approximately 12,000 licensed family child care providers. As of February 2026, that number has fallen to just over 5,400—a loss of more than 6,500 providers, or over 55%, in fifteen years. This decline has significantly reduced child care access throughout the state. Additional regulatory burden—especially requirements that increase costs, paperwork, and liability—risks accelerating provider closures and further limiting options for Minnesota families.

Family child care homes are not institutional settings. They are small, relationship-based programs operated by independent business owners who tailor care to the needs of their communities. Modernization should focus on clarity, consistency, and measurable health and safety protections; not expansion into subjective requirements that are difficult to interpret and unevenly enforced. Regulatory reform must preserve provider viability, parental choice, and affordability.

We have carefully reviewed each section and provided detailed recommendations in our attached response to their report and a red-line version of our suggested language based on the DCYF report. I've also attached our executive summary, a document about the loss of family child care providers over the last 15 years, and a list of some of the concerns we have. We remain committed to collaborating on practical, cost-neutral solutions that protect children while ensuring that family child care remains a sustainable and accessible option for Minnesota families.

We appreciate your time and consideration. Please let me know if you have any questions.

Very Truly Yours,

A handwritten signature in black ink that reads "Abbe Javille".

MACCP President



Executive Summary

Response to DCYF Proposed Changes to Family Child Care Licensing Standards

The Minnesota Department of Children, Youth, and Families (DCYF) submitted its final proposed revisions to family child care licensing standards. While several recommendations from MACCP and other stakeholders were incorporated into this draft, significant concerns remain regarding the scope, costs, and practical impact of the proposal.

Minnesota's 5400 licensed family child care providers currently serve approximately 50,000 Minnesota children and remain the primary source of care in many rural communities. Providers operate small, relationship-based businesses out of their homes, offering flexible and affordable options that allow parents to work and contribute to Minnesota's economy.

Key Concerns

1. Increased Regulatory Burden Without Demonstrated Safety Gains

The proposal introduces numerous new documentation requirements, training mandates, operational restrictions, and physical space modifications. Many of these provisions go beyond core health and safety protections and instead regulate daily operations in highly prescriptive and subjective ways. The cumulative effect is significant—both administratively and financially—without clear evidence that these changes will improve child outcomes.

2. Higher Costs for Providers and Families

Compliance with the proposed standards would increase operational expenses through additional training, infrastructure modifications, documentation time, and potential liability exposure. Family child care providers operate on narrow margins. Increased costs will ultimately be passed on to families, further reducing affordability at a time when child care expenses are already a significant burden.



3. Risk of Accelerating Provider Closures

Minnesota has experienced a steady decline in licensed family child care providers since 2011, resulting in the loss of tens of thousands of child care slots statewide. Even incremental regulatory increases can push small providers to close. The proposed changes risk accelerating this trend, particularly in rural communities where alternatives are limited or nonexistent.

4. Expansion of Subjective Enforcement Authority

Several provisions introduce vague standards such as “may pose a risk,” “in good repair,” or “excessive accumulation,” which are open to interpretation. Subjective language increases inconsistency in enforcement, creates uncertainty for providers, and raises concerns about fairness and due process.

5. Modernization Should Prioritize Clarity and Sustainability

Rule 9502 and 142B (formerly 245A) have been updated multiple times over the years to address evolving standards. Modernization should focus on clarifying language, ensuring consistent enforcement, and strengthening measurable health and safety protections, not expanding regulation into areas that micromanage daily operations of independent home-based businesses.

Our Position

We respectfully urge the Legislature to reject this proposal in its current form and collaborate with providers, counties, and stakeholders to develop practical, cost-neutral revisions that:

- Protect children’s health and safety
- Preserve provider viability
- Maintain parental choice
- Address the child care shortage
- Avoid unnecessary fiscal and economic impact

Family child care is a critical component of Minnesota’s early childhood infrastructure. Regulatory reform must strengthen—not weaken—the availability of safe, affordable, and community-based care.

For additional information, please contact Hollee Saville, MACCP president, at president@maccp.org.



Key Concerns with the Proposed Family Child Care Licensing Changes

1. Reduced access for children with special needs

- The language creates a **chilling effect on inclusion**, discouraging providers from enrolling children with special needs due to vague, expansive obligations and heightened liability. Providers would be required to follow parent, physician, or therapist directives—even when they conflict with best practices or fundamentally alter the program. These provisions undermine existing ADA protections, making inclusion harder, not easier.

2. Physical space mandates that would force providers to close

- Universal fencing requirements, basement exit restrictions, and excessive playground rules would **eliminate developmentally appropriate play** and force many providers to shut down.

3. Illness policy overreach that strips provider judgment

- Providers would be required to follow MDH guidance and individual health care provider recommendations **without protection for their own illness policies**, best practices, or program limitations—undermining outbreak prevention, vulnerable children’s safety, and continuity of care.

4. Licensing authority expanded to police physical and mental health

- Vague “reason to believe” language allows DCYF to demand medical or mental health documentation without just cause—an **invasive, discriminatory overreach** that invites retaliation and selective enforcement.

5. Ineligibility standards based on hypothetical risk, not evidence

- Providers could be shut down based on perceived or speculative risks—such as a child’s behavior, a family member’s needs, or foster/residential placement—**without evidence of harm or professional evaluation**.

6. Erosion of parental and familial rights within providers' homes

- The proposal limits the providers' and their family members' ability to parent their own children, access unlicensed areas, or allow normal family interactions—treating homes like institutions rather than residences.

7. Expanded reporting that violates privacy without improving safety

- Mandatory reporting of any child hospitalization—even when unrelated to child care—while inexplicably omitting “death” from reportable incidents, undermining both privacy and credibility.

8. Unrestricted parent access to licensed spaces

- Allowing parents to linger or observe at any time **endangers children**, violates provider rights, and permits un-background-checked adults into care environments.

9. Highly subjective definitions that invite arbitrary enforcement

- Vague terms like “hazards,” “pests,” “clean,” “good repair,” “other harm,” and “unpleasant odors” leave providers vulnerable to inconsistent, punitive interpretation instead of measurable standards.

10. Mandated infant sleep requirements that will be detrimental to children's health.

- Imposes rigid infant safe sleep supervision mandates (such as in-person checks every 20 minutes) that **exceed** evidence-based standards, **increase liability**, and will unintentionally **disrupt safe sleep** practices without improving safety.

11. Subjective supervision regulations that create a false sense of safety

- Alters long-standing supervision standards for all children, replacing clear, workable language with **prescriptive requirements** that ignore family child care realities and **invite inconsistent enforcement**.

12. A medically inaccurate and unreasonable definition of “medication”

- The definition could require authorization paperwork for sunscreen, antibiotic ointment, or ice packs—**contrary to medical standards and basic common sense**.

13. Excessive cleaning and sterilization mandates

- Unsupported by evidence, these requirements increase workload, promote over-sterilization, and ignore how family child care actually operates.

14. Micromanagement of everyday operations

- Vague mandates around sun exposure, heat, odors, clutter, and storage—plus excessive, overly specific requirements for fire drills—set providers up for failure rather than improving safety.

15. Explosion of required written policies

- Providers would be forced to add 10+ pages of state-mandated policies covering screen time, meals, social media, and internal operations—**micromanaging decisions best left to providers and families.**

16. Ridiculous requirements to “train” providers on their own policies

- Instead of simple review, the proposal mandates training, documentation, and timelines—creating unnecessary compliance traps.

17. Mandatory training unrelated to actual duties

- Including car-seat installation training for providers who do not transport children—wasting time and resources with no safety benefit.

18. Mandated attendance tracking for all families

- Required even for providers not receiving public funding, despite clear evidence it does nothing to prevent fraud while increasing friction and paperwork.

19. Intrusive household reporting requirements

- Requiring notification when someone moves out of a provider’s home within 10 days—**irrelevant to child safety and deeply intrusive.**

20. Offensive, condescending statutory language

- Language implying providers must be reminded they are accountable for children’s care—an unnecessary insult to a licensed profession.

This Document can be made available
in alternative formats upon request

State of Minnesota
HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 4382

03/16/2026 Authored by Coulter

67.2

ARTICLE 2

67.3

FAMILY CHILD CARE LICENSING MODERNIZATION

67.4

Section 1. **[142I.01] DEFINITIONS.**

67.5

Subdivision 1. **Scope.** For the purposes of this chapter, the terms in this section have

67.6

the meanings given.

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Subd. 2. **Accessible to children.** "Accessible to children" means capable of being reached

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or ~~used-utilized~~ by a child ~~without the aid of an adult.~~

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Subd. 3. **Accredited.** "Accredited" means a postsecondary institution or technical college

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recognized and listed in the database of accredited postsecondary institutions and programs

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maintained by the federal Department of Education.

67.12

Subd. 4. **Adult.** "Adult" means a person at least 18 years of age.

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Subd. 5. **Age categories.** (a) "Newborn" means a child between birth and six weeks old.

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(b) "Infant" means a child who is at least six weeks old but less than 12 months old.

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(c) "Toddler" means a child who is at least 12 months old but less than 24 months old.

67.16

(d) "Preschooler" means a child who is at least 24 months old but less than five years

67.17

of age.

67.18

(e) "School age" means a child who is at least five years of age but is less than 11 years

67.19

of age.

67.20

Subd. 6. **Agency.** "Agency" means a county or multicounty social or human services

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agency governed by a county board or a multicounty human services board.

68.1 Subd. 7. **Annual or annually.** "Annual" or "annually" means at least once each calendar
68.2 year.

68.3 Subd. 8. **Applicant.** "Applicant" has the same meaning as section 142B.01, subdivision
68.4 4.

68.5 Subd. 9. **Behavior guidance.** "Behavior guidance" means an ongoing process whereby
68.6 caregivers offer constructive, positive, and developmentally appropriate guidance to children
68.7 to help them manage their own behavior in a socially acceptable manner.

68.8 Subd. 10. **Bodily fluid.** "Bodily fluid" means urine, feces, vomit, blood, and other bodily
68.9 fluids with blood present.

68.10 Subd. 11. **Building official.** "Building official" means the person appointed pursuant to
68.11 section 326B.133 to administer the State Building Code or the building official's authorized
68.12 representative.

68.13 Subd. 12. **Caregiver.** "Caregiver" means the license holder, primary provider of care,
68.14 second adult caregiver, intermittent caregiver, helper, or substitute.

68.15 Subd. 13. **Child.** "Child" means a person receiving child care services who falls within
68.16 the age categories in subdivision 6.

68.17 Subd. 14. **Child care.** "Child care" means the care of a child ~~of child care age~~ in a licensed
family child
68.18 care program. This includes the children of the license holder and any other caregivers in
68.19 the family child care program who receive child care during child care hours.

68.20 Subd. 15. **Child with special health care needs or disabilities.** "Child with special
68.21 health care needs or disabilities" means a child of child care age who:

68.22 (1) has developmental disabilities or is otherwise eligible for case management as
68.23 specified in Minnesota Rules, parts 9525.0004 to 9525.0036;

68.24 (2) has been identified by the local school district as a child with a disability as specified
68.25 in section 125A.02, subdivision 1; or

68.26 (3) has been determined by a health care provider as defined in subdivision 25.

68.27 Subd. 16. **Clean.** "Clean" means ~~reasonably~~ free from dirt ~~or other contaminants~~ that can be
detected
68.28 by sight, ~~smell~~, or touch.

68.29 Subd. 17. **Commissioner.** "Commissioner" means the commissioner of children, youth,
68.30 and families.

69.1 ~~Subd. 18. **Community-based family child care program.** "Community-based family~~
69.2 ~~child care program" means a family child care program that operates at a location other than~~
69.3 ~~the primary residence of the license holder.~~

69.4 Subd. 19. **Department.** "Department" means the Department of Children, Youth, and
69.5 Families.

69.6 Subd. 20. **Disinfect.** "Disinfect" means the chemical process to kill most germs and
69.7 viruses on surfaces and objects after the surfaces and objects have been cleaned.

69.8 Subd. 21. **Emergency replacement.** "Emergency replacement" means an adult who
69.9 supervises children in a family child care program due to an emergency and who has not
69.10 completed the training requirements under this chapter or the background study requirements
69.11 under chapter 245C.

69.12 Subd. 22. **Family child care program.** "Family child care program" means a child care
69.13 program not excluded from licensure by section 142B.05, subdivision 2, operating from the
69.14 license holder's residence or other approved space that serves up to 18 children and is
69.15 provided for less than 24 hours a day.

69.16 Subd. 23. **Fire marshal.** "Fire marshal" means the person designated by section 299F.011
69.17 to administer and enforce the State Fire Code or a local fire code inspector approved by the
69.18 fire marshal.

69.19 Subd. 24. **Hazardous materials.** "Hazardous materials" means any ~~dangerous~~ item that could
69.20 reasonably cause injury, choking, poisoning, burning, ~~or cutting, or other harm~~ to a child, ~~or~~
69.21 ~~any item designated by the manufacturer to be stored out of reach of children.~~

69.22 Subd. 25. **Health care provider.** "Health care provider" means a physician or physician's
69.23 assistant licensed to practice medicine under chapter 147; an advanced practice registered
69.24 nurse licensed under section 148.171; or a licensed psychiatrist, licensed psychologist, or
69.25 licensed consulting psychologist.

69.26 Subd. 26. **Helper.** "Helper" means a minor, ~~14-13~~ through 17 years of age, who assists an
69.27 adult caregiver with the care of children.

69.28 Subd. 27. **Inaccessible to children.** "Inaccessible to children" means not capable of
69.29 being reached or utilized by a child without the aid of an adult.

69.30 Subd. 28. **Intermittent caregiver.** "Intermittent caregiver" means an adult who cares
69.31 for children in a licensed family child care program alongside another adult caregiver for
69.32 a cumulative total of no more than 500 hours annually.

70.1 Subd. 29. **License.** "License" has the meaning given in section 142B.01, subdivision
 70.2 16.

70.3 Subd. 30. **License holder.** "License holder" means an individual, organization, or government
entity that is legally responsible for the operation of the family child care program and has
been granted a license by the commissioner under this chapter and the rules of the
commissioner. ~~has the meaning given in section 142B.01,~~
 70.4 ~~subdivision 17, for a family child care program.~~

70.5 Subd. 31. **Licensed capacity.** "Licensed capacity" means the total number of children
 70.6 ~~ten~~ 10 years of age or younger permitted at any one time on the premises of a family child care
 70.7 program. All children ~~ten~~ 10 years of age or younger on the premises ~~who are under the care of a~~
~~caregiver~~ count toward the capacity
 70.8 of the family child care program.

70.9 Subd. 32. **Medication.** "Medication" means ~~any~~ prescription or nonprescription substance ~~or~~
~~preparation~~ taken internally or applied externally that is used
 70.10 to prevent or ~~treat a wound, injury, infection, or cure~~ disease, ~~maintain health,~~ heal, or relieve
 70.11 pain, ~~including substances purchased over the counter or prescribed by a health care provider~~
 70.12 ~~or dentist. Medication includes substances taken internally or applied externally.~~

70.13 Subd. 33. **Owner or renter.** "Owner" or "renter" means the individual, individuals,
 70.14 organization, or government entity listed in the property title, deed, lease, or equivalent
 70.15 legal document.

70.16 Subd. 34. **Parent.** "Parent" means a person who has the legal responsibility for a child,
 70.17 such as the child's mother, father, or legally appointed guardian.

70.18 Subd. 35. **Pests.** "Pests" means any ~~animals~~ vermin, insects, or other living creatures that are
 70.19 not housed within the licensed family child care program and are ~~reasonably~~ considered harmful
 70.20 or
 70.21 detrimental to the health, safety, and well-being of individuals within a family child care
 70.22 program. This includes but is not limited to ants, cockroaches, bedbugs, bats, or other
harmful wildlife.

70.23 Subd. 36. **Pets.** "Pets" means all animals housed at the licensed family child care program
 70.24 ~~or~~ that have contact with children.

70.25 Subd. 37. **Premises.** "Premises" means the indoor and outdoor space in which a family
 70.26 child care program is located.

70.27 Subd. 38. **Primary provider of care.** "Primary provider of care" means the person
 70.28 responsible for providing care to children during the hours of operation and operating a
 70.29 family child care program in compliance with all applicable laws and regulations under this
 70.30 chapter and chapters 142B and 245C. All individual license holders are primary providers

70.31 ~~of care, as are individuals designated under section 142I.22, paragraph (f).~~

70.32 ~~Subd. 39. **Radon testing.** "Radon testing" means the measurement of radon gas levels~~

70.33 ~~in the indoor air of the building.~~

71.1 Subd. 40. **Related.** "Related" means any of the following relationships by marriage,
 71.2 blood, or adoption: a spouse, a parent, an adoptive parent, a birth or adopted child or
 71.3 stepchild, a stepparent, a stepbrother, a stepsister, a niece, a nephew, a grandparent, a
 71.4 grandchild, a sibling, an aunt, an uncle, or a legal guardian.

71.5 Subd. 41. **Second adult caregiver.** "Second adult caregiver" means an adult who cares
 71.6 for children in the licensed family child care program for a cumulative total of more than
 71.7 500 hours annually along with the primary provider of care or substitute caregiver.

71.8 Subd. 42. **Separation.** "Separation" is a form of behavior guidance that involves
 71.9 interruption of unacceptable behavior by the removal of a child from a situation with the
 71.10 intention of allowing the child an opportunity to pause and gain self-control. During a
 71.11 separation, a child is not allowed to participate in activities with other children.

71.12 Subd. 43. **State Building Code.** "State Building Code" means the codes and regulations
 71.13 adopted by the commissioner of administration pursuant to section 326B.107 and contained
 71.14 in Minnesota Rules, chapter 1300.

71.15 Subd. 44. **State Fire Code.** "State Fire Code" means the codes and regulations adopted
 71.16 by the state fire marshal pursuant to section 299F.011 and contained in Minnesota Rules,
 71.17 chapter 7511.

71.18 Subd. 45. **Substitute.** "Substitute" means an adult who is responsible for the duties of
 71.19 a primary provider of care when the primary provider of care is not present at the program.
 71.20 A substitute may not provide care for more than 500 hours per calendar year.

71.21 Subd. 46. **Supervision.** "Supervision" means:

71.22 (1a) caregivers must be within sight or hearing of newborns, infants, toddlers, and
 71.23 preschoolers at all times and ~~must be able to~~ intervene in an effort to protect the health and safety of
 71.24 the child. Electronic monitoring devices can only be used ~~to monitor~~ as a form of supervision of
 71.25 infants, toddlers, and
 71.26 preschoolers when they are asleep; ~~and~~

71.26 (2b) for a school-age child, a caregiver is available for assistance and care ~~without the~~
 71.27 ~~aid of a mechanical or electronic device~~ so that the child's health and safety is protected;.
 71.28 ~~and~~

71.29 (3) ~~the caregiver has an awareness of and responsibility for the activity of each child~~
 71.30 ~~and is near enough to respond and reach children immediately, including responding to the~~
 71.31 ~~child's basic needs and intervening to protect them from harm.~~

72.1 Subd. 47. **Variance.** "Variance" means written permission ~~from the department~~ by the
 72.2 commissioner pursuant
 72.3 to the requirements in section 142B.10, subdivision 16, for a license holder or applicant to
 72.4 depart from a specific requirement in this chapter or chapter 142B.

72.4 Sec. 2. **[142I.02] LICENSING OF PROGRAMS.**

72.5 Subdivision 1. **Purpose.** The purpose of this chapter is to establish procedures and
 72.6 standards for licensing family child care ~~and community-based family child care~~ programs
 72.7 to ensure that minimum standards of care and service are given and the protection, care,
 72.8 health, safety, and development of the children are assured.

72.9 Subd. 2. **Applicability.** A family child care program must be licensed under this chapter
 72.10 and chapter 142B to operate in Minnesota.

72.11 Sec. 3. **[142I.03] LICENSING PROCESS.**

72.12 Subdivision 1. **License application.** (a) An applicant for a family child care license
 72.13 must follow the requirements of this section and section 142B.10.

72.14 (b) License applicants must use the application issued by the department. The application
 72.15 must be made in the county where the family child care program will operate.

72.16 (c) Applicants must be the proposed license holders of the family child care program.

72.17 (d) An application for licensure is complete and ready for the agency's review after the
 72.18 applicant completes, signs, and submits all department forms and documentation needed
 72.19 for licensure to the agency and the agency receives all inspection, zoning, evaluation, and
 72.20 investigative reports, documentation, and information required to verify compliance with
 72.21 this chapter and applicable statutes, including a completed background study for individuals
 72.22 subject to a study, as required under chapter 245C.

72.23 Subd. 2. **Licensing study.** (a) The applicant or license holder must give the agency
 72.24 access to the family child care program for a licensing study to determine compliance with
 72.25 all applicable rules and statutes.

72.26 (b) If the commissioner determines a potentially hazardous condition exists due to
 72.27 noncompliance with this chapter or local ordinances, the applicant must obtain an inspection
 72.28 from a fire marshal, building official, or authorized community health board agent under
 72.29 section 145A.04 to verify the absence of hazard or identify needed corrections. Any condition
 72.30 cited as hazardous and creating an immediate danger of fire or threat to life or safety must
 72.31 be corrected, or a variance approved under subdivision 4, before a license is issued.

73.1 (c) An applicant must undergo an initial inspection of the family child care program by
 73.2 a fire marshal to determine compliance with the State Fire Code and compliance with orders
 73.3 issued if the program:

73.4 (1) has freestanding solid-fuel-heating appliances;

73.5 (2) will operate in a manufactured or mobile home;

73.6 (3) will use a basement for child care; or

73.7 (4) is located in mixed- or multiple-occupancy buildings. For the purposes of this clause,
 73.8 "mixed-occupancy building" means a structure that contains nonresidential occupancies,
 73.9 such as an attached garage, and "multiple-occupancy building" means a structure with two
 73.10 or more residential dwelling units, such as a duplex, apartment building, or townhome; ~~or~~

73.11 ~~(5) is located in a commercial space.~~

73.12 Subd. 3. **Ineligibility factors.** An applicant, license holder, or any other person residing
 73.13 where the family child care program operates, present during the hours children are in care,
 73.14 or working with children must not:

73.15 ~~(1a)~~ abuse prescribed or nonprescribed drugs or use alcohol or controlled substances
 73.16 specified in chapter 152 to the extent that the use or abuse ~~has or may have a negatively~~
 73.17 ~~effect~~ affects

73.18 ~~on the ability of the license holder or primary provider of care to give provide care, or is apparent~~
 73.19 ~~during the hours of operation. (1) A person is ineligible for licensure if the person used alcohol~~
 73.20 ~~or illegal drugs, or was impaired by such substances, while children were in care.~~

73.21 (2) Caregivers who have abused prescribed or nonprescribed

73.22 drugs or have been dependent on alcohol or controlled substances specified in chapter 152,
 73.23 such that the use, abuse, or dependency has ~~had a negatively effect~~ affected ~~on the ability to give~~
 73.24 ~~provide care,~~

73.25 ~~was apparent during the hours of operation, or required treatment or therapy, or was otherwise~~
 73.26 ~~documented but did not occur while children were in care~~ must have ~~1224~~

73.27 months of verified abstinence before licensure;

73.28 (2b) have had a child ~~involuntarily~~ placed in foster care within the prior 12 months for reasons
 73.29 that ~~the~~

73.30 ~~agency determines~~ reflect on the ability of the license holder or the primary provider of care
 73.31 to safely provide family child care. This clause does not apply if the primary reason for the
 73.32 placement was due to a physical illness of the parent due to a disability of the child, including
 73.33 developmental disability of the child; or for the temporary care of a newborn or infant being
 73.34 relinquished for adoption; or

73.35 (3c) have had a child ~~involuntarily~~ placed in a residential facility within the prior 12 months for
 73.36 reasons

73.37 that ~~the agency determines~~ reflect on the ability of the license holder or the primary provider

73.31 of care to safely provide family child care~~;~~~~or~~.

74.1 ~~(4) exhibit behavior that could pose a risk to children being served in the family child~~
 74.2 ~~care program. Additional assessments or documentation may be requested to determine the~~
 74.3 ~~impact on the provider's ability to provide care.~~

74.4 **Subd. 4. Variances.** ~~The commissioner may grant variances to this chapter.~~

~~An applicant or provider may request a variance from compliance with licensing regulations. A request for a variance must comply with and be handled according to the requirements in section 245A.04, subdivision 9. When reviewing a variance request, the agency shall assess whether alternative methods are identified by the applicant or provider to ensure the health, safety, and protection of children in care. The agency or commissioner may add additional terms as part of the approval process.~~

~~(a) A variance may only be granted if:~~

~~(1) the applicant or provider complies with all applicable laws, ordinances, and regulations; and~~

~~(2) specific equivalent measures are identified by the applicant or provider to ensure the health, safety, and protection of the children in care.~~

~~(b) Variances may be granted by the agency through a form prescribed by the commissioner in line with their county policies.~~

~~(1) A county agency must not grant a license holder a variance to exceed the maximum allowable family child care license capacity of 18 children.~~

~~(2) A second adult caregiver must be present if the program is serving 13 or more children.~~

~~(c) The following variances may be issued only by the commissioner:~~

~~(1) Section 142I.09; and~~

~~(2) Section 245A.16.~~

~~(d) The following sections will not be granted a variance by the agency or department:~~

~~(1) Section 142I.18; and~~

~~(2) Section 142B.46.~~

74.5 **Subd. 5. Posting license.** ~~The license holder must post the license in the family child~~
 74.6 ~~care program in a location where parents, visitors, and authorized representatives of the~~
 74.7 ~~commissioner can easily access and view the license.~~

74.8 **Subd. 6. Change in license terms.** ~~A license holder must submit a new application form~~
 74.9 ~~in accordance with section 142B.10 before:~~

74.10 ~~(1a) relocating the family child care program;~~

74.11 ~~(2b) changing the type of license from class A, C1, or C2 to C3, ~~or~~ C4, or C5; or~~

74.12 ~~(3c) changing the type of license from class C3-~~or~~, C4, or C5 to A, C1, or C2;~~

74.13 ~~(4) changing from family child care to community-based family child care; or~~

74.14 ~~(5) changing from community-based family child care to family child care.~~

74.15 **Subd. 7. Number of licenses.** ~~Each individual applicant is limited to one family child~~
 74.16 ~~care license.~~

74.17 **Subd. 8. Access to program.** ~~As required in section 142B.10, subdivision 12, c~~Caregivers
 74.18 ~~must give authorized representatives of the commissioner access to the family child care~~
 74.19 ~~program premises during the hours of operation when children are in care.~~

74.20 Subd. 9. **Return of license to commissioner.** When a family child care program is
74.21 closed, or if a license is revoked, suspended, or not renewed, the license holder must destroy
74.22 the license within 14 days of ceasing operation or immediately upon the final order of
74.23 revocation, denial, or suspension of license; stop all advertising; and refrain from providing
74.24 care to children as required in section 142B.05, subdivision 1.

74.25 Subd. 10. **Local government authority.** The authority of local units of government to
74.26 establish requirements for family child care programs is limited by section 299F.011,
74.27 subdivision 4a, paragraph (a), clauses (1) and (2).

74.28 Subd. 11. **Background studies.** All individuals subject to a background study must
74.29 comply with the requirements of chapter 245C.

74.30 Subd. 12. **Child care license holder insurance.** (a) The license holder must complete
74.31 and provide ~~to~~ parents ~~a~~-with form prescribed by the commissioner that includes information

75.1 about the license holder's liability insurance status. The license holder must update the form
 75.2 and obtain each parent's signature whenever insurance coverage changes, a policy lapses,
 75.3 or a new policy takes effect.

75.4 (b) The form under this subdivision must include the date of the policy's expiration or
 75.5 renewal or indicate if the license holder does not carry liability insurance.

75.6 (c) A copy of the current certificate of liability insurance must be made available upon
 75.7 request to parents, the commissioner, and agency licensing staff.

(d) If a license holder has a continuous insurance policy that renews each year, the license holder may indicate the policy's renewal date in the initial written notice to parents, and no further notices are required until the insurance coverage changes or the policy lapses.

75.8 Sec. 4. **[142I.04] AGENCY RECORDS.**

75.9 Subdivision 1. **Agency records.** An agency must maintain the following records for
 75.10 each license holder:

75.11 (1a) a copy of the completed licensing application form signed by the applicant and the
 75.12 agency;

75.13 (2b) a physical health report on any adult caregiver that was submitted prior to giving
 75.14 care in the family child care program. The physical health report must verify that the adult
 75.15 caregiver is physically able to care for children;

75.16 (3c) any written reports from a fire marshal, building official, or agent of a community
 75.17 health board authorized under chapter 145A;

75.18 (4d) if the applicant has been licensed through another jurisdiction, a reference from the
 75.19 licensing authority in that jurisdiction;

75.20 (5e) the initial and annual inspection by the agency of the license holder. Any comments
 75.21 of from the license holder about the inspections by the agency must also be noted in the agency
 75.22 record;

75.23 (6f) a copy of the notification to parents prior to admission of the presence of pets in the
 75.24 residence and documentation as required in section 142I.19, subdivision 4;

75.25 (7g) documentation of any variance requests and the approval or denial of the request in
 75.26 accordance with section 142I.03; and

75.27 (8h) the results of each background study required under chapter 245C.

75.28 Subd. 2. **Data privacy.** The agency, commissioner, and authorized agent as defined in
 75.29 section 142B.01, subdivision 5, must have access to license holder records on children in
 75.30 care to determine compliance with this chapter. The license holder and all caregivers must
 75.31 maintain the privacy of records on children by refraining from discussing or disclosing any

76.1 records, including electronic records, or information on children in care to any persons other
 76.2 than the parent of the child, the agency, the commissioner, and medical or public safety
 76.3 persons if the information is necessary to protect the health and safety of the child.

76.4 Sec. 5. **[142I.05] REPORTING TO AGENCY.**

76.5 Subdivision 1. **Maltreatment, abuse, and neglect reporting.** All caregivers who suspect,
 76.6 know, or have reason to believe a child is being or has been maltreated under section 260E.03,
 76.7 subdivision 12, must immediately report the information to the local welfare agency, agency
 76.8 responsible for assessing or investigating the report, police department, county sheriff,
 76.9 Tribal social services agency, or Tribal police as required by chapter 260E.

76.10 Subd. 2. **Other reporting.** Primary providers of care must notify the agency:

76.11 (~~1a~~) prior to anyone moving into the residence where family child care services are
 76.12 provided. A background study must be completed in accordance with section 245C.13,
 76.13 subdivision 2;

76.14 (~~2b~~) within ~~ten~~ 30 calendar days after a household member has moved out of the residence
 76.15 where family child care services are provided;

76.16 (~~3c~~) before a new caregiver provides direct contact services for the first time, unless an
 76.17 individual is acting as an emergency replacement as defined in section 142I.01, subdivision
 76.18 21, and according to section 142I.09, subdivision 2;

76.19 (~~4d~~) of any damage to the premises that may affect compliance with this chapter ~~or any~~
 76.20 ~~incident at the premises that results in the loss of utility services~~, within ~~24~~ 72 hours after the
 76.21 occurrence;

76.22 (~~5e~~) within 24 hours after the occurrence of any serious injury, head injury, or
 76.23 Hospitalization, or death of a child that occurs while the child is in care. For the purposes of this
 76.24 clause, "serious injury" means an
 76.25 injury that reasonably requires the care of a health care provider or dentist; and

76.25 (~~6f~~) of an animal bite that occurs in the program while children are in care within 24 hours of
 76.26 occurrence in accordance with section 142I.19,
 76.27 subdivision 4.

76.27 Sec. 6. **[142I.06] ADMISSIONS; RECORDS; REPORTING.**

76.28 Subdivision 1. **Admission and ongoing information.** (a) Prior to admission of a child
 76.29 and ~~regularly as necessary~~ while the child is enrolled, the primary provider of care and parents
 76.30 shall
 76.31 discuss family child care program policies and licensing requirements.

77.1 (b) The license holder shall not disclose a child's record to any person other than the
 77.2 child, the child's parent or guardian, the child's legal representative, employees of the license
 77.3 holder, and the agency unless the child's parent or guardian has given written consent or as
 77.4 otherwise required by law.

77.5 Subd. 2. **Statutory summary for parents.** A descriptive summary of this chapter must
 77.6 be distributed to the parent by the license holder at the time a child is admitted to care. The
 77.7 summary must be provided by the department to the county licensing agencies for distribution
 77.8 to the license holder and must:

77.9 (1a) state that this chapter and chapter 142B govern the licensing of family child care
 77.10 programs;

77.11 (2b) specify the section headings contained in this chapter; and

77.12 (3c) state that a complete copy of this chapter can be found at the family child care
 77.13 program, agency, department, or State Law Library or through the revisor of statutes website.

77.14 Subd. 3. **Parental access.** A parent who has enrolled a child must be allowed access to
 77.15 their child ~~and the licensed space~~ at any time while the child is in care unless a court order
 77.16 or other legal documentation restricts access. A copy of the order or other legal
 77.17 documentation must be kept in the child's record at the family child care program.

77.18 ~~Subd. 4. **Attendance records.** A license holder must maintain documentation of actual~~
 77.19 ~~attendance for each child receiving care for a minimum of five years. The records must be~~
 77.20 ~~accessible to the commissioner during the family child care program's hours of operation,~~
 77.21 ~~must be completed on the actual day of attendance, and must include:~~

77.22 ~~(1) the first and last name of the child;~~

77.23 ~~(2) the time of day that the child was dropped off; and~~

77.24 ~~(3) the time of day that the child was picked up.~~

77.25 Subd. 54. **License holder policies.** (a) The license holder shall follow and monitor
 77.26 implementation of the policies and procedures by all caregivers as required in section
 77.27 142B.10, subdivision 21.

77.28 (b) The license holder must have the following ~~written~~ policies, ~~in written or electronic form,~~
available for discussion

77.29 with parents and the commissioner and provide an electronic or hard copy to the parent at
 77.30 the time of admission or upon request. The policies must include, at a minimum:

77.31 (1) program operation policies, including:

77.32 (i) the ages and numbers of children the family care program is licensed to serve;

- 78.1 (ii) the hours and days of operation, including plans for holiday closings, personal time,
 78.2 and policies for inclement weather closings;
- 78.3 (iii) all fees, including payment schedule, ~~overtime charges, and registration fees as~~
 78.4 applicable;
- 78.5 (iv) parental access to the family child care program that states a parent who enrolls a
 78.6 child must be allowed access to the child ~~and the licensed space~~ at any time while the child
 78.7 is in care;
- 78.8 (v) nondiscrimination practices to comply with section 142I.21;
- 78.9 (vi) the termination of child care ~~and expulsion~~-notice procedures; and
- 78.10 (vii) ~~if applicable,~~ the use of a helper, a substitute ~~for personal leave or holidays,~~ and an
 78.11 emergency
 78.12 substitute according to the licensing requirements in section 142I.09;
- 78.12 (2) health and safety policies, including on:
- 78.13 (i) allergy prevention and response, ~~if applicable;~~
- 78.14 (ii) the administration and storage of medication and topical products, including
 78.15 sunscreen;
- 78.16 (iii) the care of ill children, isolation precautions, ~~symptoms for discharge and return,~~
 78.17 immunizations, ~~and~~ medicine permission policies, ~~and whether the license holder will care for~~
 78.18 ~~an ill child;~~
- 78.19 ~~(iv) disease notification procedures, including notifying the parents of exposed children~~
 78.20 ~~within 24 hours of a parent or caregiver notifying the license holder of a reportable disease~~
 78.21 ~~under section 142I.19, subdivision 9. The notice must be posted in a clearly visible, accessible~~
 78.22 ~~place or provided individually to each parent of a child who was exposed;~~
- 78.23 (iv) ~~meals, snacks~~food, infant formula, ~~and/or~~ breast milk, ~~and supplemental foods~~ to be
 78.24 provided,
 78.25 including labeling requirements for food brought from the child's home;
- 78.25 (v) sleeping and resting arrangements; ~~and~~
- 78.26 (vi) emergency procedures, ~~and~~ fire and storm plans, ~~and transportation in an emergency,~~
 78.27 ~~including whether parent permission is required;~~
- 78.28 ~~(viii) how the license holder prevents abuse of prescription medication or being in any~~
 78.29 ~~manner under the influence of a chemical that impairs the individual's ability to provide~~
 78.30 ~~services or care as required by section 142B.10, subdivision 1, paragraph (c); and~~
- 78.31 ~~(ix) firearms at the residence in accordance with section 142I.19, subdivision 7; and~~

79.1 (3) program environment policies, including:

79.2 (i) behavior guidance and discipline;

79.3 (ii) field trips, ~~if applicable~~, including by foot, and whether parent permission is required; and

79.4 (iii) the presence of pets in the family child care program, ~~including notification prior if applicable.~~

79.5 ~~to the introduction of a new pet to the program;~~

79.6 ~~(iv) the use of screen time; and~~

79.7 ~~(v) the use of social media, images, and video in accordance with subdivision 7.~~

79.8 Subd. ~~65~~. **Records for each child.** (a) The license holder must obtain the records in this
 79.9 subdivision from parents prior to the admission of a child. The license holder must keep
 79.10 this information up to date and on file for each child. The information must be ~~reviewed at~~
 79.11 ~~least annually by the parent and~~ updated when information changes.

79.12 (b) The license holder must maintain the signed and completed admission and
 79.13 arrangements form ~~that is prescribed by the commissioner and the completed enrollment~~
 79.14 ~~form that is~~ developed and approved by the commissioner.

79.15 (c) Immunization records must be kept in accordance with section 121A.15 and Minnesota
 79.16 Rules, chapter 4604. The license holder must request, update, and keep on file the dates of
 79.17 immunizations received for each child prior to enrollment and updated:

79.18 (1) for an infant, every six months;

79.19 (2) for a toddler, annually;

79.20 (3) for a preschool child, every ~~18 months~~two years; and

79.21 (4) for a school-age child, ~~every three years~~if there are updates.

79.22 (d) The license holder must obtain signed written consent in advance from the parent
 79.23 so the license holder can obtain emergency medical care or treatment. The consent may be
 79.24 used if the parent cannot be reached or is delayed in arriving.

79.25 (e) A license holder must release a child from care only to a parent or other person
 79.26 authorized in writing by the parent. The information must be ~~reviewed at least annually by~~
 79.27 ~~the parent and~~ updated ~~by the parent~~ when information changes.

79.28 ~~Subd. 7. **Social media, images, and video sharing.** Sharing of photos, videos, or other~~
 79.29 ~~personal identifying information of the enrolled children by caregivers must be limited to~~
 79.30 ~~providing updates to the parents who have given written consent. If a license holder wishes~~
 79.31 ~~to use photos or videos of the family child care program and the enrolled children for~~

80.1 ~~promotional or publicity purposes, including on social media accounts or public digital~~
 80.2 ~~platforms, the license holder must obtain written consent from parents prior to use. Photos,~~
 80.3 ~~videos, and other personal identifying information of the enrolled children must be shared~~
 80.4 ~~with the commissioner upon request.~~

80.5 Subd. ~~86~~. **Nondiscrimination.** A caregiver is prohibited from discriminating in relation
 80.6 to enrollment in their program based on race, color, creed, religion, national origin, sex,
 80.7 gender identity, marital status, disability, sexual orientation, or familial status.

80.8 Sec. 7. **[142I.07] CAPACITY AND RATIOS.**

80.9 Subdivision 1. **Capacity limits.** License holders must be licensed for the total number
 80.10 of children ~~ten~~ 10 years of age or younger who are present on the premises of the family child
 80.11 care program ~~and under the care of a caregiver~~ at any one time during child care hours, including the
 80.12 caregiver's own children
 and foster children.

80.13 Subd. 2. **Capacity, ratios, and age distribution restrictions.** (a) The commissioner
 80.14 shall issue licenses based on the capacity and ratios in this subdivision.

80.15 (b) License holders with a class A license must meet the following requirements:

80.16	<u>Class</u>	<u>Capacity</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>
80.17			<u>Adult</u>	<u>Children</u>	<u>Total Infants</u>	<u>Infants</u>
80.18			<u>Caregivers</u>	Under <u>Younger</u> <u>Than School</u> <u>Age</u>	<u>and Toddlers</u>	
80.19						
80.20	<u>A</u>	<u>10</u>	<u>1</u>	<u>6</u>	<u>3</u>	<u>2</u>

<u>(c) License holders with a class B license must meet the following requirements:</u>	<u>Capacity</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>
		<u>Adult</u>	<u>Children</u>	<u>Total Infants</u>	<u>Infants</u>
		<u>Caregivers</u>	<u>Younger</u> <u>Than School</u> <u>Age</u>	<u>and</u> <u>Toddlers</u>	
<u>: Class</u>					
<u>B</u>	<u>5</u>	<u>1</u>	<u>3</u>	<u>3</u>	<u>3</u>

80.21 (ed) License holders with a class C license must meet the following requirements:

80.22	<u>Class</u>	<u>Capacity</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>
80.23			<u>Adult</u>	<u>Children</u>	<u>Total Infants</u>	<u>Infants</u>
80.24			<u>Caregivers</u>	Under <u>Younger</u> <u>Than School</u> <u>Age</u>	<u>and Toddlers</u>	
80.25						

80.26	02/25/26 <u>C1</u>	<u>10</u>	<u>1</u>	REVISOR <u>8</u>	<u>4</u>	DTT/EI	<u>2</u>	26-07366
80.27	<u>C2</u>	<u>12</u>	<u>1</u>	<u>10</u>	<u>3</u>		<u>1</u>	
80.28	<u>C3</u>	<u>14</u>	<u>2</u>	10 <u>12</u>	<u>6</u>		<u>4</u>	
80.29	<u>C4</u>	<u>18</u>	<u>2</u>	<u>12</u>	<u>5</u>		<u>2</u>	
	<u>C5</u>	<u>18</u>	<u>2</u>	<u>14</u>	<u>3</u>		<u>1</u>	

80.30 Subd. 3. **Newborn care.** When a newborn is in care and only one adult caregiver is
80.31 present, the newborn must be the only child under 12 months of age present, and the license
80.32 holder must not care for more than two other children at the same time unless the newborn
80.33 is the license holder's child. When a second adult caregiver is also present or the newborn
80.34 is the child of the license holder, then the newborn is considered an infant for the purposes
80.35 of child-to-adult ratios and age distribution restrictions.

81.1 **Subd. 4. Supervision, primary provider of care, and use of substitutes.** (a) Children
 81.2 in care must be supervised by an adult caregiver. ~~The caregiver must have knowledge of~~
 81.3 ~~each child's needs, including but not limited to developmental and behavioral needs and~~
 81.4 ~~parental preferences, and be accountable for each child's care at all times.~~ A license holder
 81.5 or the primary provider of care must be the primary caregiver in the licensed family child
 81.6 care program unless a substitute is being used in accordance with section 142I.09. A helper
 81.7 may be used in place of a second adult caregiver when there is no more than one newborn,
 81.8 infant, or toddler present.

81.9 (b) The use of a substitute caregiver must be in accordance with section 142I.09.

81.10 (c) A caregiver must be within sight or hearing of newborns, infants, toddlers, and
 81.11 preschoolers at all times without the use of monitoring devices, except as provided in section
 81.12 142I.18.

81.13 **Subd. 5. Overnight care.** Whenever a family child care program has a child in care after
 81.14 11 p.m. or before 5 a.m.:

81.15 ~~(1a) all at least one adult caregivers must remain awake and be available to respond to~~
~~children's needs;~~

81.16 ~~(2) all awake children must be given the opportunity to engage in age-appropriate~~
 81.17 ~~activities in a separate room away from sleeping children; and~~

81.18 ~~(3b) the child care emergency plan must include a plan tailored to sleeping children.~~

81.19 **Subd. 6. Class C licenses.** (a) ~~Except in emergencies, the program must operate at the~~
 81.20 ~~level of exit discharge if there are six or more children present under the age of 30 months.~~
 81.21 For class C4 and C5 licenses, the program must always operate at the level of exit discharge.

81.22 (b) A family child care program with a class C license may operate as a lower C-class
 81.23 level family child care program on days when the adult-to-child ratios allow it to operate
 81.24 at a lower capacity.

81.25 **Subd. 7. Care of the license holder's own child or children.** (a) With the license
 81.26 holder's consent, an individual may be present in the licensed space and care for the family
 81.27 child care license holder's own child both inside and outside of the licensed space and is
 81.28 exempt from the training and supervision requirements of section 142I.10 if the individual:

81.29 (1) is related to the license holder or to the license holder's child, as defined in section
 81.30 142I.01, subdivision 40, or is a household member who the license holder has reported to
 81.31 the county agency;

82.1 (2) is not acting as a designated caregiver, helper, or substitute for the licensed family child care

82.2 program at the time that they are supervising the license holder's own child;

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

82.4 (4) does not have direct, unsupervised contact with any nonrelative children in care.

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

82.7 (c) Where a license holder or a caregiver is also a parent providing care to their own
82.8 child in the family child care program, ~~the commissioner must take into consideration the~~
82.9 parent's has the right to direct the care, custody, and control of their child ~~when enforcing the~~
82.10 provisions of this chapter.

82.11 (d) Notwithstanding paragraph (c), licensed family child care programs with license
82.12 holders or caregivers providing care to their own child are not exempt from the capacity,
82.13 ratio, and age distribution requirements under this section. License holders and caregivers
82.14 remain subject to chapters 260E and 609 and other applicable statutes and rules.

82.15 Sec. 8. **[142L.08] QUALIFICATIONS.**

82.16 Subdivision 1. **Age.** An applicant for a family child care license must be an adult at the
82.17 time of application.

82.18 Subd. 2. **Physical and behavioral health.** (a) An adult caregiver must be physically
82.19 and mentally able to care for children. An applicant or primary provider of care must provide
82.20 documentation to the agency along with the license application verifying that the applicant
82.21 has had a physical examination by a licensed physician, advanced practice registered nurse,
82.22 or physician assistant within 12 months prior to the application for initial licensure and that
82.23 the applicant or primary provider of care is physically able to care for children. Prior to
82.24 assisting in the care of children, the applicant must also provide documentation verifying
82.25 that any adult caregiver has had a physical examination by a licensed physician, advanced
82.26 practice registered nurse, or physician assistant within the past 12 months and is physically
82.27 able to care for children.

82.28 (b) The commissioner may require the primary provider of care or other caregiver to
82.29 provide reports on the individual's physical or mental health from a health care provider
82.30 when there is ~~reason to believe~~credible, documented evidence that an individual exhibits physical or
82.31 mental health symptoms
82.31 that ~~could~~may substantially impair the individual's ability to ensure the health and safety of
82.32 children. The
82.32 reports must not be used for any other purpose than to determine whether the individual's

82.33

physical or mental health impacts the health and safety of children.

- 83.1 Subd. 3. ~~Additional class C3 and, C4, and C5 license requirements.~~ (a) An applicant or
 83.2 primary
 83.2 provider of care receiving a class C3 or C4 license must have at least one of:
- 83.3 (1) a minimum of one year of substantial compliance with this chapter as a
 83.4 Minnesota-licensed family child care license holder, primary provider of care, or second
 83.5 adult caregiver and a minimum of 1500 hours of direct care in a licensed family child care
 83.6 program serving children;
- 83.7 (2) a minimum of six months of substantial compliance with this chapter as a licensed
 83.8 family child care license holder, primary provider of care, or second adult caregiver in
 83.9 Minnesota and:
- 83.10 (i) a minimum of 520 hours of experience as an assistant teacher, student teacher, or
 83.11 intern in an elementary school, after-school program, or Minnesota-licensed child care
 83.12 center or as an adult caregiver in a Minnesota-licensed family child care program and 30
 83.13 hours of child care, health, and nutrition training as specified in section 142I.10; or
- 83.14 (ii) a minimum of 520 hours of experience as a licensed practical or registered nurse,
 83.15 and 30 hours of child development or early childhood education training, as specified in
 83.16 section 142I.10;
- 83.17 (3) certification or licensure indicating completion of one of the following:
- 83.18 (i) a two-year child development or early childhood education associate or certificate
 83.19 program at an accredited college or university;
- 83.20 (ii) a child development associate certification;
- 83.21 (iii) a certification from a recognized Montessori organization;
- 83.22 (iv) a bachelor's degree or higher in early childhood education from an accredited college
 83.23 or university; or
- 83.24 (v) an elementary education degree from an accredited college or university that includes
 83.25 a minimum of 30 hours of child development training; or
- 83.26 (4) ~~six months'~~ 1 year of experience as a full-time teacher at a Minnesota-licensed child care
 83.27 center.
- 83.28 (b) An applicant or primary provider of care must complete an additional large group
 83.29 training created by the commissioner as a condition of receiving a class C4 or C5 license. ~~The~~
training must be no longer than 3 hours.

84.1 Sec. 9. [142I.09] SUBSTITUTE CAREGIVERS AND REPLACEMENTS.

84.2 Subdivision 1. Total hours allowed. The use of a substitute caregiver in a licensed
84.3 family child care program must be limited to a cumulative total of not more than 500 hours
84.4 annually. When a substitute is used, prior to the end of each business day the license holder
84.5 must document the name, date, and number of hours of each substitute who provided care.

84.6 Subd. 2. Emergency replacement supervision. (a) In an emergency, a license holder
84.7 may allow an adult who has not completed the training requirements under this chapter or
84.8 the background study requirements under chapter 245C to supervise children in a family
84.9 child care program. For purposes of this subdivision, "emergency" means a situation in
84.10 which the license holder has begun operating the family child care program for the day and
84.11 for reasons beyond the control of the license holder, including but not limited to a serious
84.12 illness or injury, accident, or situation requiring the immediate attention of the license holder,
84.13 the license holder needs to leave the licensed space and close the program for the day.

84.14 (b) To the extent practicable, the license holder must attempt to arrange for emergency
84.15 care by a substitute caregiver before using an emergency replacement.

84.16 (c) When an emergency occurs:

84.17 (1) the license holder or emergency replacement must contact the parents of the children
84.18 attending the family child care program and inform them that the program is closing for the
84.19 day and that the parents need to pick up their children as soon as practicable;

84.20 (2) the license holder must not knowingly use a person as an emergency replacement
84.21 who has committed an action or has been convicted of a crime that would cause the person
84.22 to be disqualified from providing care to children if a background study was conducted
84.23 under chapter 245C;

84.24 (3) the license holder must make reasonable efforts to minimize the time the emergency
84.25 replacement has unsupervised contact with the children in care not to exceed 12 hours per
84.26 emergency incident;

84.27 (4) the family child care program must be closed for the day once the last unrelated child
84.28 has left the program; and

84.29 (5) the license holder must notify the county licensing agency within seven days that an
84.30 emergency replacement was used and specify the circumstances that led to the use of the
84.31 emergency replacement.

85.1 (d) The county licensing agency must notify the commissioner within three business
85.2 days after receiving the license holder's notice that an emergency replacement was used and
85.3 specify the circumstances that led to the use of the emergency replacement.

85.4 (e) A license holder is not required to provide the names of persons who may be used
85.5 as replacements in emergencies to parents or the county licensing agency. However, once
85.6 an emergency replacement has been used, the license holder must provide the name of the
85.7 individual used to the county licensing agency.

85.8 Sec. 10. **[142I.10] APPLICANT, PRIMARY PROVIDER OF CARE, AND SECOND**
85.9 **ADULT CAREGIVER TRAINING REQUIREMENTS.**

85.10 Subdivision 1. **Applicant, primary provider of care, and second adult caregiver**
85.11 **initial training requirements.** (a) Before providing care, an applicant, a primary provider
85.12 of care, and each second adult caregiver must have completed all required initial training
85.13 within the prior ~~24~~12 months.

85.14 (b) Initial training must be completed before providing care except in the following
85.15 circumstances:

85.16 (1) a primary provider of care who voluntarily closes a license and reopens within 12
85.17 months has one year from the new license's effective date to complete annual and ongoing
85.18 training and is exempt from repeating initial training, ~~home inspection, and orientation;~~

85.19 (2) a primary provider of care who relocates within the state has until the end of the
85.20 calendar year to complete annual and ongoing training and is not required to repeat initial
85.21 training previously completed; and

85.22 (3) a primary provider of care who relocates to a new county must not be required by
85.23 the new county to complete orientation or other training required for new applicants.

85.24 (c) Each applicant, primary provider of care, and second adult caregiver must complete
85.25 and document the following before providing care:

85.26 (1) at least four hours of child development, learning, or behavior guidance training. An
85.27 individual is exempt if the individual provides documentation verifying that the individual:

85.28 (i) has completed a three-credit early childhood development course within the past five
85.29 years;

85.30 (ii) holds a baccalaureate or master's degree in early childhood education or school-age
85.31 child care;

- 86.1 (iii) holds a Minnesota teaching license in early childhood education, kindergarten
 86.2 through grade 6, or special education; or
- 86.3 (iv) holds a bachelor's degree with a Montessori certificate;
- 86.4 (2) the six-hour supervising for safety for family child care course developed by the
 86.5 commissioner;
- 86.6 (3) pediatric first aid training in the last 2 years provided by an instructor certified to teach
 86.7 pediatric first
 86.8 aid. Current written or electronic training documentation must be maintained at the family child
 86.9 care program
 86.10 and made available upon request. Online training reviewed and approved by the county
 86.11 licensing agency satisfies this requirement;
- 86.12 (4) pediatric cardiopulmonary resuscitation (CPR) training that:
- 86.13 (i) is instructor led or blended with a hands-on skills component. Online-only CPR
 86.14 courses without a hands-on component do not meet this requirement; and
- 86.15 (ii)(A) is developed by the American Heart Association or the American Red Cross; or
 86.16 (B) uses nationally recognized, evidence-based guidelines for CPR training; and
 86.17 (iii) is provided by an instructor approved by the commissioner to teach CPR;
- 86.18 (5) training on reducing the risk of sudden unexpected infant death, if infants will be in care,
 86.19 and abusive head
 86.20 trauma, if children younger than school age will be in care, which may be combined in a single
 86.21 commissioner-approved course of no more than two hours in length. This training
 86.22 must, at a minimum, address the risk factors related to sudden unexpected infant death and
 86.23 abusive head trauma and the means of reducing the risk of each;
- 86.24 (6) Before transporting a child or children under age nine in a motor vehicle, the person
 86.25 placing the child or children in a passenger restraint must satisfactorily complete training on
 86.26 proper use and installation of child passenger restraint systems under
 86.27 section 169.685. The training must be of at least one hour in length that is and provided by an
 86.28 instructor certified and
 86.29 approved by the Department of Public Safety. At a minimum, the training must address the
 86.30 proper use of child restraint systems based on the child's size, weight, and age and the proper
 86.31 installation of a car seat or booster seat in the motor vehicle used by the caregiver to transport
 86.32 the child or children. This requirement does not apply to family child care programs that
 86.33 transport only school-age children as defined in section 142I.01, subdivision 5, paragraph
 86.34 (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e);
- 86.35 (7) fire safety training developed by the State Fire Marshal's Office; training on the child care
 86.36 emergency plan required under section 142I.19, subdivision

86.29 2;

86.30 (8) ~~training on~~review allergy prevention and response required under section 142I.06,

86.31 subdivision 5, paragraph (b), if applicable;

87.1 ~~(9) training on the community-based family child care program plan required under~~
 87.2 ~~section 142I.22, if applicable~~ review the child care emergency plan required under section 142I.19,
 subdivision 2;

87.3 ~~(10) training on~~review the family child care program policies and procedures required under
 87.4 section 142I.06;

87.5 (11) training on reporting suspected maltreatment of children as required under chapter
 87.6 260E; and

87.7 (12) swimming pool training under section 142I.14, subdivision 6, if a pool at the family
 87.8 child care program is used by children in care.

87.9 (d) County licensing staff must accept approved training on the primary provider of care
 87.10 or second adult caregiver's learning record in the Develop data system for early education
 87.11 and school-age care.

87.12 **Subd. 2. Primary provider of care and second adult caregiver annual training**
 87.13 **requirements.** (a) A primary provider of care and each second adult caregiver must annually
 87.14 complete and document the following training:

87.15 (1) at least two hours of child development, learning, or behavior guidance training. A
 87.16 three-credit early childhood development course completed within the calendar year meets
 87.17 this requirement;

87.18 ~~(2) a two-hour active supervision course developed or approved by the commissioner;~~

87.19 ~~(3)~~ training on reducing the risk of sudden unexpected infant death if caring for infants
 87.20 and training on reducing the risk of abusive head trauma if caring for children ~~under younger than~~
 87.21 school
 87.21 age, which must:

87.22 (i) be completed in person or online at least once every two years; and

87.23 (ii) in alternating years, be completed through a commissioner-approved video not
 87.24 exceeding one hour in length; and

87.25 ~~(4)~~ at least ten hours of ongoing training each calendar year that must include topics
 87.26 identified in the Minnesota knowledge and competency framework. Repeat of topical training
 87.27 requirements in subdivision 1 counts toward the annual ten-hour requirement.

87.28 (b) A caregiver who is approved as a trainer through the Develop data system may count
 87.29 up to ~~two~~ five hours of training instruction toward the annual ten-hour training requirement in
 87.30 paragraph (a), clause (4), if:

87.31 (1) the training is the first instance in which the caregiver delivers a particular

87.32

content-specific training during each training year;

88.1 (2) the caregiver is a Develop-approved active trainer; and

88.2 (3) the hours counted as training instruction are approved through the Develop data
88.3 system with attendance verified on the trainer's individual learning record~~and are in the~~
88.4 ~~knowledge and competency framework content areas VII A, establishing healthy practices,~~
88.5 ~~or B, ensuring safety.~~

88.6 (c) Unless specifically authorized in this section, one training does not fulfill two different
88.7 training requirements. Courses within the identified knowledge and competency areas that
88.8 are specific to child care centers or legal nonlicensed programs do not fulfill the requirements
88.9 of this section.

88.10 (d) County licensing staff must accept training designated by the commissioner as
88.11 satisfying training requirements if the training is within the knowledge and competency
88.12 framework for child development and learning, behavior guidance, and active supervision
88.13 as indicated on the department's website.

88.14 **Subd. 3. Primary provider of care and second adult caregiver ongoing training**
88.15 **requirements.** (a) A primary provider of care and each second adult caregiver must complete
88.16 and document the following training:

88.17 (1) pediatric cardiopulmonary resuscitation training that meets the requirements of
88.18 subdivision 1, paragraph (c), clause (4), and is repeated every two years within 90 days of
88.19 the second anniversary of the previous training. Documentation must be maintained at the
88.20 family child care program or electronically and made available upon request;

88.21 (2) pediatric first aid training by a certified instructor repeated every two years within
88.22 90 days of the second anniversary of the previous training. Documentation of the training
88.23 must be maintained at the family child care program or electronically and made available
88.24 upon request;

88.25 ~~(3) commissioner-developed Health and Safety I and Health and Safety II training at~~
88.26 ~~least once every five years. Completion of either course in a given year meets the annual~~
88.27 ~~active supervision training requirement in subdivision 2, paragraph (a), clause (2); a two-hour~~
~~active supervision course developed or approved by the commissioner completed at least once~~
~~every five years;~~

88.28 ~~(4) Before transporting a child or children under age nine in a motor vehicle, the person~~
~~placing the child or children in a passenger restraint must satisfactorily complete training on~~
~~the proper use and installation of child passenger restraint systems under section 169.685~~
88.29 that meets the requirements of subdivision 1, paragraph (c), clause (6), and is repeated at
88.30 least once every five years. This requirement does not apply to family child care programs
88.31 that transport only school-age children as defined in section 142I.01, subdivision 5, paragraph
88.32 (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e). This training

counts toward annual training hours; and

89.1 ~~(5) fire safety training developed by the State Fire Marshal's Office that must be~~
 89.2 ~~completed once every five years.~~

89.3 (b) If a license holder changes any of the policies and procedures under section 142I.06,
 89.4 subdivision 5, the primary provider of care and each second adult caregiver must ~~complete~~
 89.5 ~~training on review~~ the revised policies and procedures ~~within ten days of the change.~~

89.6 ~~(c) The license holder must maintain documentation of each training on the revised~~
 89.7 ~~policies and procedures at the family child care program.~~

89.8 Sec. 11. **[142I.11] SUBSTITUTE AND INTERMITTENT CAREGIVER TRAINING**
 89.9 **REQUIREMENTS.**

89.10 Subdivision 1. **Substitute and intermittent caregiver initial training requirements.** (a)
 89.11 Before providing care, each substitute and intermittent caregiver must complete the following
 89.12 training requirements within the previous 12 months:

89.13 (1) the four-hour basics of licensed family child care for substitutes course developed
 89.14 by the commissioner;

89.15 (2) pediatric first aid training provided by an instructor certified to teach pediatric first
 89.16 aid. Current training documentation must be maintained at the family child care program
 89.17 and made available upon request. Online training reviewed and approved by the county
 89.18 licensing agency satisfies this requirement;

89.19 (3) pediatric cardiopulmonary resuscitation training that meets the requirements of
 89.20 section 142I.10, subdivision 1, paragraph (c), clause (4);

89.21 (4) training on reducing the risk of sudden unexpected infant death, if caring for infants, and
 89.22 abusive head

89.22 trauma, if caring for children younger than school age, which may be combined in a single
 89.23 commissioner-approved course of no more than two hours in length. This training
 89.24 must, at a minimum, address the risk factors related to sudden unexpected infant death and
 89.24 abusive head trauma and the means of reducing the risk of each;

89.25 (5) Before transporting a child or children under age nine in a motor vehicle, the person placing
 89.26 the child or children in a passenger restraint must satisfactorily complete training on proper use
 89.27 and installation of child passenger restraint systems under

89.26 section 169.685 of at least one hour in length, provided by an instructor certified and
 89.27 approved by the Department of Public Safety. This requirement does not apply to family
 89.28 child care programs that transport only school-age children as defined in section 142I.01,
 89.29 subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision
 89.30 1, paragraph (e). At a minimum, the training must address the proper use of child restraint
 89.31 systems based on the child's size, weight, and age and the proper installation of a car seat

89.32 or booster seat in the motor vehicle used by the caregiver to transport the child or children;

90.1 ~~(6) training on review~~ the child care emergency plan required under section 142I.19, subdivision
90.2 2;

90.3 ~~(7) training on review the~~ allergy prevention and response required under section 142I.06,
90.4 subdivision 5, paragraph (b), ~~if applicable~~;

90.5 ~~(8) training on the community-based family child care program plan required under~~
90.6 ~~section 142I.22, if applicable~~;

90.7 ~~(9) training on review~~ the family child care program policies and procedures required under
90.8 section 142I.06;

90.9 ~~(10) training on reporting suspected maltreatment of children as required under chapter~~
90.10 ~~260E~~; and

90.11 ~~(11) swimming pool training~~ under section 142I.14, subdivision 6, if a pool at the family
90.12 child care program is used by children in care.

90.13 (b) County licensing staff must accept approved training on the substitute or intermittent
90.14 caregiver's learning record in the Develop data system for early education and school-age
90.15 care.

90.16 Subd. 2. **Substitute and intermittent caregiver annual training requirements.** (a)
90.17 ~~Substitutes and intermittent caregivers must complete a minimum of one hour of training~~
90.18 ~~each calendar year, and the training must include the requirements in this section.~~

90.19 ~~(b)~~ Each calendar year, a substitute or intermittent caregiver must receive training on
90.20 reducing the risk of abusive head trauma from shaking infants and young children if caring
90.21 for children under school age and reducing the risk of sudden unexpected infant death if
90.22 caring for infants. ~~The trainings may be combined in a single commissioner-approved course of~~
90.23 ~~no more than two hours in length.~~ A substitute must complete each applicable course at least
90.24 once every
90.25 two years either in person or online. In a year a substitute or intermittent caregiver is not
90.26 completing an applicable course under this paragraph in person or online, the individual
90.27 must watch a video on the respective topic of no more than one hour in length. The video
90.28 must be developed or approved by the commissioner. A license holder must maintain
90.29 ~~written or electronic~~ documentation of compliance with this paragraph for each substitute and
90.30 intermittent
90.31 caregiver employed.

90.29 Subd. 3. **Substitute and intermittent caregiver ongoing training requirements.** (a)
90.30 At least once every ~~three~~ ~~five~~ years, a substitute or intermittent caregiver must complete the
90.31 ~~four-hour basics of licensed family child care for substitutes course.~~

90.32 (b) A substitute or intermittent caregiver must complete the following training:

91.1 (1) pediatric cardiopulmonary resuscitation training that meets the requirements of
 91.2 section 142I.10, subdivision 1, paragraph (c), clause (4), and is repeated every two years
 91.3 within 90 days of the second anniversary of the previous training. Documentation must be
 91.4 maintained at the family child care program or electronically and made available upon
 91.5 request;

91.6 (2) pediatric first aid that is given by an instructor certified to provide pediatric first aid
 91.7 and is repeated every two years within 90 days of the second anniversary of the previous
 91.8 training. ~~Written or electronic~~ Documentation of the training must be maintained at the family child
 91.9 care program
 91.9 ~~or electronically~~ and made available upon request; and

91.10 (3) ~~Before transporting a child or children under age nine in a motor vehicle, the person~~
 91.11 ~~placing the child or children in a passenger restraint must satisfactorily complete training~~
 91.12 ~~about the proper use and installation of child passenger restraint systems under section 169.685~~
 91.13 that meets the requirements of section 142I.10, subdivision 1, paragraph (c), clause (6), and
 91.14 is repeated at least once every five years. This requirement does not apply to family child
 91.15 care programs that transport only school-age children as defined in section 142I.01,
 91.16 subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision
 91.17 1, paragraph (e).

91.18 Sec. 12. **[142I.12] HELPER TRAINING REQUIREMENTS.**

91.19 **Subdivision 1. Helper initial training requirements.** (a) A helper who assists with care
 91.20 must complete a minimum of four hours of training within the 12 months before assisting
 91.21 in care. The four hours must include courses on:
 91.22 (1) reducing the risk of sudden unexpected

91.23 infant death if caring for infants,
 91.24 (2) abusive head trauma if caring for children younger than school age, and
 91.25 (3) reporting suspected maltreatment of children as

91.26 required under chapter 260E. The trainings under this paragraph may be combined in a
 91.27 single commissioner-approved course.

91.28 **(b) A license holder must maintain written or electronic documentation**
 91.29 showing each helper has complied with this ~~paragraph~~section.

91.30 **Subd. 2. Helper annual training requirements.** (a) Each calendar year, a helper who
 91.31 assists in the care must receive training on reducing the risk of sudden unexpected infant
 91.32 death, if caring for ~~and~~infants, and abusive head trauma, if caring for children younger than
 91.33 school age. The trainings under this paragraph may be combined in a

91.34 single commissioner-approved course and must, at a minimum, address risk factors, methods
 91.35 of risk reduction in child care, and communication with parents regarding risk reduction.

91.36 **(b) A license holder must maintain written or electronic documentation showing each helper has**
 91.37 complied with this

91.30 ~~paragraph~~section.

91.31 ~~(bc)~~ County licensing staff must accept approved training on the helper's learning record

91.32 in the Develop data system.

92.1 Sec. 13. **[142I.13] BEHAVIOR GUIDANCE.**

92.2 Subdivision 1. **Behavior guidance policies and procedures.** Applicants and license
 92.3 holders must develop and follow ~~written~~ behavior guidance policies and procedures: ~~that~~
 92.4 ~~include:~~

92.5 ~~(1) methods of promoting positive behavior under subdivision 2;~~

92.6 ~~(2) prohibited actions under subdivision 3; and~~

92.7 ~~(3) separation from the group under subdivision 4.~~

~~Subd. 2. **Behavior guidance methods.** The following shall apply to all caregivers when
 guiding behavior in children.~~

~~(a) Caregivers shall give each child guidance that helps the child acquire a positive self-
 concept, self-control, and teaches acceptable behavior.~~

~~(b) Behavior guidance used by caregivers must be constructive, positive, and suited to the age
 of the child. Methods of intervention, guidance, and redirection must be used.~~

92.8 ~~Subd. 2. **Methods of promoting positive behavior.** A license holder must:~~

92.9 ~~(1) positively role model acceptable behavior to each child;~~

92.10 ~~(2) tailor methods of promoting positive behavior to the developmental level of the~~

92.11 ~~children the family child care program is licensed to serve;~~

92.12 ~~(3) ensure redirection is used as appropriate in addressing a child's behavior, to guide a~~

92.13 ~~child away from potential challenges toward constructive activity. For the purposes of this~~

92.14 ~~clause, "redirection" means when a caregiver intervenes and guides a child toward~~

92.15 ~~constructive activity through positive techniques;~~

92.16 ~~(4) teach children how to use acceptable alternatives to reduce conflict; and~~

92.17 ~~(5) protect the safety and well-being of children and caregivers.~~

92.18 Subd. 3. **Prohibited actions.** A license holder must prohibit every caregiver from:

92.19 ~~(1a) subjecting a child to corporal or physical punishment. This includes but is not limited~~

92.20 ~~to rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting,~~

92.21 ~~pinching, spitting, hitting, and spanking;~~

92.22 ~~(2b) subjecting a child to name calling, ostracism, shaming, making derogatory remarks~~

92.23 ~~about the child or the child's family, ~~cultural or racial slurs,~~ and yelling or using ~~profane~~~~

92.24 ~~language that threatens, humiliates, or frightens the child;~~

92.25 ~~(3) forcing a child to maintain an uncomfortable position or to continuously repeat~~

92.26 ~~physical movements;~~

92.27 ~~(4c) separating a child from the group except as provided in subdivision 4;~~

92.28 ~~(5d)~~ punishing a child for:

92.29 ~~(i) not resting, napping, or sleeping;~~

92.30 ~~(ii) toileting accidents;~~

- 93.1 ~~(iii) failing to eat all or part of meals or snacks; or~~
- 93.2 ~~(iv) failing to complete an activity;~~
- 93.3 ~~(6e) denying a child food or drink or forcing food or drink upon a child;~~
- 93.4 ~~(7) denying light, warmth, clothing, or medical care as a punishment for unacceptable~~
- 93.5 ~~behavior;~~
- 93.6 ~~(8) the use of physical restraint other than to physically hold a child when containment~~
- 93.7 ~~is necessary to protect a child or others from harm. The use of prone restraint under section~~
- 93.8 ~~245A.211 must always be prohibited;~~
- 93.9 ~~(9) the use of mechanical restraints, such as tying, or any device or equipment intended~~
- 93.10 ~~to restrict or prevent movement as a means of discipline or convenience by caregivers,~~
- 93.11 ~~including but not limited to confinement to a swing, high chair, infant carrier, walker, crib,~~
- 93.12 ~~or weighted item;~~
- 93.13 ~~(10h) the use of any nonprescribed substance given to a child to subdue or restrict~~
- 93.14 ~~movement or behavior; and~~
- 93.15 ~~(11i) delegating discipline or punishment to another child; and.~~
- 93.16 ~~(12) punishing or shaming a child for the actions of a parent. This includes but is not~~
- 93.17 ~~limited to failure to pay fees, failure to provide appropriate clothing, failure to provide~~
- 93.18 ~~materials for an activity, or any conflict between the license holder or caregiver and the~~
- 93.19 ~~parent.~~
- 93.20 **Subd. 4. Separation time from the group.** ~~No child may be separated from the group~~
- 93.21 ~~unless the license holder has tried less intrusive methods of guiding the child's behavior~~
- 93.22 ~~that have been ineffective and the child's behavior threatens the well-being of the child or~~
- 93.23 ~~other children in the family child care program. Separation from the group The separation of a~~
- 93.24 ~~child from a group to guide behavior must be appropriate to the age of the child and~~
- 93.25 ~~circumstances requiring the separation must meet the~~
- 93.26 ~~following requirements:~~
- 93.27 ~~(1a) children under the age of threean infant must not be separated from the group as a means~~
- 93.28 ~~of~~
- 93.29 ~~behavior guidance;~~
- 93.30 ~~(2b) the separation time or "time-out period" must be limited to the amount of time~~
- 93.31 ~~necessary for the child to gain self-control and rejoin-return to the group while being supported~~
- 93.32 ~~by~~
- 93.33 ~~the provider;~~
- 93.34 ~~(3c) the child must be supervised as defined under section 142I.01, subdivision 46; and~~

93.31 (4d) no child shall be placed in a locked room to separate the child from the group; and.

94.1 ~~(5) the caregiver must offer the child the time-out period in a nonhumiliating manner.~~

94.2 Sec. 14. **[1421.14] PHYSICAL SPACE REQUIREMENTS.**

94.3 **Subdivision 1. Indoor space.** (a) The licensed capacity of the family child care program
94.4 must be limited by the amount of usable indoor space available to children. A minimum of
94.5 35 square feet of usable indoor space is required per child.

94.6 (b) Bathrooms, closets, space occupied by major appliances, and other space not used
94.7 by children may not be counted as usable space. Space occupied by adult furniture, if it is
94.8 used by children, may be counted as usable indoor space.

94.9 (c) Usable indoor space may include a basement if it has been inspected and approved
94.10 by a fire marshal, is free of hazards, and meets the requirements of subdivision 4.

94.11 ~~(d) All exits leading from indoor to outdoor space must be fully clear of obstruction.~~

94.12 **Subd. 2. Escape routes.** (a) The main means of escape must be a stairway or door leading
94.13 to the floor with an exit to the outside.

94.14 (b) Any room that has sleeping children must have an escape route separate from the
94.15 main exit referenced in paragraph (a). This escape route must be a door or an egress window
94.16 leading directly outside.

94.17 (c) When the basement is used for care, the basement must have at least one escape route
94.18 separate from the main exit under paragraph (a). This escape route must be a door or an
94.19 egress window leading directly outside.

94.20 (d) Required escape routes must not be obstructed and must be accessible and openable
94.21 without special knowledge.

94.22 **Subd. 3. Outdoor learning environment and play space.** (a) A family child care
94.23 program must have an outdoor play space of at least 50 square feet per child in attendance
94.24 at the program for regular use or a park, playground, or play space within 1,500 feet of the
94.25 family child care program.

94.26 ~~(b) During outdoor play:~~

94.27 ~~(1) the adult caregiver shall remain outdoors with infants, toddlers, and preschoolers at~~
94.28 ~~all times;~~

94.29 ~~(2) school-age children may be permitted in the approved outdoor play space at the~~
94.30 ~~family child care program without the license holder or caregiver if:~~

95.1 ~~(i) the children are engaged in age appropriate activities using age appropriate equipment;~~

95.2 ~~and~~

95.3 ~~(ii) the license holder or caregiver remains accessible to provide supervision when needed~~

95.4 ~~in accordance with section 142I.01, subdivision 46; and~~

95.5 ~~(3) when the outdoor play space is not at the family child care program, the license~~

95.6 ~~holder or caregiver shall accompany and supervise all children in transit and at the outdoor~~

95.7 ~~play space.~~

95.8 ~~(eb) Caregivers must prevent children from accessing hazardous materials.~~

95.9 ~~(dc) Outdoor play areas must be protected from traffic and nearby hazards. Enclosure may be required by the agency to provide protection from rail, traffic, water, or machinery hazard. If traffic or~~

95.10 ~~other hazards are present, the family child care program must have:~~

95.11 ~~(1) a continuous fence in good condition with functioning gates or a continuous natural~~

95.12 ~~barrier or a combination of fence and naturally occurring or landscaping barrier. The fence~~

95.13 ~~or natural barrier must ensure that children are not able to leave the outdoor play area~~

95.14 ~~unsupervised; or~~

95.15 ~~(2) a supervision and safety plan if a fence is not used that includes alternative methods~~

95.16 ~~to ensure the health, safety, and protection of children in care.~~

95.17 ~~(ed) Electrical fences must be inaccessible to children in care.~~

95.18 ~~(f) Providers must take measures to protect children from the dangers of sun exposure~~

95.19 ~~and extreme heat.~~

95.20 ~~(ge) Outdoor equipment, may be new, used, commercial, or homemade, as long as it is safe and appropriate for the ages of the children and activities for which it will be used. whether stationary or portable, must be safe, be in good repair,~~

95.21 ~~be assembled according to the manufacturer's guidelines, and meet the developmental needs~~

95.22 ~~of the age groups of children using the space.~~

95.23 ~~(hf) Equipment, including but not limited to, climbing gyms, swings, and slides must:~~

95.24 ~~(1) have no openings between 3-1/2 inches and nine inches in size to prevent entrapment~~

95.25 ~~of the head or other body parts.;~~

95.26 ~~(2) have guardrails or protective barriers on platforms that are 30 inches or higher. A~~

95.27 ~~protective barrier is a continuous structure surrounding the platform that is designed to~~

95.28 ~~prevent a person from falling or passing through, whether intentionally or accidentally; and~~

95.29 ~~(3) be assembled, installed, and utilized according to the manufacturer's guidelines.~~

95.30 ~~Subd. 4. **Conditions of the program.** The licensed space must be maintained in a manner~~

95.31

that protects the health and safety of children in care. The license holder must ensure that:

96.1 (1a) the family child care program space is free from conditions that endanger the health
 96.2 or safety of children, ~~including unsanitary conditions or excessive accumulation of materials; and~~

96.3 (2b) the furnishings, equipment, and materials are arranged and stored so that hallways,
 96.4 stairways, doors, and exit routes remain unobstructed. ~~and usable for safe exit; and~~

96.5 ~~(3) the amount and placement of stored items do not create an increased risk of fire or~~
 96.6 ~~injury or impede the safe supervision of children.~~

96.7 Subd. 5. **Portable wading pools.** (a) A portable wading pool as defined in section
 96.8 144.1222 may not be used by a child at a family child care program unless the parent of the
 96.9 child has provided written consent. The written consent must include a statement that the
 96.10 parent has received and read material provided by the Department of Health on wading pool
 96.11 safety for parents related to the risk of disease transmission as well as other health risks
 96.12 associated with the use of portable wading pools.

96.13 (b) Wading pools must be emptied daily. (c) The caregiver must supervise children at all
 96.14 times while a wading pool is in use and must be able to clearly see all parts of the wading
 96.15 area. When not in use ~~under the supervision of a caregiver~~, wading pools must be inaccessible
 96.16 to children.

96.17 Subd. 6. **Swimming pools.** (a) For the purposes of this subdivision, "swimming pool"
 96.18 has the meaning in section 144.1222, subdivision 2b, and does not include a portable wading
 96.19 pool as defined in section 144.1222, subdivision 2a, or a spa pool as defined in Minnesota
 96.20 Rules, part 4717.0250.

96.21 (b) For a license holder to be eligible to allow a child in care at the family child care
 96.22 program to use a swimming pool located at the program, the license holder must:

96.23 (1) not have had a licensing sanction under section 142B.18 or a correction order or
 96.24 conditional license under section 142B.16 relating to the supervision or health and safety
 96.25 of children during the prior 24 months;

96.26 (2) notify the county agency before initial use of the swimming pool each calendar year;

96.27 (3) obtain written consent from a child's parent allowing the child to use the swimming
 96.28 pool and renew the parent's written consent at least annually. The written consent must
 96.29 include a statement that the parent has received and read materials provided by the
 96.30 Department of Health related to the risk of disease transmission as well as other health risks
 96.31 associated with swimming pools. The written consent must also include a statement that
 96.32 neither the Department of Health nor the county agency will monitor or inspect the license
 96.33 holder's physical swimming pool;

- 97.1 ~~(4) attend and successfully complete a swimming pool supervision training course~~
 97.2 ~~annually;~~
- 97.3 ~~(54) attend and successfully complete one of the following swimming pool operator~~
 97.4 ~~training courses once every five years:~~
- 97.5 ~~(i) both of the National Spa and Pool Institute Tech I and Tech II courses; or~~
 97.6 ~~(ii) the National Recreation and Park Association aquatic facility operator course;~~
- 97.7 ~~(65) toilet all potty-trained children before they enter the swimming pool;~~
- 97.8 ~~(76) require all children who are not potty trained to wear swim diapers while in the~~
 97.9 ~~swimming pool;~~
- 97.10 ~~(87) if fecal material enters the swimming pool water, add three times the normal shock~~
 97.11 ~~treatment to the pool water to raise the chlorine level to at least 20 parts per million and~~
 97.12 ~~close the pool to swimming for the 24 hours following the entrance of fecal material into~~
 97.13 ~~the water or until the water pH and disinfectant concentration levels have returned to the~~
 97.14 ~~standards specified in clause (10), whichever is later;~~
- 97.15 ~~(98) prevent any person from entering the swimming pool who has an open wound or has~~
 97.16 ~~or is suspected of having a communicable disease;~~
- 97.17 ~~(109) maintain the swimming pool water at a pH of not less than 7.2 and not more than~~
 97.18 ~~8.0, maintain the disinfectant concentration between two and five parts per million for~~
 97.19 ~~chlorine or between 2.3 and 4.5 parts per million for bromine, and maintain a daily record~~
 97.20 ~~of the swimming pool's operation with pH and disinfectant concentration readings on days~~
 97.21 ~~when children cared for at the family child care program are present;~~
- 97.22 ~~(110) have a disinfectant feeder or feeders;~~
- 97.23 ~~(1211) have a recirculation system that will clarify and disinfect the swimming pool volume~~
 97.24 ~~of water in ten hours or less;~~
- 97.25 ~~(1312) maintain the swimming pool's water clarity so that an object on the pool floor at~~
 97.26 ~~the pool's deepest point is easily visible;~~
- 97.27 ~~(1413) comply with the provisions in section 144.1222, subdivisions 1c and 1d;~~
- 97.28 ~~(1514) have in place and enforce written safety rules and swimming pool policies;~~
- 97.29 ~~(1615) have in place at all times a safety rope that divides the shallow and deep portions~~
 97.30 ~~of the swimming pool;~~

98.1 (1716) maintain compliance with any existing local ordinances regarding swimming pool
 98.2 installation, decks, and fencing;

98.3 (1817) maintain a water temperature of not more than 104 degrees Fahrenheit and not less
 98.4 than 70 degrees Fahrenheit;

98.5 (1918) cover the swimming pool when not in use;

98.6 (2019) follow the requirements of subdivision 7; and

98.7 (2120) for lifesaving equipment, have a United States Coast Guard-approved life ring
 98.8 attached to a rope, an exit ladder, and a shepherd's hook available at all times to the caregiver
 98.9 supervising the swimming pool.

98.10 Subd. 7. **Water hazards.** (a) Swimming and wading pools, beaches, wells, or other
 98.11 bodies of water on or adjacent to the site of the family child care program must be
 98.12 inaccessible to children except during periods of supervised use.

98.13 ~~(b) All water hazards, such as inground or above-ground swimming pools, hot tubs,~~
 98.14 ~~stationary wading pools, fish ponds, and water retention or detention basins on the site of~~
 98.15 ~~the family child care program must be enclosed with a permanent fence, wall, building wall,~~
 98.16 ~~other physical barrier, or combination thereof that is at least four feet in height. A house~~
 98.17 ~~exterior wall can constitute one side of a fence if the wall has no openings capable of~~
 98.18 ~~providing direct access to the hazard, including but not limited to doors or windows.~~

98.19 (eb) The family child care program may not allow a child in care to use a swimming pool
 98.20 or beach without an adult caregiver trained in first aid and CPR present.

98.21 ~~(d) Bodies of water must be separated from the play area by a fence or other physical~~
 98.22 ~~barrier that prevents children from accessing the water. The house door alone is not a~~
 98.23 ~~sufficient barrier.~~

98.24 Subd. 8. **Water play.** (a) Splash pads, sprinklers, or other water toys that spray or jet
 98.25 water on the users and do not ~~have standing~~retain water do not need parental permission for use
 98.26 by children. Splash pads, sprinklers, or other water toys that ~~are meant to retain water~~ ~~have a standing~~
 98.27 ~~water component~~
 98.28 are considered wading pools and are required to meet the requirements of subdivision 5.

98.28 (b) Water tables designed for children to play with their hands must be emptied daily.
 98.29 ~~The caregiver must supervise children at all times while a water table is in use and must be~~
 98.30 ~~able to clearly see all parts of the wading area.~~ When not in use under the supervision of a
 98.31 caregiver, ~~filled~~ water tables must be inaccessible to children.

99.1 Subd. 9. **Separation between attached garage and family child care program.** The
 99.2 separation wall between the residence and garage must meet the requirements of Minnesota
 99.3 Rules, part 1309.0302.

99.4 Subd. 10. **Ventilation, heating, and cooling systems.** (a) Heating, ventilation, and air
 99.5 conditioning systems must be operated according to the manufacturer's instructions ~~and in~~
 99.6 ~~good repair.~~ Gas, coal, wood, kerosene, or oil heaters must be vented to the outside in
 99.7 accordance with the State Building Code.

99.8 (b) Items that can be ignited and support combustion, including but not limited to ~~plastic,~~
 99.9 ~~fuel, fabric, and wood products,~~products must not be located within:

99.10 (1) 18 inches of a gas or fuel-oil heater or furnace; or

99.11 (2) 36 inches of a solid-fuel-burning appliance.

99.12 If a license holder produces manufacturer instructions listing a smaller distance, then the
 99.13 manufacturer instructions control the distance combustible items must be from gas, fuel-oil,
 99.14 or solid-fuel-burning heaters or furnaces.

99.15 (c) When in use, fireplaces, wood-burning stoves, solid-fuel-burning appliances, space
 99.16 heaters, steam radiators, outdoor fire pits, and other potentially hot surfaces, such as steam
 99.17 pipes, must be protected by guards or protective covering to keep hands and bodies away,
 99.18 prevent burns, and prevent fires. All fireplaces, wood-burning stoves, space heaters, steam
 99.19 radiators, and furnaces must be installed according to the State Building Code. The furnace,
 99.20 hot water heater, and utility rooms must be inaccessible to children.

99.21 (d) Ventilation of usable space must meet the requirements of the State Building Code.
 99.22 Outside doors and windows used for ventilation in summer months must be screened when
 99.23 biting insects are prevalent. ~~The screens must be in good repair. Sources of harmful and~~
 99.24 ~~unpleasant odors including urine and pet waste must be removed to the extent possible by~~
 99.25 ~~removing the source of the odor or by removing odors through cleaning and ventilation.~~

99.26 Subd. 11. **Temperature.** A minimum temperature of 62 degrees Fahrenheit must be
 99.27 maintained in indoor areas used by children.

99.28 Subd. 12. **Sewage disposal.** Family child care programs must have ~~at least one~~ working toilets
 99.29 and
 99.30 a sewage disposal system that conform to the State Building Code or local septic system
 99.31 ordinances. ~~Toilet training equipment must be emptied and cleaned after each use.~~ Outdoor
 99.32 toilets, including compostable toilets, are permissible in accordance with local septic system
ordinances.

100.1 Subd. 13. **Construction or remodeling.** During construction or remodeling, children
 100.2 must not have access to **hazardous** construction or remodeling areas within or around the
 100.3 premises.

100.4 Subd. 14. **Interior walls and ceilings.** The walls and ceilings within a family child care
 100.5 program, including those in corridors, stairways, and lobbies, must have a flame spread
 100.6 rating of 200 or less.

100.7 Subd. 15. **Electrical services.** (a) All electric outlets in a family child care program
 100.8 accessible to children **younger than first grade** must be tamper-proof or shielded when not in use. All
 100.9 major electrical
 100.10 appliances must be properly installed and grounded in accordance with the State Electrical
 100.11 Code and in good working order.

100.12 (b) Electrical wiring must be sized to provide for the load and be in good repair. Extension
 100.13 ords must not be used as a substitute for permanent wiring. **Temporary wiring, such as for**
 100.14 **holidays, is permitted as long as it is used according to manufacturer's instructions.**

100.15 Subd. 16. **Fire extinguisher.** A portable, operational, multipurpose, and dry chemical
 100.16 fire extinguisher with a minimum 2-A 10-BC rating must be located ~~near the required exit~~
 100.17 ~~door in the kitchen area of the program~~ at all times. The fire extinguisher must be serviced
 100.18 annually by a
 100.19 qualified inspector ~~and evidence of annual service must be documented.~~ All caregivers must
 100.20 know how to properly use the fire extinguisher.

100.21 Subd. 17. **Carbon monoxide and smoke alarms.** (a) A family child care program must
 100.22 have an approved and operational carbon monoxide alarm installed within ten feet of each
 100.23 area used for sleeping children in care.

100.24 (b) A family child care program must properly install and maintain smoke alarms models
 100.25 that have been approved by the Underwriter Laboratory on all levels, including basements,
 100.26 and in hallways outside rooms used for sleeping children in care. Smoke alarms are not
 100.27 required in crawl spaces and uninhabitable attics. For family child care programs in buildings
 100.28 that began construction on or after March 31, 2020, smoke alarms must be installed and
 100.29 maintained in each room used for children in care to sleep.

100.30 Subd. 18. **Stairways.** All family child care programs with stairways must:

100.31 (1a) have handrails on at least one side of stairways of four or more steps;

100.32 (2b) enclose any open area between the handrail and stair tread with a protective guardrail
 100.33 as specified in the State Building Code. The back of the stair risers must also be enclosed;

100.34 (3c) use gates or barriers at the top and-or bottom of stairways when children who are six to 18
 100.35 months

100.36 old are in care; and
 Article 2 Sec. 14.

100.32 (4d) keep stairways well lit, in good repair, and free of clutter and obstructions.

101.1 Subd. 19. **Decks.** Decks, balconies, or lofts that are used by children and more than 30
 101.2 inches above the ground or floor must be surrounded by a protective guardrail and be
 101.3 constructed in compliance with the State Building Code. Wooden decks ~~accessible to children~~
 101.4 must be free of
 101.4 splinters and ~~in good repair~~rotting wood.

101.5 Subd. 20. **Locks and latches.** (a) A door latch on a closet ~~or other confining space~~ must
 101.6 be made so that the door can be opened from inside the closet ~~or other confining space.~~

101.7 (b) Every interior door lock must permit opening of the locked door from the outside
 101.8 and the opening device must be readily accessible to all caregivers.

101.9 (c) Double cylinder locks, where a key is required on both sides, ~~on exit doors~~ are
 101.10 prohibited.

101.11 ~~(d) Locks may not be used in place of supervision.~~

101.12 Subd. 21. **Tobacco products, cannabis, vaping, drugs, and alcohol use**

101.13 **prohibitions.** (a) Smoking of tobacco, cannabis, or any other product, including through
 101.14 electronic delivery devices, is prohibited on both indoor and outdoor licensed family child
 101.15 care program environments and in any vehicles used by the family child care program ~~during~~
 101.16 ~~hours of operation~~while children are in care.

101.17 (b) The use of ~~illegal drugs is prohibited, and the use of alcohol or illegal~~ or recreational
 101.18 drugs is prohibited ~~during hours of~~while children are in care.
 101.18 ~~operation.~~

101.19 (c) If the license holder allows smoking of tobacco, cannabis, or any other product,
 101.20 including through electronic delivery devices, ~~on the premises in the residence~~ outside of child
 101.21 care hours,
 101.21 the license holder must verbally provide notice to parents and must post written notice in
 101.22 an obvious location disclosing this information.

101.23 (d) While caring for children, no license holder or caregiver shall be under the influence
 101.24 of any substance that impairs the individual's ability to supervise children or perform the
 101.25 individual's duties.

101.26 Sec. 15. **[142L.15] CLEANING AND DISINFECTING.**

101.27 Subdivision 1. **General requirements.** (a) The family child care program must be free
 101.28 from accumulations of dirt, ~~rubbish, or peeling paint., visible or known debris, soiled items,~~
 101.29 ~~hazardous~~
 101.29 ~~clutter, and pet waste, including odor from pet waste.~~

101.30 (b) Disinfectants must:

101.31

(1) not be used prior to or in place of cleaning compounds;

102.1 (2) be mixed and used according to the manufacturer's instructions; and

102.2 (3) be used on surfaces that are contaminated with bodily fluids.

102.3 Subd. 2. **Toys.** A caregiver must take reasonable steps to ensure ~~that~~ toys that children place
 102.4 in their mouths are cleaned and disinfected prior to use by another child. Toys that come
 102.5 into contact with bodily fluids must be cleaned and disinfected prior to next use. Toys must
 102.6 be cleaned and disinfected as needed. ~~if there are visible or known contaminants or debris~~
 102.7 ~~on them.~~

102.8 Subd. 3. **Food and eating areas.** Surfaces and tools that are used for preparing or serving
 102.9 food must be cleaned ~~and sanitized~~ prior to next use. ~~Sanitizing must be done by using an~~
 102.10 ~~EPA-registered sanitizer or a bleach solution or by heating to temperatures sufficient to~~
 102.11 ~~destroy most germs.~~

102.12 Subd. 4. **Indoor and outdoor equipment.** The indoor and outdoor space and equipment
 102.13 of the family child care program must be clean.

102.14 Subd. 5. **Sleeping.** Sleeping materials must be cleaned ~~and disinfected~~ at least weekly.
 102.15 or when visibly dirty.

102.16 Subd. 6. **Toilet learning equipment.** Toilet learning chairs ~~and seats~~ must be cleaned
 102.17 and disinfected after each use.

102.18 Subd. 7. **Hand washing.** (a) A child's hands must be washed with soap and running
 102.19 water when soiled, after the use of a toilet or toilet training chair, and before eating a meal
 102.20 or snack. The caregiver must monitor and assist a child who needs help. Children's hands
 102.21 must be dried ~~on a~~ separate or single-use towels.

102.22 (b) In sinks ~~and tubs~~ accessible to children, the water temperature must not be able to
 102.23 exceed 120 degrees Fahrenheit to prevent children from scalding themselves while washing
 102.24 their hands.

102.25 (c) Caregivers must wash their hands with soap and water after each diaper change, after
 102.26 assisting a child on the toilet, after washing the diapering surface, and before food
 102.27 preparation. The caregiver's hands must be dried on a separate or single-use towel.

102.28 Subd. 8. **Diapers, changing areas, and disposal.** (a) An adequate supply of clean diapers
 102.29 must be available for each child who uses diapers and stored in a clean place inaccessible
 102.30 to children. Diapers may be disposable or made of cloth.

102.31 (b) If a family child care program uses cloth diapers, then:

103.1 (1) cloth diapers must have an absorbent inner layer that is completely covered with an
 103.2 outer waterproof layer that has a waist closure;

103.3 (2) the cloth diaper and waterproof layer must be changed at the same time;

103.4 (3) cloth diapers supplied by parents, except those supplied by a commercial diaper
 103.5 service, must be labeled with the child's name and must be placed in a plastic bag after
 103.6 removal with any soiled clothing and sent home with the parent daily; and

103.7 (4) cloth diapers must be kept out of reach from children before and after use.

103.8 ~~(c) Clothes must be worn over diapers while the child is in the family child care program.~~

103.9 Diapers and clothing must be changed promptly when wet or soiled.

103.10 (d) Single-service disposable wipes or clean washcloths must be used for washing a
 103.11 soiled child before rediapering.

103.12 (e) The diaper changing area must be covered with a smooth, nonabsorbent surface.

103.13 Changing tables, changing pads, and other diaper changing areas must be cleaned and

103.14 disinfected between children if the surface is not disposable, even if using a nonabsorbent
~~covering that is discarded after~~

103.15 ~~each use.~~ Diapering must not take place in a food preparation area.

103.16 (f) Disposable diapers must be disposed of in a covered diaper disposal container located

103.17 in the diaper changing area and lined with a disposable plastic bag or directly outdoors outside the
~~home in~~

103.18 a garbage can.

103.19 Sec. 16. **[142I.16] ENVIRONMENTAL HEALTH.**

103.20 Subdivision 1. **Water supply.** (a) All family child care programs must have a safe water
 103.21 supply.

103.22 (b) Family child care programs that draw water from privately owned wells must:

103.23 (1) test the water annually by a Department of Health-certified laboratory for coliform

103.24 bacteria and nitrate nitrogen and receive confirmation that the water is safe. The family

103.25 child care program must submit a copy of the test results with the agency. Retesting and

103.26 corrective measures may be required by the agency if results do not meet state drinking

103.27 water standards or where the supply may be subject to off-site contamination. A copy of

103.28 the most recent water testing results must be kept on the licensed premises. If the water test

103.29 results are at or above Department of Health-recommended levels or if the license holder

103.30 declines to test the water supply in the program, the license holder must:

103.31 (i) supply bottled or packaged water; or

104.1 (ii) use water filtration devices that have been certified by the National Science
 104.2 Foundation or American National Standards Institute to remove the contaminant. The water
 104.3 filtration device must be attached directly to water faucets, inserted into the refrigerator
 104.4 water dispenser, or inserted into water pitchers or bottles. The water filtration device must
 104.5 be maintained according to manufacturer guidelines; or

104.6 (2iii) close the family child care program to prevent children from using or consuming
 104.7 unsafe water.

104.8 Subd. 2. **Radon testing.** (a) The license holder must notify parents whether radon testing
 104.9 has been conducted in the family child care program upon enrollment and within 30 days
 104.10 of any subsequent testing done after enrollment.

104.11 (b) When notifying parents, the license holder must use a form prescribed by the
 104.12 commissioner. The notice must include information from the Department of Health about
 104.13 what radon is and the potential risks associated with radon exposure. If testing has been
 104.14 completed, the notice must include:

104.15 (1) the date of the most recent test;

104.16 (2) the rooms or areas tested; and

104.17 (3) the detected radon level or levels, stated in picocuries per liter (pCi/L).

104.18 (c) A copy of the most recent notice to parents and the radon test results must be kept
 104.19 on site and made available to parents and the commissioner upon request.

104.20 Sec. 17. **[142L.17] ACTIVITIES AND EQUIPMENT.**

104.21 Subdivision 1. **General activities.** Child care activities must provide for the physical,
 104.22 intellectual, emotional, and social development of the children in care at a family child care
 104.23 program. Activities must include any infants, toddlers, preschoolers, and school-age children
 104.24 and:

104.25 (1a) be scheduled indoors and outdoors ~~daily~~, weather permitting. ~~When determining if~~
 104.26 ~~the weather permits outdoor play, a license holder must defer to weather advisory~~
 104.27 ~~notifications, including air quality emergencies, provided by local weather experts, local or~~
 104.28 ~~state authority on air quality, or public health;~~

104.29 (2b) be appropriate to the age and developmental stage of the child;

104.30 (3c) include active and quiet activity; and

104.31 (4d) include both caregiver-directed and child-~~initiated~~ ~~directed~~ activities.

- 105.1 Subd. 2. **Equipment.** A license holder must provide children in a family child care
 105.2 program with:
equipment that is safe in good repair, and sufficient in quantity for the number and ages of
children in care.
- 105.3 ~~(1) sufficient play equipment to allow each child a choice of at least three activities~~
 105.4 ~~involving equipment when all children are using equipment;~~
- 105.5 ~~(2) early learning materials, play equipment, and space that are age and developmentally~~
 105.6 ~~appropriate and culturally diverse; and~~
- 105.7 ~~(3) play equipment that is safe, in good repair, and used in accordance with the~~
 105.8 ~~manufacturer's instructions.~~
- 105.9 Subd. 3. **Newborn or infant activities.** When a newborn or infant is in care, A-a caregiver
must:
- 105.10 ~~(4a) hold a-newborns or infants during feedings until they child can hold the bottle. A bottle~~
 105.11 ~~cannot be propped up for a newborn or infant;~~
- 105.12 ~~(2b) respond to a-newborn's' or infant's' attempts to communicate;~~
- 105.13 ~~(3) develop infant language and communication by responding to a newborn's or infant's~~
 105.14 ~~attempts to communicate by mirroring similar sounds, sharing the child's focus of attention,~~
 105.15 ~~talking to the newborn or infant, naming objects, and describing actions;~~
- 105.16 ~~(4c) provide a newborns and infants with freedom of movement to sit safely and comfortably,~~
 105.17 ~~crawl, toddle, walk, and play both indoors and outdoors throughout the day, Noncreeping~~
newborns and infants must spend part of each day out of a crib or infant seat. Creeping infants
must have some freedom to explore outside of the crib or infant seat;
- 105.18 ~~(5d) provide a newborns or infants an opportunity to stimulate the senses by providing a~~
 105.19 ~~variety of activities and objects to see, touch, feel, smell, hear, and taste;~~
- 105.20 ~~(6e) provide activities for a newborns or infants that develop their child's manipulative and~~
 105.21 ~~fine and gross motor skills;~~
- 105.22 ~~(7f) provide activities for self-awareness; and~~
- 105.23 ~~(8g) provide activities to support a newborn or infant to develop social-emotional skills;~~
- 105.24 ~~(9) provide activities to support a newborn or infant to develop gross motor skills; and~~
- 105.25 ~~(10) allow a newborn or infant actively supervised tummy time. For the purposes of this~~
 105.26 ~~clause, "tummy time" means placing a newborn or infant in a nonrestrictive prone position,~~
 105.27 ~~lying on their stomach. Tummy time should occur throughout the day when a newborn or~~
 105.28 ~~infant is awake. A newborn or infant must not be wearing anything to restrict movement during~~
 105.29 ~~tummy time.~~

105.30 Subd. 4. **Newborn and infant equipment.** When caring for newborns or infants, a

105.31 license holder must provide:

- 106.1 ~~(1a)~~ (1a) an infant seat or high chair, as appropriate, ~~for each newborn and infant in attendance;~~
- 106.2 ~~(2b)~~ (2b) a crib or portable crib with a mattress or pad for each newborn and infant in attendance
- 106.3 ~~that is in compliance~~ complies with current Consumer Product Safety Commission safety standards
- 106.4 ~~and chapter 142B.45. The license holder must maintain documentation on site or electronically that the~~
- 106.5 ~~equipment used meets these requirements and provide it to the commissioner and parents~~
- 106.6 ~~as requested;~~
- 106.7 ~~(3c)~~ (3c) books and literacy materials;
- 106.8 ~~(4e)~~ (4e) gross motor activity equipment; and
- 106.9 ~~(5f)~~ (5f) fine motor activity materials.
- 106.10 **Subd. 5. Toddler activities.** When caring for toddlers, a license holder must:
- 106.11 ~~(1a)~~ (1a) provide ~~the toddlers~~ with freedom of movement and freedom to explore outside the
- 106.12 ~~crib or portable crib and allow the toddler to comfortably sit, crawl, toddle, walk, and play~~
- 106.13 ~~according to the toddler's stage of development;~~
- 106.14 ~~(2b)~~ (2b) talk to, listen to, and interact with ~~the toddlers~~ to encourage language development;
- 106.15 ~~(3c)~~ (3c) provide ~~the toddlers~~ with activities that develop ~~the child's~~ their fine and gross motor skills;
- 106.16 ~~(4)~~ (4) give ~~the toddlers~~ opportunities to stimulate the senses by providing a variety of
- 106.17 ~~age-appropriate activities and objects to see, touch, feel, smell, hear, and taste; and~~
- 106.18 ~~(5)~~ (5) provide activities to support ~~the toddlers' to develop~~ social-emotional ~~skills~~ development.
- 106.19 **Subd. 6. Toddler equipment.** When caring for toddlers, a license holder must provide:
- 106.20 ~~(1a)~~ ~~clean and separate sleeping equipment for each toddler such as~~ a mat, crib, cot, bed,
- 106.21 ~~sofa, or sleeping bag for each toddler that is cleaned and maintained as required in subdivision 10 and~~
- 106.22 ~~section~~ 142I.15, subdivision 5;
- 106.23 ~~(2b)~~ (2b) gross motor play equipment;
- 106.24 ~~(3c)~~ (3c) books and literacy materials;
- 106.25 ~~(4d)~~ (4d) fine motor, math, and science materials; and
- 106.26 ~~(5e)~~ (5e) music, movement, and art activity materials.
- 106.27 **Subd. 7. Preschooler activities.** When caring for preschoolers, a license holder must:
- 106.28 ~~(1a)~~ (1a) encourage conversation between the ~~child~~ preschoolers and other children and adults;

- 107.1 (2b) provide opportunity to play near and with other children, provide time and space for
 107.2 individual and group play, allow for quiet times to talk or rest, and allow for unplanned
 107.3 time and individual play time;
- 107.4 (3c) foster understanding of personal and peer feelings and actions and allow for the
 107.5 constructive release of a range of feelings through discussion or play;
- 107.6 (4d) give assistance in ~~toileting and providetoileting~~, provide time to carry out self-help skills,
 107.7 and provide
 107.8 opportunities to be responsible for activities;
- 107.9 (5e) provide opportunities for each child to make decisions about daily activities and to
 107.10 learn from the ~~decision-making experiences~~consequences of decisions;
- 107.11 (6f) provide time and areas for age-appropriate gross motor play;
- 107.12 (7g) provide learning, ~~small-muse~~fine motor, manipulative, creative, or sensory activities;
 107.13 and
- 107.14 (8h) read stories, look at books together, and talk about new words and ideas with the
 107.15 childpreschoolers.
- 107.16 **Subd. 8. Preschooler equipment. When caring for preschoolers, a license holder must**
 107.17 **provide:**
- 107.18 (1a) a mat, bed, cot, sofa, or sleeping bag for each preschooler ~~that is clean and maintained~~
 107.19 ~~as required under subdivision 10 and section 142I.15, subdivision 5;~~
- 107.20 (2b) dramatic play ~~equipment~~materials;
- 107.21 (3c) books and literacy materials;
- 107.22 (4d) fine motor materials;
- 107.23 (5e) gross motor ~~play equipment~~materials;
- 107.24 (6f) math materials;
- 107.25 (7g) science materials;
- 107.26 (8) music and movement materials; and
- 107.27 (9) art materials.
- 107.28 **Subd. 9. School-age activities and equipment. When caring for school-age children,**
 107.29 **a license holder must:**
- 107.30 (1a) provide opportunities for individual discussion about the day and planning for
 107.31 activities;

108.1 (2b) provide space, opportunities, and materials or equipment for games, activities, or
 108.2 sports using the whole body;

108.3 (3c) provide space, ~~bedding materials,~~ and opportunities for individual rest and quiet time
 108.4 ~~required under subdivision 10;~~

108.5 (4d) allow increased freedom as the child demonstrates increased responsibility;

108.6 (5e) provide opportunities for group experiences with other children;

108.7 (6f) provide opportunities to develop or expand self-help skills or real-life experiences;
 108.8 and

108.9 (7g) provide opportunities and materials for creative and dramatic activity, arts, and crafts.

108.10 Subd. 10. **Bedding.** Clean, ~~and~~ separate, ~~and individual~~ bedding such as sheets, towels,
 108.11 blankets, or sleeping bags must be provided for each child in care. For children not using
 108.12 cribs or portable cribs, the license holder must provide developmentally appropriate mats,
 108.13 cots, or other sleep equipment that can be cleaned and disinfected, ~~as necessary,~~ according to
 108.14 section

108.14 142I.15. Mats, cots, and other sleep equipment used in the family child care program must
 108.15 be in good condition and have no tears or holes and be covered in individual bedding.

108.16 Subd. 11. **Separation of personal articles.** Separate towels, wash cloths, water bottles,
 108.17 and drinking cups must be used for each child and labeled appropriately.

108.18 Sec. 18. **[142I.18] INFANT SLEEP AND CRIB REQUIREMENTS.**

108.19 Subdivision 1. **Safety.** All license holders must follow the crib safety requirements in
 108.20 section 142B.45 and the requirements to reduce the risk of sudden unexpected infant deaths
 108.21 in section 142B.46. During routine licensing inspections and when investigating complaints
 108.22 regarding alleged violations of this section, the commissioner must review the license
 108.23 holder's documentation required under section 142B.45.

108.24 Subd. 2. **Monitoring sleeping newborns and infants.** (a) Caregivers must directly
 108.25 supervise newborns once they are placed in a crib or portable crib.

108.26 ~~(b) Caregivers must conduct in-person checks every 20 minutes for infants who are six~~
 108.27 ~~months old or younger once they have been placed in a crib or portable crib.~~

108.28 (eb) Monitors may be used to supervise infants when the infants are sleeping. ~~However,~~
 108.29 ~~the use of monitors does not replace the in-person checks required under paragraph (b).~~

108.30 When in use, monitors must meet the following conditions:

109.1 (1) the sound monitoring equipment must be able to pick up the sounds of all infants in
 109.2 the separate room;

109.3 (2) the receiver of the sound monitoring equipment must be actively monitored by the
 109.4 adult caregiver at all times; and

109.5 (3) sound monitoring equipment must be checked daily prior to use to ensure it is working
 109.6 correctly. If the sound equipment is not functioning, infants must sleep in the same room
 109.7 as the caregiver.

109.8 ~~(d) If music or other sounds are played in the infant sleep area, the music or other sound~~
 109.9 ~~equipment must not be played at a volume that would prevent infants from being heard by~~
 109.10 ~~the caregiver. This paragraph applies to fans used to create sound.~~

109.11 Sec. 19. **[142I.19] HEALTH POLICIES AND SAFETY REQUIREMENTS.**

109.12 Subdivision 1. **Handling and disposal of bodily fluids.** (a) Surfaces that come in contact
 109.13 with bodily fluids must be cleaned and disinfected as described in section 142I.15.

109.14 (b) Blood-contaminated material must be disposed of in a plastic bag and securely tied.

109.15 (c) If a provider has a child with a health care need that requires injectable medication,
 109.16 they must have a sharps container available.

109.17 (d) A license holder must keep disposable gloves, disposal bags, and ~~safety goggles or eye~~
 109.18 protection
 109.18 available. Prescription eyewear does not meet the requirements of this paragraph.

109.19 Subd. 2. **Emergencies.** (a) A license holder must have a written child care emergency
 109.20 plan for emergencies that require evacuation, sheltering, or other protection of children,
 109.21 including for fires, natural disasters, intruders, or other threatening situations that may pose
 109.22 a health or safety hazard to children. The plan must be written on a form prescribed by the
 109.23 commissioner and updated ~~at least annually~~as needed. The plan must include:

109.24 (1) procedures for an evacuation, relocation, shelter-in-place, or lockdown;

109.25 (2) a designated relocation site and evacuation route;

109.26 (3) procedures for notifying a child's parent of an evacuation, shelter-in-place, or
 109.27 lockdown, including procedures for reunification with families;

109.28 (4) accommodations for a child with a disability or a medical condition, ~~if applicable;~~

109.29 (5) procedures for storing a child's medically necessary medicine that facilitate easy
 109.30 removal during an evacuation or relocation, ~~if applicable;~~

109.31 (6) procedures for continuing operations in the period during and after a crisis;

110.1 (7) procedures for communicating with local emergency management officials, law
 110.2 enforcement officials, or other appropriate state or local authorities; and

110.3 (8) accommodations for infants and toddlers, if applicable.

110.4 (b) The license holder must ~~train~~ review any changes to the child care emergency plan with
 110.5 each caregiver before the caregiver provides care. ~~and~~

110.6 at least annually on the child care emergency plan and document completion of this training.

110.7 (c) The child care emergency plan must be available for review by the agency during
 110.8 inspections.

110.9 (d) In addition to the emergency plan required under paragraph (a), the license holder
 110.10 must ~~maintain be~~ preparedness for emergencies. An operable telephone must be located in the
 110.11 family child care program. A cellular telephone may be used if it is sufficiently charged for
 110.12 use at all times. Emergency phone numbers for parents must be readily available within the
 110.13 program and taken on all emergency ~~drills and~~ evacuations and off-site activities.

110.14 (e) For severe storms and tornadoes, the license holder must have a designated area that
 110.15 children can go to for shelter, a battery-operated flashlight, and a portable radio or TV
 110.16 available. An application on a smartphone may be used to meet the requirements of this
 110.17 paragraph. The license holder must ~~stay updated for current emergency information and~~
 110.18 instructions. ~~follow guidance and instructions from the Emergency~~
 110.19 Alert System or local alerting systems.

110.20 (f) The license holder must have a written fire escape plan that includes:

110.21 ~~(1) the address of the family child care program;~~

110.22 ~~(2) emergency phone numbers;~~

110.23 ~~(3) a designated place to meet outdoors and confirm that all children in attendance are~~
 110.24 present;

110.25 ~~(4) fire extinguisher locations;~~

110.26 ~~(5) plans for monthly fire and storm drills; and~~

110.27 ~~(6) escape routes to the outside from all levels used by children. In buildings with three~~
 110.28 or more dwelling units, enclosed exit stairs must be indicated.

110.29 (g) The license holder must complete a monthly fire drill and have ~~written or electronic~~
 110.30 documentation of

110.31 completed fire drills available for review by the agency during inspections. The log must
 110.32 include the date of the drill, ~~the time of day the drill occurred, the name of the caregiver~~
 110.33 who conducted the drill, and the length of time taken to evacuate all children safely.

110.34 Subd. 3. **Transporting children.** Children must only be transported in an enclosed

110.31 passenger vehicle capable of using car seats or a bus operated by a common carrier. When

111.1 transporting children in an enclosed passenger vehicle other than a bus operated by a common
 111.2 carrier, a license holder must:

111.3 ~~(1a)~~ ensure compliance with all seat belt and child passenger restraint system requirements
 111.4 under sections 169.685 and 169.686;

111.5 ~~(2b)~~ ensure that the child is fastened in a safety seat, seat belt, or harness appropriate to
 111.6 the age and weight of the child and the restraint is installed and used in accordance with the
 111.7 manufacturer's instructions;

111.8 ~~(3c)~~ only use a vehicle licensed in accordance with the laws of the state and driven by a
 111.9 caregiver with a current, valid ~~motor vehicle~~driver's license. A copy of the current driver's license,
 111.10 for each caregiver who transports a child in care, must be kept at the family child care
 111.11 program;

111.12 ~~(4d)~~ receive written permission to transport children from parents prior to transport; and

111.13 ~~(5e)~~ not allow a child to remain unattended in any vehicle.

111.14 Subd. 4. **Pets and animals.** When keeping pets or animals on the site of a family child
 111.15 care program or allowing children to have contact with pets or animals, the primary provider
 111.16 of care must:

111.17 ~~(1a)~~ maintain the pets or animals in good health ~~and proper housing~~. Pets or animals must
 111.18 be appropriately ~~immunized~~vaccinated, and ~~the current~~ rabies vaccinations must be documented
 111.19 with a current
 111.19 certificate from a veterinarian when appropriate;

111.20 ~~(2) follow all local and state ordinances regarding the keeping, licensing, number, and~~
 111.21 ~~health status of animals;~~

111.22 ~~(3b)~~ restrict any animals that pose a ~~credible~~ risk of injury or illness to children from indoor
 111.23 and
 111.23 outdoor areas used by children;

111.24 ~~(4c)~~ inform parents in writing of the presence of pets and animals on the premises. ~~If pets~~
 111.25 ~~or animals are allowed to roam in areas occupied by children, the license holder must obtain~~
 111.26 ~~written acknowledgment from parents~~. Parents must be notified in writing prior to the
 111.27 introduction of a new pet;

111.28 ~~(5d)~~ keep any ~~reptiles~~, amphibians, ferrets, poisonous animals, psittacine birds, exotic
 111.29 animals, and wild animals inaccessible to children ~~Animals from visiting "zoos" or guest speakers~~
 111.29 ~~are allowed if they are safe;~~

111.30 ~~(6) not allow any contact between children and pets or animals that is not directly~~
 111.31 ~~supervised by an adult caregiver who is in close physical proximity and able to immediately~~

- 112.1 ~~intervene if the child or animal shows distress or aggression or if the child is treating the~~
 112.2 ~~animal inappropriately;~~
- 112.3 ~~(7) immediately intervene to protect a child when necessary;~~
- 112.4 ~~(8) Pet cages, enclosures, and aquariums accessible to children must be located and cleaned~~
~~away from food areas; prevent pets and animals from accessing food preparation, storage, and~~
~~serving areas~~
- 112.5 ~~when food is being prepared or served, unless confined in a cage or kennel. Litter boxes~~
 112.6 ~~are prohibited in any food preparation, storage, or serving areas;~~
- 112.7 ~~(9) keep indoor and outdoor areas that are accessible to children free of animal waste that is not~~
~~contained in a cage or covered litter box. Litter boxes are prohibited in any food preparation,~~
~~storage, or serving areas., including~~
- 112.8 ~~litter boxes and their contents. Pet cages, enclosures, and aquariums accessible to children~~
 112.9 ~~must be located and cleaned away from food areas;~~
- 112.10 ~~(10h) immediately on the day the injury occurs, notify a parent of a child who receives an~~
~~animal bite or scratch that breaks the skin while in the family child care program;~~
- 112.11 ~~(11i) notify the local animal authority on the day of the injury whenever an individual is bitten~~
~~by an animal bites an individual associated with the program while children are in care on~~
 112.12 ~~the day of injury. The notification must be made before any steps are taken to euthanize the~~
 112.13 ~~animal, and the license holder must take reasonable steps to confine the animal if it is their own;~~
~~and~~
- 112.14 ~~(12j) notify the licensing agency within 24 hours of any animal bite from an animal~~
 112.15 ~~housed at the licensed family child care program.~~
- 112.16 Subd. 5. **Pest control.** (a) A license holder must take effective measures to protect the
 112.17 family child care program against pests. The license holder must take steps to prevent
 112.18 attracting pests and, if pests are present inside the family child care program, to remove or
 112.19 exterminate the pests.
- 112.20 (b) Chemicals for pest control must not be applied in areas accessible to children when
 112.21 children are present. The license holder must use chemicals according to manufacturer
 112.22 instructions. ~~Only approved, Environmental Protection Agency registered insecticides,~~
 112.23 ~~rodenticides, and herbicides may be used. Application must strictly follow all label~~
 112.24 ~~instructions.~~
- 112.25 Subd. 6. **Garbage.** Garbage must be inaccessible to infants, ~~and toddlers., and preschoolers.~~
 112.26 Garbage is considered inaccessible when the garbage container has a lid on it.
- 112.27 Subd. 7. **Firearms.** (a) ~~A license holder and all caregivers, parents, household members,~~
 112.28 ~~and visitors to the family child care program must comply with the requirements of this~~
 112.29 ~~subdivision during program hours.~~

112.30 ~~(b)~~ Ammunition and firearms must be ~~separately~~ stored in locked areas separated from areas

112.31 accessible to children. Firearms must be unloaded ~~while stored~~ and inaccessible to children.

113.1 ~~(c) License holders must notify parents upon admission of the presence of firearms. If~~
 113.2 ~~a firearm is added to the property, a license holder must notify parents by the end of the~~
 113.3 ~~following business day.~~

113.4 (db) Loaded and unloaded firearms may be carried by a law enforcement official who is
 113.5 a household member or a parent of a child in care and can document that their jurisdiction
 113.6 requires ready and immediate access to the firearm.

113.7 Subd. 8. **First aid kit.** A license holder must have a first aid kit that is **always** accessible to
 113.8 caregivers in the family child care program **at all times** and taken on field trips. A caregiver
 113.9 must have access to first aid instructions. The first aid kit must contain:

113.10 (1a) adhesive bandages in assorted sizes **and tape**;

113.11 (2b) sterile compresses;

113.12 (3c) scissors;

113.13 (4d) an ice bag or cold pack;

113.14 (5e) a thermometer;

113.15 (6f) mild liquid soap, hand sanitizer, or alcohol wipes; **and**

113.16 (7g) disposable powder-free, latex-free gloves; **and**

(h) medical tape.

113.17 Subd. 9. **Care of sick children.** (a) If the child becomes sick while at the family child
 113.18 care program, the child must be separated from other children in care to the extent possible
 113.19 while still maintaining appropriate supervision, and the child's parent must be called
 113.20 immediately.

(b) The provider shall notify the parent immediately when a child in care develops any of the following symptoms:

(1) underarm temperature of 100 degrees Fahrenheit or over, or an oral temperature of 101 degrees Fahrenheit or over;

(2) vomiting;

(3) diarrhea; or

(4) rash, other than mild diaper or heat-related rash.

113.21 (bc) When notified a child in care is sick with a reportable disease under Minnesota Rules,
 113.22 parts 4605.7040, 4605.7050, or 4605.7080, the license holder must:

113.23 (1) follow the family child care program policies on reportable or infectious diseases;

113.24 and

113.25 (2) notify the commissioner of health within 24 hours of receiving the parent or staff

113.26 report. ~~Documentation of the notification must be kept at the family child care program.~~

- 113.27 (ed) Children with a reportable disease in paragraph (b) must be excluded from the family
- 113.28 child care program for the length of time specified in the commissioner of health guidelines
- 113.29 on infectious diseases in child care settings, until the child can participate in routine activities
- 113.30 without more caregiver supervision than usual or until the child's health care provider
- 113.31 determines that exclusion is no longer necessary, whichever is longer. **Nothing in this section prevents a provider from upholding the family child care program's illness policies that may be more restrictive and have longer exclusion periods than other guidelines.**

114.1 Subd. 10. **Medication administration requirements.** (a) A license holder must obtain
114.2 written permission from the parent of a child prior to administering nonprescription medicine,
114.3 diapering products, sunscreen lotions, and insect repellents. These items must be administered
114.4 according to the manufacturer instructions unless written instructions for their use are
114.5 provided by a health care provider.

114.6 (b) A license holder must obtain and follow written instructions from a health care
114.7 provider or dentist prior to administering each prescribed medication. For the purposes of
114.8 this paragraph, "instructions" include the label on a medicine container with the child's name
114.9 and current prescription information.

114.10 Sec. 20. **[142I.20] FOOD AND NUTRITION.**

114.11 Subdivision 1. **Feeding.** (a) Bottles of frozen breast milk or formula must be thawed
114.12 under warm running water, in a container of warm water, with a warming device, or in a
114.13 refrigerator. Thawed milk must be used, sent home, or disposed of the same day it is thawed.

114.14 ~~(b) Plastic bottles, sippy cups, or other plastic food containers must never be warmed~~
114.15 ~~in a microwave.~~

114.16 (eb) Once bottle feeding is complete, any unused portion must be disposed of or stored
114.17 inaccessible to children in care. Bottles provided by or stored at the family child care program
114.18 must be washed prior to the next use.

114.19 ~~(dc) License holders must not serve food to infants or toddlers using polystyrene foam~~
114.20 ~~(Styrofoam) cups, bowls, or plates.~~

114.21 Subd. 2. **Milk.** Cow's milk served to children in care must be pasteurized. Milk
114.22 alternatives that are nutritionally equivalent to cow's milk can be served in place of fluid
114.23 milk for children who require it.

114.24 Subd. 3. **Drinking water.** Drinking water from a safe source according to section 142I.16
114.25 must be readily available and offered throughout the day ~~in indoor and outdoor areas.~~

114.26 Subd. 4. **Meals and snacks.** (a) Well-balanced meals and snacks must be supplied by
114.27 the license holder or parents daily. ~~Every meal and snack served to children in care must~~
114.28 ~~meet the requirements for a reimbursable meal per the Child and Adult Care Food Program,~~
114.29 ~~regardless of whether the family child care program is registered with or participates in the~~
114.30 ~~food program.~~

115.1 ~~(b) Meals and snacks provided from the child's home must be labeled with the child's~~
 115.2 ~~name.~~ When special diets are required for cultural, religious, or medical reasons, the provider
 115.3 shall obtain written, dated, and signed instructions from the child's parent.

115.4 (c) Flexible feeding schedules must be provided for infants.

115.5 (d) Food, liquids, and bottles brought from home must be labeled with the ~~child's first and last~~
 115.6 ~~name of each child.~~

115.7 Subd. 5. **Food and liquid safety.** (a) Food and liquids must be handled and stored
 115.8 properly to prevent contamination and spoilage. Foods and liquids requiring refrigeration
 115.9 must be refrigerated and maintained at no more than 40 degrees Fahrenheit. Food requiring
 115.10 heating must be maintained at no less than 140 degrees Fahrenheit until ready to serve.
 115.11 Frozen foods must be kept frozen until use and cooked according to the manufacturer's
 115.12 instructions.

115.13 (b) Appliances used in food and liquid storage and preparation must be safe and ~~reasonably~~
 115.14 ~~clean.~~

115.15 (c) All canned food provided by the license holder must be commercially processed.
 115.16 Locally grown fresh and frozen fruits and vegetables may be served at the family child care
 115.17 program. Food canned or preserved at home and home-butchered meats, poultry, and fish
 115.18 may not be served to children in care.

115.18 Sec. 21. **[142I.21] CHILDREN WITH SPECIAL HEALTH CARE NEEDS OR**
 115.19 **DISABILITIES.**

115.20 (a) "Child with a disability" means a child who has been determined by a physician, a school district
 115.21 multidisciplinary team, or other person licensed to identify disabling conditions, to have a hearing, mental,
 115.22 neurological, developmental, serious emotional, social, learning, speech or language, physical, or visual
 115.23 impairment.

115.24 (b) For children with disabilities who require therapy, additional behavior guidance,
 115.25 programming, or alternative accommodations, the parents or health care provider must
 115.26 provide written ~~information and~~ instructions for the license holder ~~to follow.~~

115.27 ~~(b) All activities must be designed to include all children unless a specific medical~~
 115.28 ~~contraindication exists.~~

115.29 ~~(c) All caregivers responsible for the care of a child with a disability or special health~~
 115.30 ~~care need shall demonstrate to the parents and the agency how the child's specific needs are~~
 115.31 ~~being met.~~

115.32 ~~(d)~~ Before enrolling a child for care, the license holder must obtain documentation of
 115.33 any known allergies on a form prescribed by the commissioner. The form must be readily
 115.34 available to all caregivers and reviewed by the license holder and each caregiver ~~annually~~

115.31 ~~and whenever~~ any updates or changes are made.

116.1 (ed) If a child has a known allergy, the primary provider of care must maintain current
 116.2 information about the allergy in the child's record, ensure that required medication is on
 116.3 hand, and follow the allergy plan signed by a treating medical professional. The child's plan
 116.4 must include:

116.5 (1) a description of the allergy;

116.6 (2) specific triggers and avoidance techniques;

116.7 (3) symptoms of an allergic reaction; and

116.8 (4) procedures for responding to an allergic reaction, including any medication and
 116.9 dosage to be administered in an emergency-situation.

116.10 (fe) A caregiver must call emergency medical services when epinephrine is administered
 116.11 to a child in the license holder's care.

116.12 (gf) The caregiver must contact the child's parent immediately after any instance of
 116.13 exposure to an allergen or allergic reaction.

116.14 ~~Sec. 22. [142I.22] COMMUNITY-BASED FAMILY CHILD CARE.~~

116.15 ~~(a) A family child care program located on a site other than the license holder's primary~~
 116.16 ~~residence must be licensed under this section if:~~

116.17 ~~(1) the family child care program is conducted in a dwelling on a residential lot or in a~~
 116.18 ~~commercial space other than the license holder's primary residence;~~

116.19 ~~(2) the license holder is an organization, employer, church, or religious entity; or~~

116.20 ~~(3) the license holder is a community collaborative child care provider. For purposes of~~
 116.21 ~~this clause, a "community collaborative child care provider" is a provider participating in~~
 116.22 ~~a cooperative agreement with a community action agency as defined in section 142F.301.~~

116.23 ~~(b) Programs licensed under paragraph (a) must comply with local zoning regulations,~~
 116.24 ~~the applicable State Fire Code, and the State Building Code. Any age and capacity limitations~~
 116.25 ~~established by the fire code must be printed on the license.~~

116.26 ~~(c) A license holder under this section must designate at least one primary provider of~~
 116.27 ~~care as follows:~~

116.28 ~~(1) one individual for programs operating eight or fewer hours per day;~~

116.29 ~~(2) up to two individuals for programs operating more than eight but no more than 16~~
 116.30 ~~hours per day; and~~

117.1 ~~(3) up to three individuals for programs operating more than 16 hours per day.~~

117.2 ~~(d) The license issued under this section must include the statement: "This~~
 117.3 ~~community-based family child care license holder is not licensed as a child care center."~~

117.4 ~~(e) The commissioner may approve up to four licenses at the same location or under one~~
 117.5 ~~contiguous roof if each license holder independently meets all applicable requirements.~~

117.6 ~~Each licensed family child care program must operate as a distinct family child care program~~
 117.7 ~~within its licensed capacity, age, and ratio limits as determined by the state fire marshal.~~

117.8 ~~Only one license may be issued per single-family residential home.~~

117.9 ~~(f) The license holder must notify the commissioner in writing before any change in the~~
 117.10 ~~persons designated as primary providers of care. A primary provider of care is authorized~~
 117.11 ~~to communicate with the commissioner on licensing matters.~~

117.12 ~~(g) Each license holder must complete the commissioner-developed community-based~~
 117.13 ~~family child care program plan at the time of initial application, review the plan each calendar~~
 117.14 ~~year, and update the plan before any change in program information occurs.~~

117.15 Sec. 23. **REVISOR INSTRUCTION.**

117.16 ~~(a) The revisor of statutes must make any necessary changes to statutory cross-references~~
 117.17 ~~to reflect the changes in this article.~~

117.18 ~~(b) The revisor of statutes shall replicate the statutory history for all sections and~~
 117.19 ~~subdivisions repealed and reenacted in this article.~~

117.20 Sec. 24. **REPEALER.**

117.21 ~~(a) Minnesota Rules, parts 9502.0300; 9502.0315; 9502.0325; 9502.0335; 9502.0341;~~
 117.22 ~~9502.0345; 9502.0355; 9502.0365; 9502.0367; 9502.0375; 9502.0395; 9502.0405;~~
 117.23 ~~9502.0415; 9502.0425; 9502.0435; and 9502.0445, are repealed.~~

117.24 ~~(b) Minnesota Statutes 2024, sections 142B.01, subdivision 13; 142B.41, subdivisions~~
 117.25 ~~4 and 8; 142B.62; 142B.70, subdivisions 1, 2, 3, 4, 5, 6, 9, 10, 11, and 12; 142B.71; 142B.72;~~
 117.26 ~~142B.74; 142B.75; 142B.76; and 142B.77, are repealed.~~

117.27 ~~(c) Minnesota Statutes 2025 Supplement, sections 142B.41, subdivision 9; and 142B.70,~~
 117.28 ~~subdivisions 7 and 8, are repealed.~~

EFFECTIVE DATE. This section is effective July 1, 2027.