

1.1 moves to amend H.F. No. 4466, the first engrossment, as follows:

1.2 Page 62, after line 33, insert:

1.3 "ARTICLE 4

1.4 CHILD CARE CENTER LICENSING MODERNIZATION

1.5 Section 1. [142H.01] DEFINITIONS.

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

1.8 Subd. 2. **Accessible to children.** "Accessible to children" means capable of being reached
1.9 or utilized by a child without the aid of an adult.

1.10 Subd. 3. **Accredited.** "Accredited" means a postsecondary institution or technical college
1.11 recognized and listed in The Database of Accredited Postsecondary Institutions and Programs
1.12 maintained by the United States Department of Education.

1.13 Subd. 4. **Age categories.** (a) "Infant" means a child who is at least six weeks old but
1.14 less than 16 months old.

1.15 (b) "Toddler" means a child who is at least 16 months old but less than 33 months old.

1.16 (c) "Preschooler" means a child who is at least 33 months old up to school age.

1.17 (d) "School age" means a child who is at least of sufficient age to have attended the first
1.18 day of kindergarten, or is eligible to enter kindergarten within the next four months, but is
1.19 younger than 13 years of age. A child who becomes 13 during the school year may continue
1.20 to be considered a school-age child for the remainder of the school year.

1.21 Subd. 5. **Applicant.** "Applicant" has the meaning given in section 142B.01, subdivision

1.22 4.

2.1 Subd. 6. **Arrival and departure times.** "Arrival and departure times" means the times
2.2 when children typically arrive at or depart from a center. A center cannot designate more
2.3 than 25 percent of licensed hours of operation as arrival and departure times. The designated
2.4 arrival and departure times must be used at the beginning or end of a center's licensed hours
2.5 of operation.

2.6 Subd. 7. **Building official.** "Building official" means the person appointed pursuant to
2.7 section 326B.133 to administer the State Building Code or the building official's authorized
2.8 representative.

2.9 Subd. 8. **Center.** "Center" means a child care program that is not excluded by section
2.10 142B.05, subdivision 2, and is not a family child care program, as defined in section 142I.01,
2.11 subdivision 22.

2.12 Subd. 9. **Child.** "Child" means a person receiving child care services who falls within
2.13 the age categories in subdivision 4.

2.14 Subd. 10. **Child care program.** "Child care program" means the organization or
2.15 arrangement of activities, personnel, materials, and equipment in a facility to promote the
2.16 physical, intellectual, social, and emotional development of a child in the absence of the
2.17 parent for a period of less than 24 hours a day.

2.18 Subd. 11. **Child care program plan.** "Child care program plan" means the written
2.19 document that states specific activities that will be provided by the license holder to promote
2.20 the physical, intellectual, social, and emotional development of the children enrolled in the
2.21 center.

2.22 Subd. 12. **Clean.** "Clean" means free from dirt or other contaminants that can be detected
2.23 by sight, smell, or touch.

2.24 Subd. 13. **Commissioner.** "Commissioner" has the meaning given in section 142B.01,
2.25 subdivision 7.

2.26 Subd. 14. **Day program.** "Day program" means a nonresidential child care program
2.27 that operates during waking hours and does not provide overnight care.

2.28 Subd. 15. **Department.** "Department" means the Department of Children, Youth, and
2.29 Families.

2.30 Subd. 16. **Direct contact.** "Direct contact" has the meaning given in section 245C.02,
2.31 subdivision 11.

3.1 Subd. 17. **Disinfected.** "Disinfected" means the chemical process to kill most germs and
3.2 viruses on surfaces and objects after they have been cleaned.

3.3 Subd. 18. **Drop-in child care program.** "Drop-in child care program" means a
3.4 nonresidential program of child care in which children participate on a onetime only or
3.5 occasional basis up to a maximum of 90 hours per child, per month.

3.6 Subd. 19. **Experience.** "Experience" means paid or unpaid employment:

3.7 (1) caring for children as a teacher, assistant teacher, aide, or student intern:

3.8 (i) in a licensed child care center, a licensed family child care program, or a Tribally
3.9 licensed child care program in any United States state or territory; or

3.10 (ii) in a public or nonpublic school;

3.11 (2) caring for children as a staff person or unsupervised volunteer in a certified
3.12 license-exempt child care center under chapter 142C; or

3.13 (3) providing direct contact services in a home or residential facility serving children
3.14 with disabilities that requires a background study under section 245C.03.

3.15 Subd. 20. **Facility.** "Facility" means the indoor and outdoor space where a child care
3.16 program is provided.

3.17 Subd. 21. **Fire marshal.** "Fire marshal" means the person designated by section 299F.011
3.18 to administer and enforce the State Fire Code or the fire marshal's authorized representative.

3.19 Subd. 22. **Health care provider.** "Health care provider" means a physician or physician's
3.20 assistant licensed to practice medicine under chapter 147 or an advanced practice registered
3.21 nurse licensed under chapter 148.

3.22 Subd. 23. **Health consultant.** "Health consultant" means a registered nurse, a public
3.23 health nurse, or a health care provider as defined in subdivision 22 who performs health
3.24 consultation services for a child care center pursuant to section 142H.29, subdivision 2.

3.25 Subd. 24. **Inaccessible to children.** "Inaccessible to children" means not capable of
3.26 being reached or utilized without the aid of an adult.

3.27 Subd. 25. **License.** "License" has the meaning given in section 142B.01, subdivision
3.28 16.

3.29 Subd. 26. **License holder.** "License holder" has the meaning given in section 142B.01,
3.30 subdivision 17.

4.1 Subd. 27. **Licensed capacity.** "Licensed capacity" means the maximum number of
4.2 children permitted at any one time in the program for which the license holder is licensed
4.3 to operate.

4.4 Subd. 28. **Medication.** "Medication" means any substance or preparation that is used
4.5 to prevent or treat a wound, injury, infection, and disease; maintain health; heal; or relieve
4.6 pain. This includes medication that is over the counter, or prescribed by a physician, physician
4.7 assistant, dentist, or advance practice registered nurse certified to prescribe medication, and
4.8 permitted by the parent for administration or application. This term applies to medication
4.9 taken internally or applied externally.

4.10 Subd. 29. **Night care program.** "Night care program" means a nonresidential child care
4.11 program that provides overnight care to children during sleeping hours, approximately 11:00
4.12 p.m. to 5:00 a.m. Night care programs are subject to the requirements in section 142H.16.

4.13 Subd. 30. **Parent.** "Parent" means the person or persons who has the legal responsibility
4.14 for a child such as the child's mother, father, or legally appointed guardian.

4.15 Subd. 31. **Program staff person.** "Program staff person" means an employee of the
4.16 child care center who carries out the child care program plan and has direct contact with
4.17 children. This includes unsupervised volunteers and substitutes.

4.18 Subd. 32. **Sick care program.** "Sick care program" means a nonresidential child care
4.19 program that exclusively cares for sick children. Sick care programs are subject to the
4.20 requirements in section 142H.19.

4.21 Subd. 33. **Staff supervision.** "Staff supervision" means responsibility to hire, train,
4.22 assign duties, and direct staff in day-to-day activities and evaluate staff performance. A
4.23 "supervisor" is a person with staff supervision responsibility.

4.24 Subd. 34. **State Building Code.** "State Building Code" means the codes and regulations
4.25 adopted by the commissioner of the administration according to section 326B.101, and
4.26 contained in Minnesota Rules, chapter 1300.

4.27 Subd. 35. **State Fire Code.** "State Fire Code" means the codes and regulations adopted
4.28 by the state fire marshal pursuant to section 299F.011, and contained in Minnesota Rules,
4.29 chapter 7511.

4.30 Subd. 36. **Student intern.** "Student intern" means a student of a postsecondary institution
4.31 assigned by that institution for a supervised experience with children. The experience must
4.32 be in a licensed center, an elementary school operated by the commissioner of education
4.33 or a legally constituted local school board, or a private school approved under rules

5.1 administered by the commissioner of education. Student intern includes a person who is
5.2 practice teaching, student teaching, or carrying out a practicum or internship.

5.3 Subd. 37. **Substitute.** "Substitute" means a person who is temporarily filling a position
5.4 as a director, teacher, assistant teacher, or aide in a licensed child care center for less than
5.5 500 hours total in a calendar year due to the absence of a regularly employed program staff
5.6 person.

5.7 Subd. 38. **Supervision of children.** "Supervision of children" means when a program
5.8 staff person:

5.9 (1) is accountable for the child's care;

5.10 (2) is able to intervene to protect the health and safety of the child; and

5.11 (3) is within sight and hearing of the child at all times, except as described in section
5.12 142H.24, subdivision 1.

5.13 Subd. 39. **Variance.** "Variance" means written permission by the commissioner for a
5.14 license holder or applicant to depart from the provisions of a requirement in this chapter
5.15 pursuant to section 142B.10, subdivision 16.

5.16 Subd. 40. **Volunteer.** (a) "Volunteer" means an individual who assists in the care of a
5.17 child and is not employed by the child care center.

5.18 (b) "Supervised volunteer" means a volunteer who may only have direct contact with
5.19 children when a program staff person is able to intervene to protect the health and safety of
5.20 children.

5.21 (c) "Unsupervised volunteer" means a volunteer who may have direct contact with
5.22 children without a program staff person present, must receive the training required under
5.23 section 142H.08, and may be counted in the staff-to-child ratios under section 142H.10.

5.24 Sec. 2. **[142H.02] APPLICABILITY AND LICENSING PROCESS.**

5.25 (a) No child care center may operate in Minnesota without a license pursuant to this
5.26 chapter and chapter 142B. An applicant for a license and the license holder is governed by,
5.27 and must comply with, the general requirements in this chapter and chapters 142B, 245C,
5.28 and 260E.

5.29 (b) The department may grant variances to the requirements in this chapter if the
5.30 conditions in section 142B.10, subdivision 16, are met.

6.1 Sec. 3. [142H.03] OPERATING OPTIONS.

6.2 A license holder must operate a day program, drop-in child care program, night care
6.3 program, sick child care program, or a combination of two or more kinds of programs.

6.4 Sec. 4. [142H.04] POLICIES AND PROCEDURES FOR PROGRAM
6.5 ADMINISTRATION.

6.6 (a) The license holder must maintain and enforce program policies and procedures
6.7 necessary to comply with licensing requirements under Minnesota Statutes and Minnesota
6.8 Rules.

6.9 (b) The license holder must:

6.10 (1) provide training to employees and volunteers related to their duties in implementing
6.11 the program's policies and procedures developed under paragraph (a);

6.12 (2) document the provision of this training; and

6.13 (3) monitor implementation of policies and procedures by employees and volunteers.

6.14 (c) The license holder must keep program policies and procedures readily accessible to
6.15 employees and volunteers and index the policies and procedures with a table of contents or
6.16 another method approved by the commissioner.

6.17 Sec. 5. [142H.05] DIRECTORS.

6.18 Subdivision 1. General requirements for a director. (a) A center must have a director
6.19 who is responsible for overseeing implementation of written policies relating to the
6.20 management and control of the daily activities of the program, ensuring the health and safety
6.21 of program participants, and supervising staff and volunteers.

6.22 (b) A director must:

6.23 (1) be at least 21 years old;

6.24 (2) be a graduate of a high school or hold an equivalent diploma attained through
6.25 successful completion of the commissioner of education-selected high school equivalency
6.26 test pursuant to section 124D.549;

6.27 (3) have at least 1,040 hours of paid or unpaid staff supervision experience; and

6.28 (4) have at least 12 semester credits in accredited coursework in postsecondary child
6.29 development education, supervision, management, administration, or leadership or 120

7.1 hours of training earned in the topics of child development, supervision, management,
7.2 administration, or leadership.

7.3 (c) Paragraph (b), clauses (3) and (4), are satisfied if an individual has completed a
7.4 Minnesota Association for the Education of Young Children early childhood director's
7.5 credential; Child Care Aware Minnesota director's credential; Montessori administrator
7.6 credential; or diploma issued by the American Montessori Society, Association Montessori
7.7 International, or an institution accredited by the Montessori Accreditation Council for
7.8 Teacher Education.

7.9 Subd. 2. **Director or designee on site.** (a) The director or a designee must be on site
7.10 while the center is in operation.

7.11 (b) Any program staff person who is at least 18 years old may serve as the designee.
7.12 The designee does not have to meet the director qualifications in subdivision 1 but must be
7.13 aware of the designation and be able to perform the responsibilities.

7.14 Subd. 3. **Director functioning as a teacher.** Notwithstanding section 142H.06, a director
7.15 may be used as a teacher in any classroom as needed.

7.16 Subd. 4. **Incumbent director recognition.** Notwithstanding subdivision 1, an individual
7.17 who is designated as the director of a licensed child care center on July 1, 2027, meets the
7.18 director qualification requirements of this section as long as the individual continues to
7.19 work at the program.

7.20 **Sec. 6. [142H.06] TEACHERS.**

7.21 Subdivision 1. **Teacher general qualifications.** A teacher must:

7.22 (1) be at least 18 years old; and

7.23 (2) be a graduate of a high school or hold an equivalent diploma attained through
7.24 successful completion of the commissioner of education-selected high school equivalency
7.25 test pursuant to section 124D.549.

7.26 Subd. 2. **Teacher education and experience requirements.** In addition to the general
7.27 requirements in subdivision 1, a teacher must have at least one of:

7.28 (1) 12 postsecondary semester credits and 480 hours of experience;

7.29 (2) 100 hours of commissioner-approved training within the previous five years and 480
7.30 hours of experience. After initial qualification, a teacher qualified under this clause must
7.31 fulfill at least 50 percent of in-service training requirements under section 142H.09,
7.32 subdivision 10, with commissioner-approved trainings;

8.1 (3) a credential or diploma from the American Montessori Society, Association
8.2 Montessori International, or an institution accredited by the Montessori Accreditation
8.3 Council for Teacher Education;

8.4 (4) an accredited certificate in child development or early childhood education from a
8.5 postsecondary institution;

8.6 (5) an accredited diploma, associate's degree, or bachelor's degree in child development
8.7 or early childhood education from a postsecondary institution; or

8.8 (6) a Child Development Associate (CDA) credential;

8.9 **Sec. 7. [142H.07] ASSISTANT TEACHERS.**

8.10 Subdivision 1. **Assistant teacher general qualifications.** An assistant teacher must
8.11 work under the supervision of a teacher and be:

8.12 (1) at least 18 years old; and

8.13 (2) a graduate of a high school or hold an equivalent diploma attained through successful
8.14 completion of the commissioner of education-selected high school equivalency test.

8.15 Subd. 2. **Assistant teacher education and experience requirements.** In addition to
8.16 the general requirements in subdivision 1, an assistant teacher must have at least one of:

8.17 (1) at least six postsecondary semester credits;

8.18 (2) at least 50 hours of commissioner-approved training within the previous five years.
8.19 After initial qualification, an assistant teacher qualified under this clause must fulfill at least
8.20 50 percent of in-service training requirements under section 142H.09, subdivision 10, with
8.21 commissioner-approved trainings; or

8.22 (3) at least 160 hours of experience and be making progress toward any of the teacher
8.23 qualifications in section 142H.06, subdivision 2, clauses (3) to (6). An assistant teacher
8.24 qualified under this clause must be able to provide:

8.25 (i) documentation of current enrollment; and

8.26 (ii) evidence of working toward the successful completion of the credential.

8.27 **Sec. 8. [142H.08] AIDES, VOLUNTEERS, AND SUBSTITUTES.**

8.28 Subdivision 1. **Aide qualifications.** (a) An aide must work under the supervision of a
8.29 teacher or assistant teacher, except when performing the tasks in paragraph (b). An aide

9.1 must be used pursuant to the staff distribution requirements in section 142H.10, subdivision
9.2 2.

9.3 (b) An aide may work without being supervised by a teacher or assistant teacher when
9.4 they are assisting with the supervision of sleeping children; assisting children with washing,
9.5 toileting, and diapering; or accompanying children to and from the bus stop.

9.6 (c) An aide must be at least 16 years old.

9.7 Subd. 2. **Volunteers.** (a) A volunteer may work as a teacher, assistant teacher, aide, or
9.8 substitute if the volunteer meets the requirements of that position.

9.9 (b) The license holder must maintain a list of all volunteers with relevant information,
9.10 including first and last name, whether the volunteer must be supervised at all times or may
9.11 occasionally be unsupervised, and the first date of direct contact with children.

9.12 (c) Unsupervised volunteers must successfully complete training as required in section
9.13 142H.09.

9.14 (d) Supervised volunteers must successfully complete the training required in section
9.15 142H.09, subdivision 7.

9.16 Subd. 3. **Substitutes.** (a) A substitute must either meet the requirements for the assigned
9.17 staff position or be designated as an unqualified substitute by the director or the director
9.18 designee. A director or director designee can designate a substitute as unqualified if:

9.19 (1) a teacher is continuously on site, except as provided in section 142H.10, subdivision
9.20 2, paragraph (e);

9.21 (2) when substituting as a teacher or assistant teacher, the unqualified substitute is aware
9.22 of the unqualified substitute's designated staffing position; and

9.23 (3) the unqualified substitute is at least 18 years of age.

9.24 (b) All substitutes must successfully complete the required training under section
9.25 142H.09.

9.26 Subd. 4. **Tracking unqualified substitute hours.** (a) The license holder must document
9.27 the use of unqualified substitute hours on the day the unqualified substitute works.

9.28 (b) In a calendar year, a license holder must not use unqualified substitutes more than
9.29 60 hours multiplied by the number of the center's classrooms.

10.1 (c) A license holder must maintain a log of the use of unqualified substitutes in the center
10.2 administrative record for review by the commissioner. The log must be on a form prescribed
10.3 by the commissioner.

10.4 Sec. 9. [142H.09] STAFF ORIENTATION AND TRAINING.

10.5 Subdivision 1. **Orientation training.** (a) Program staff persons must complete orientation
10.6 training before providing direct contact services to a child.

10.7 (b) The orientation training must include the following topics:

10.8 (1) abusive head trauma for staff working with a child under school age pursuant to
10.9 subdivision 8;

10.10 (2) the center's policy on administration of medication pursuant to section 142H.29,
10.11 subdivision 5;

10.12 (3) the center's policy on allergy prevention and response pursuant to section 142H.15,
10.13 subdivision 5;

10.14 (4) the center's policy on behavior guidance pursuant to section 142H.13;

10.15 (5) child passenger restraint systems pursuant to subdivision 9;

10.16 (6) the center's child care program plan pursuant to section 142H.11;

10.17 (7) the center's policy on cleaning, sanitizing, and disinfecting pursuant to section
10.18 142H.31;

10.19 (8) the center's emergency preparedness plan and procedures pursuant to section 142H.23,
10.20 subdivision 1;

10.21 (9) procedures for the handling and disposal of bodily fluids pursuant to section 142H.29,
10.22 subdivision 10;

10.23 (10) the center's emergency and accident policies pursuant to section 142H.23, subdivision
10.24 2;

10.25 (11) the center's health policies pursuant to section 142H.29;

10.26 (12) individual child care program plan or plans pursuant to section 142H.15, if
10.27 applicable;

10.28 (13) job responsibilities specific to the individual's position at the center;

10.29 (14) prevention and control of infectious diseases pursuant to section 142H.18;

11.1 (15) the center's policy on research, cameras, and social media participation procedures
11.2 pursuant to section 142H.22;

11.3 (16) the center's policy on the use of alcohol, drugs, and tobacco products pursuant to
11.4 section 142B.10, subdivision 1, paragraph (c);

11.5 (17) recognition and reporting of maltreatment, abuse and neglect pursuant to chapter
11.6 260E;

11.7 (18) the center's risk reduction plan pursuant to section 142H.24;

11.8 (19) reduction of risk of sudden unexpected infant death pursuant to the requirements
11.9 of subdivision 7 and section 142B.46; and

11.10 (20) transportation and field trip safety procedures pursuant to section 142H.33.

11.11 (c) Training for orientation may be used to meet in-service training requirements.

11.12 Subd. 2. **Child care basics training.** (a) Any program staff person hired after July 1,
11.13 2027, must complete child care licensing basics training no more than 90 days after the first
11.14 date of direct contact with a child, unless the person has completed the training within the
11.15 previous two years.

11.16 (b) Child care basics training covers information on effectively working in a child care
11.17 center setting in Minnesota. Child care basics training must be developed and updated by
11.18 the commissioner. Child care basics training may be used to meet in-service training
11.19 requirements.

11.20 Subd. 3. **Child development and learning training.** (a) Program staff persons must
11.21 complete at least two hours of child development and learning training within 90 days after
11.22 the first date of direct contact with a child and every two calendar years thereafter. For the
11.23 purposes of this subdivision, "child development and learning training" means any training
11.24 in understanding how children develop physically, cognitively, emotionally, and socially
11.25 and learn as part of the children's family, culture, and community.

11.26 (b) An individual is exempt from this subdivision if the individual:

11.27 (1) has taken a three-credit college course on early childhood development within the
11.28 past five years;

11.29 (2) has received a bachelor's or master's degree in early childhood education or school-age
11.30 child care within the past five years;

12.1 (3) is licensed in Minnesota as a prekindergarten teacher, an early childhood educator,
12.2 a kindergarten to sixth grade teacher with a prekindergarten specialty, an early childhood
12.3 special education teacher, or an elementary teacher with a kindergarten endorsement; or

12.4 (4) has received a Montessori certificate or diploma issued by American Montessori
12.5 Society, Association Montessori International, or an institution accredited by the Montessori
12.6 Accreditation Council for Teacher Education within the past five years.

12.7 Subd. 4. **Pediatric first aid.** (a) Before direct contact with a child, a program staff person
12.8 must satisfactorily complete pediatric first aid. Pediatric first aid training completed within
12.9 the previous two calendar years meets this requirement.

12.10 (b) Notwithstanding paragraph (a), a program staff person who has yet to complete initial
12.11 pediatric first aid training may provide direct contact services within 90 days after the first
12.12 date of direct contact with a child while under the continuous direct supervision of an
12.13 individual who has met the pediatric first aid training requirements of this subdivision. For
12.14 purposes of this paragraph, "continuous direct supervision" means the program staff person
12.15 is within sight or hearing of the program's supervising individual and the program's
12.16 supervising individual is capable at all times of intervening to protect the health and safety
12.17 of the children served by the program.

12.18 (c) The first aid training must have been provided by an individual approved to provide
12.19 pediatric first aid instruction.

12.20 (d) A program staff person must complete training in pediatric first aid every two calendar
12.21 years. Documentation of the training must be maintained at the center.

12.22 (e) Online training reviewed and approved by the commissioner satisfies the training
12.23 requirement of this subdivision.

12.24 (f) Pediatric first aid training in this subdivision must not be used to meet in-service
12.25 training requirements under subdivision 10.

12.26 Subd. 5. **Pediatric cardiopulmonary resuscitation.** (a) Before direct contact with a
12.27 child, a program staff person must satisfactorily complete pediatric cardiopulmonary
12.28 resuscitation (CPR) training, including CPR techniques for infants and children and the
12.29 treatment of obstructed airways. Pediatric CPR training completed within the previous two
12.30 calendar years meets this requirement.

12.31 (b) Notwithstanding paragraph (a), a program staff person who has yet to complete initial
12.32 pediatric CPR training may provide direct contact services within 90 days after the first
12.33 date of direct contact with a child, if they are under the continuous direct supervision of an

13.1 individual who has met pediatric CPR training requirements under this subdivision. For the
13.2 purposes of this paragraph, "continuous direct supervision" means the individual is within
13.3 sight or hearing of the program's supervising individual to the extent that the program's
13.4 supervising individual is capable at all times of intervening to protect the health and safety
13.5 of the children served by the program.

13.6 (c) A program staff person must complete training in pediatric CPR every two calendar
13.7 years. A center must maintain documentation of the trainings on site.

13.8 (d) A pediatric CPR training under this subdivision must incorporate a hands-on skill
13.9 session to support the instruction and have been developed:

13.10 (1) by the American Heart Association or the American Red Cross; or

13.11 (2) using nationally recognized, evidence-based guidelines for pediatric CPR training.

13.12 (e) Pediatric CPR training must not be used to meet in-service training requirements
13.13 under subdivision 10.

13.14 Subd. 6. **Sudden unexpected infant death training.** (a) Before direct contact with
13.15 infants, program staff persons and volunteers must receive training on the standards under
13.16 section 142B.46 and on reducing the risk of sudden unexpected infant death during orientation
13.17 and each calendar year thereafter.

13.18 (b) Sudden unexpected infant death reduction training required under this subdivision
13.19 must be at least one-half hour in length and include at minimum the infant sleep standards
13.20 under section 142B.46, the risk factors related to sudden unexpected infant death, methods
13.21 of reducing the risk of sudden unexpected infant death in child care, and license holder
13.22 communication with parents regarding reducing the risk of sudden unexpected infant death.

13.23 (c) Training taken under this subdivision may be used to meet the in-service training
13.24 requirements under subdivision 10.

13.25 Subd. 7. **Abusive head trauma training.** (a) Before direct contact with children under
13.26 school age, a program staff person must receive training on the risk of abusive head trauma
13.27 during orientation and each calendar year thereafter.

13.28 (b) Abusive head trauma training under this subdivision must be at least one-half hour
13.29 in length and include at minimum the risk factors related to shaking infants and young
13.30 children, methods of reducing the risk of abusive head trauma in child care, and license
13.31 holder communication with parents regarding reducing the risk of abusive head trauma.
13.32 The training must be interactive and must not consist of only reading or viewing information.

14.1 (c) training taken under this subdivision may be used to meet the in-service training
14.2 requirements under subdivision 10.

14.3 Subd. 8. **Child passenger restraint systems; training requirement.** (a) Before a license
14.4 holder transports a child or children under age nine in a motor vehicle, the person placing
14.5 the child or children in a passenger restraint must satisfactorily complete training on the
14.6 proper use and installation of child restraint systems in motor vehicles.

14.7 (b) Training required under this subdivision must be repeated at least once every five
14.8 years and include at minimum the proper use of child restraint systems based on the size,
14.9 weight, and age of the child and the proper installation of a car seat or booster seat in the
14.10 motor vehicle used by the license holder to transport the child or children.

14.11 (c) Training required under this subdivision must be provided by individuals who are
14.12 certified and approved by the Department of Public Safety, Office of Traffic Safety.

14.13 (d) Training completed under this subdivision may be used to meet in-service training
14.14 requirements under subdivision 10. Staff training completed within the previous five years
14.15 is transferable upon change in employment to another child care center.

14.16 Subd. 9. **In-service training requirements.** (a) A license holder must ensure that program
14.17 staff persons complete in-service training.

14.18 (b) In-service training completed within the past 12 months by a program staff person
14.19 that is not specific to a child care center is transferable upon the program staff person's
14.20 change in employment to another child care program. The program staff person must provide
14.21 documentation of the completed training to the new child care program.

14.22 (c) All program staff persons, except substitutes and unsupervised volunteers, who work
14.23 more than 20 hours per week must complete at least 20 hours of in-service training each
14.24 calendar year.

14.25 (d) All program staff persons, except substitutes and unsupervised volunteers, who work
14.26 20 hours or less per week must complete at least ten hours of in-service training each calendar
14.27 year.

14.28 (e) Substitutes and unsupervised volunteers must complete a minimum of two hours of
14.29 training each calendar year and the training must include the topics identified under
14.30 subdivision 11.

14.31 (f) The number of in-service training hours may be prorated for center directors and
14.32 program staff persons not employed for an entire year.

15.1 (g) Pediatric first aid and pediatric CPR training must not be used to meet in-service
15.2 training requirements.

15.3 Subd. 10. **In-service content.** (a) Each calendar year, in-service training must include
15.4 the following:

15.5 (1) abusive head trauma training of at least one-half hour duration for individuals working
15.6 with a child under school age pursuant to subdivision 8. The training must be interactive
15.7 and must not consist of only reading or viewing information;

15.8 (2) the center policies and procedures for maintaining health and safety, including:

15.9 (i) allergy prevention and response training pursuant to section 142H.15, subdivision 5;

15.10 (ii) emergency preparedness and procedures pursuant to section 142H.23, subdivision
15.11 1;

15.12 (iii) handling emergencies, accidents, incidents, and injuries pursuant to section 142H.23,
15.13 subdivision 2; and

15.14 (iv) handling and disposal of bodily fluids pursuant to section 142H.29, subdivision 10;

15.15 (3) maltreatment, abuse, and neglect reporting pursuant to chapter 260E;

15.16 (4) reduction of risk of sudden unexpected infant death training of at least one-half hour
15.17 duration for individuals working with infants pursuant to the requirements of subdivision
15.18 7 and section 142B.46;

15.19 (5) a risk reduction plan pursuant to section 142H.24;

15.20 (6) the center policies and procedures on behavior guidance pursuant to section 142H.13;
15.21 and

15.22 (7) the center policies and procedures on supervision pursuant to section 142H.24.

15.23 (b) At least once every two calendar years, in-service training must include the following:

15.24 (1) child development and learning pursuant to subdivision 4;

15.25 (2) at least one hour on cultural awareness and inclusion;

15.26 (3) pediatric first aid that meets the requirements of subdivision 5;

15.27 (4) pediatric cardiopulmonary resuscitation training that meets the requirements of
15.28 subdivision 5; and

15.29 (5) at least one hour on identifying and supporting children with special needs.

16.1 (c) At least once every five calendar years, training must include child passenger restraint
 16.2 systems pursuant to subdivision 9, if applicable.

16.3 (d) The remaining hours of the in-service training requirement must be met by completing
 16.4 training in the Minnesota knowledge and competency framework areas.

16.5 Subd. 11. **Documentation required.** (a) The license holder must document completed
 16.6 training for program staff persons in a manner prescribed by the commissioner.

16.7 (b) For pediatric first aid and CPR trainings, the license holder must maintain copies of
 16.8 training cards or certificates issued by the training organization.

16.9 Sec. 10. **[142H.10] STAFF RATIOS, GROUP SIZE, AND STAFF DISTRIBUTION.**

16.10 Subdivision 1. **Staff-to-child ratios and maximum group size.** (a) Except as provided
 16.11 in this subdivision and section 142H.12 regarding naps and rest, the minimally acceptable
 16.12 staff-to-child ratios and the maximum group size within each age category are:

<u>Age Category</u>	<u>Staff-to-Child Ratio</u>	<u>Maximum Group Size</u>
<u>Infant</u>	<u>1:4</u>	<u>8</u>
<u>Toddler</u>	<u>1:7</u>	<u>14</u>
<u>Preschooler</u>	<u>1:10</u>	<u>20</u>
<u>School-age child</u>	<u>1:15</u>	<u>30</u>

16.18 (b) Except for groups that include an infant, the staff-to-child ratio may be doubled for
 16.19 no more than two hours during nap time. During the nap time, there must be enough program
 16.20 staff persons in the facility to meet staff-to-child ratio and staff distribution requirements
 16.21 under paragraph (a) and subdivision 2 for the groups in case of an emergency. The program
 16.22 must return to following the staff-to-child ratios and staff distribution requirements under
 16.23 paragraph (a) and subdivision 2 when the number of awake children exceeds the number
 16.24 of children who could be supervised by one program staff person under subdivision 1.

16.25 (c) The maximum group size applies at all times except during meals, outdoor activities,
 16.26 field trips, naps and rest, and special activities at the center such as guest speakers and
 16.27 holiday programs.

16.28 Subd. 2. **Staff distribution.** (a) The license holder must ensure that the following
 16.29 requirements for staff distribution are met and a documented staff schedule is kept in the
 16.30 administrative record.

16.31 (b) Except as provided in paragraphs (d) and (e), staff distribution within each age
 16.32 category must be as follows:

- 17.1 (1) the first staff member needed to meet the required staff child ratio must be a teacher;
- 17.2 (2) the second staff member must have at least the qualifications of an aide;
- 17.3 (3) the third staff member must have at least the qualifications of an assistant teacher;
- 17.4 and
- 17.5 (4) the fourth staff member must have at least the qualifications of an aide.
- 17.6 (c) Only a program staff person can be included in meeting the staff-to-child ratios in
- 17.7 this section.
- 17.8 (d) An aide must not work alone with a child unless the aide is performing certain duties
- 17.9 as specified in section 142H.08, subdivision 1, paragraph (b).
- 17.10 (e) An assistant teacher or an aide may be substituted for a teacher during arrival and
- 17.11 departure times if the total arrival and departure time does not exceed 25 percent of the
- 17.12 center's daily hours of operation. For an aide to be substituted for a teacher under this
- 17.13 subdivision, the aide must:
- 17.14 (1) be 18 years of age or older;
- 17.15 (2) have been employed by the child care center for a minimum of 30 days; and
- 17.16 (3) have completed the training required under section 142H.09, including orientation
- 17.17 and the training required within the first 90 days of the first date of direct contact with a
- 17.18 child.
- 17.19 (f) A volunteer who is included in the staff-to-child ratio must meet the requirements
- 17.20 for the assigned staff position in sections 142H.06 to 142H.08.
- 17.21 (g) The pattern in paragraph (e) must be repeated until the number of staff needed to
- 17.22 meet the staff-to-child ratio for each age category has been achieved.
- 17.23 **Subd. 3. Age category grouping.** (a) Each center must specify arrival and departure
- 17.24 times of the day in their program's policies. Children in different age categories may be
- 17.25 grouped according to paragraphs (b) and (c).
- 17.26 (b) During arrival and departure times, children in different age categories may be
- 17.27 grouped together if:
- 17.28 (1) the staff-to-child ratio, group size, and staff distribution applied are for the age
- 17.29 category of the youngest child present; and
- 17.30 (2) the group is divided when the number of children present reaches the maximum
- 17.31 group size of the youngest child present.

18.1 (c) Outside of arrival and departure times, children in different age categories may be
18.2 mixed within a group if:

18.3 (1) infants are not grouped with children of other age categories;

18.4 (2) there is no more than a 36-month range in age among children in a group, unless all
18.5 children in the group are school age; and

18.6 (3) the staff-to-child ratios, group size, and staff distribution applied are for the youngest
18.7 child present.

18.8 Subd. 4. **Age designation.** (a) Except as provided in this subdivision, a child must be
18.9 designated as a member of the age category that is consistent with the date of birth of the
18.10 child.

18.11 (b) A child with special health care needs must be included in the group that best meets
18.12 the child's developmental needs, best interest of the child, and in accordance with the
18.13 individual child care program plan for the child.

18.14 (c) A child may be designated as an "infant" up to the age of 18 months if the parent,
18.15 teacher, and director determine that such a designation is in the best interest of the child.
18.16 The center must document the determination and designation in the file of the child.

18.17 (d) A child may be designated as a "toddler" up to the age of 35 months if the parent,
18.18 teacher, and director determine that the designation is in the best interest of the child. The
18.19 center must document the determination and designation in the file of the child.

18.20 (e) A child may be designated as a "preschooler" at the age of 31 months if the parent,
18.21 teacher, and director determine that the designation is in the best interest of the child. The
18.22 center must document the determination and designation in the file of the child.

18.23 (f) When a child is transitioning age groups pursuant to subdivision 5 and with the child's
18.24 new class, the child must be designated as if the child has already aged into the class.

18.25 Subd. 5. **Transitioning children.** (a) Transitions to the next age group may occur up to
18.26 two weeks prior to the child aging into the next age group. The transition must be planned
18.27 in advance based on the child's readiness and in consultation with parents and program staff.

18.28 (b) A center must develop a written policy on transitioning children to the next age
18.29 group.

18.30 Sec. 11. **[142H.11] CHILD CARE PROGRAM PLAN AND ACTIVITIES.**

18.31 Subdivision 1. **General requirements.** The child care program plan must:

19.1 (1) include a statement mandating that children are supervised at all times as defined in
19.2 section 142H.01, subdivision 38, and pursuant to the requirements of section 142H.24,
19.3 subdivision 1;

19.4 (2) specify the age categories and number of children to be served by the program;

19.5 (3) specify the days and hours of operation of the program;

19.6 (4) describe the general educational methods to be used by the program and the religious,
19.7 political, or philosophical basis, if any;

19.8 (5) be developed and evaluated in writing each calendar year by a program staff person
19.9 qualified as a teacher or director under sections 142H.05 and 142H.06. Documentation of
19.10 the evaluation, the date of the evaluation, and the signature of the teacher or director
19.11 completing the evaluation must be maintained in the center administrative records;

19.12 (6) specify planned activities designed to support and nurture the whole child in all areas
19.13 of the development and learning of the child, including but not limited to the following:
19.14 intellectual, social, emotional, and physical development. The activities must be in a manner
19.15 consistent with the cultural and ethnic backgrounds of a child, as feasible;

19.16 (7) specify that the intellectual, social, emotional, and physical development of each
19.17 child be documented in the record of the child and conveyed to the parent during the
19.18 conferences specified under section 142H.20, subdivision 2;

19.19 (8) include a daily schedule of planned indoor and outdoor activities for each age category
19.20 served;

19.21 (9) specify activities that are quiet, active, teacher directed, and child initiated;

19.22 (10) specify a variety of activities that require the use of varied equipment and materials;

19.23 (11) include a schedule if equipment is rotated between groups of children;

19.24 (12) describe use of technology and screen time for each age category; and

19.25 (13) be available to a parent for review upon request.

19.26 Subd. 2. **Outdoor activities.** (a) Child care activities must promote the physical,
19.27 intellectual, social, and emotional development of the child. To facilitate child development,
19.28 programs must include daily outdoor activities when weather conditions allow, as defined
19.29 in this subdivision.

19.30 (b) The applicant must develop a written outdoor weather and activity policy. The license
19.31 holder must ensure that the policies and procedures are carried out. The policies and

20.1 procedures must incorporate guidance from national, state, or local authorities in public
20.2 health and at a minimum require the provider to consider the following conditions when
20.3 determining if outdoor play poses a health and safety risk:

20.4 (1) heat in excess of 100 degrees Fahrenheit accounting for heat index, or pursuant to
20.5 advice of the local authority;

20.6 (2) cold less than 15 degrees Fahrenheit accounting for wind chill, or pursuant to advice
20.7 of the local authority;

20.8 (3) extreme weather, including but not limited to a lightning storm, blizzard, tornado,
20.9 or flooding;

20.10 (4) an air quality emergency order by a local or state authority on air quality or public
20.11 health; or

20.12 (5) a lockdown notification ordered by a public safety authority.

20.13 (c) The center's outdoor weather and activity policy must specify, if children are to go
20.14 outside beyond the temperature range specified in paragraph (b), clauses (1) and (2), what
20.15 procedures will be used to keep the children safe, including but not limited to ensuring
20.16 children have appropriate clothing, providing frequent indoor breaks, or matching the
20.17 intensity of the activity level to the weather conditions.

20.18 (d) For toddlers, preschool, and school-age children attending four or more hours per
20.19 day, the license holder must provide at least one opportunity for outdoor activity per day
20.20 pursuant to paragraph (b).

20.21 (e) For infants attending four or more hours per day, the license holder must provide at
20.22 least one opportunity for outdoor activity per day as practicable, pursuant to paragraph (b)
20.23 and the individual needs of the infants in care.

20.24 (f) Programs operating three or fewer hours per day are exempt from the daily outdoor
20.25 activity requirement.

20.26 (g) If the weather is not suitable for outdoor activities, the program must provide indoor
20.27 gross motor play activities that support physical development.

20.28 **Sec. 12. [142H.12] NAPS AND REST.**

20.29 Subdivision 1. **Naps and rest policy.** An applicant must develop and a license holder
20.30 must implement a policy for naps and rest that is consistent with the developmental level
20.31 of the children enrolled in the center. The policy must include but is not limited to the
20.32 requirements in this section, as applicable.

21.1 Subd. 2. **Parent consultation.** The parent of each child must be informed at the time
21.2 the child is enrolled of the center's policy on naps and rest and be offered the opportunity
21.3 to provide information specific to their child.

21.4 Subd. 3. **General nap and rest requirements.** (a) The child care center must provide
21.5 a quiet space for children to nap and rest.

21.6 (b) Nap and rest time must be in accordance with the developmental needs of the child.

21.7 (c) Nap and rest areas must be lighted to allow for visual supervision of all children at
21.8 all times.

21.9 (d) Evacuation routes must not be blocked by resting or napping children. Each child
21.10 must have a free and direct means of escape, and the staff must have a clear path to each
21.11 resting child, including full access to at least one long side of a crib, cot, or mat.

21.12 (e) A crib that meets the safety requirements of section 142B.45 must be provided for
21.13 each infant for whom the center is licensed to provide care.

21.14 (f) The license holder must follow the infant safe sleep requirements under section
21.15 142B.46.

21.16 (g) Cribs, cots, and mats must be placed directly on the floor and must not be stacked
21.17 when in use.

21.18 Subd. 4. **Monitoring napping infants.** (a) An infant must be supervised as defined in
21.19 section 142H.01, subdivision 38, and pursuant to section 142H.24, subdivision 1, paragraph

21.20 (b).

21.21 (b) Staff must conduct in-person checks of the sleeping infant every 15 minutes.

21.22 (c) When a baby monitor or other mechanical equipment is used to hear or see infants
21.23 during sleep, the monitoring equipment must be:

21.24 (1) able to pick up the sounds of all infants in the separate room;

21.25 (2) actively monitored by program staff at all times; and

21.26 (3) checked daily prior to use to ensure it is working correctly. If equipment is
21.27 malfunctioning, a program staff person must put in place an alternate means of supervision
21.28 until the equipment can be fixed.

21.29 Subd. 5. **Confinement limitation.** A child who has completed a nap or rested quietly
21.30 for 30 minutes must not be required to remain on a cot, mat, or in a crib. Any child who

22.1 does not fall asleep during a designated nap time must have the opportunity to engage in
22.2 quiet activities.

22.3 Subd. 6. **Bedding and sleeping equipment.** Separate bedding must be provided and
22.4 stored separately for each child in care.

22.5 Sec. 13. **[142H.13] BEHAVIOR GUIDANCE.**

22.6 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following terms have
22.7 the meanings given.

22.8 (b) "Behavior guidance" means an ongoing process where a program staff person offers
22.9 constructive, positive, and developmentally appropriate guidance to a child to help manage
22.10 the child's behavior in a socially acceptable manner.

22.11 (c) "Persistent unacceptable behavior" means when a child:

22.12 (1) exhibits behaviors that present a serious safety risk for the child or others and the
22.13 program is not able to reduce or eliminate the safety concern; or

22.14 (2) significantly disrupts the learning environment and requires an increased amount of
22.15 staff guidance and time to address the child's behavior. Significantly disruptive behavior
22.16 may include physical aggression, verbal threats, or repetitive behaviors that have been
22.17 addressed through standard behavior guidance techniques without improvement.

22.18 (d) "Redirection" means a positive guidance technique where a program staff person
22.19 intervenes and guides a child away from potential problems toward constructive activity or
22.20 talks with a child to help the child calm down and self-regulate.

22.21 (e) "Separation" means a form of behavior guidance that involves interruption of
22.22 unacceptable behavior by the removal of a child from a situation with the intention of
22.23 allowing the child an opportunity to pause and gain self-control. During a separation a child
22.24 is isolated from participating in activities with other children. Separation of children must
22.25 be done pursuant to subdivision 7.

22.26 Subd. 2. **Behavior guidance policies and procedures.** The applicant must develop
22.27 written behavior guidance policies and procedures approved by the commissioner. The
22.28 license holder must ensure that the policies and procedures are carried out. The policies and
22.29 procedures must include:

22.30 (1) methods of promoting positive behavior as specified under subdivision 3;

22.31 (2) prohibited actions as specified under subdivision 4;

23.1 (3) addressing persistent unacceptable behavior as specified under subdivision 6; and

23.2 (4) separation from the group as specified in subdivision 7.

23.3 Subd. 3. **Methods of promoting positive behavior.** A license holder must promote
23.4 positive behavior by:

23.5 (1) ensuring that each child is provided with a positive model of acceptable behavior;

23.6 (2) tailoring methods of promoting positive behavior to the developmental level of the
23.7 children the center is licensed to serve;

23.8 (3) ensuring redirection is used, as appropriate in addressing the behavior of a child, to
23.9 guide a child away from potential problems and toward constructive activity or to talk with
23.10 a child to help them calm down and self-regulate;

23.11 (4) teaching children how to use acceptable alternatives to problem behavior to reduce
23.12 conflict;

23.13 (5) protecting the safety and well-being of children, employees, and volunteers; and

23.14 (6) providing immediate and directly related consequences for the unacceptable behavior
23.15 of a child.

23.16 Subd. 4. **Prohibited actions.** A license holder must prohibit the following actions by or
23.17 at the direction of employees or volunteers:

23.18 (1) subjecting a child to corporal or physical punishment, including but not limited to
23.19 rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching,
23.20 spitting, hitting, or spanking;

23.21 (2) subjecting a child to name calling, ostracism, shaming, derogatory remarks about
23.22 the child or the child's family, cultural or racial slurs, yelling, or profane language that
23.23 threatens, humiliates, or frightens the child;

23.24 (3) forcing a child to maintain an uncomfortable position or to continuously repeat
23.25 physical movements;

23.26 (4) utilizing group punishments for the behavior of an individual child;

23.27 (5) separation of a child from the group except as provided in subdivision 7;

23.28 (6) punishment for not resting, napping, or sleeping; toileting accidents; failing to eat
23.29 all or part of meals or snacks; or failing to complete an activity;

23.30 (7) denial of food or drink or forcing food or drink upon a child;

24.1 (8) denial of light, warmth, clothing, or medical care as a punishment for unacceptable
24.2 behavior;

24.3 (9) the use of physical restraint other than to physically hold a child when containment
24.4 is necessary to protect the child or others from harm;

24.5 (10) the use of mechanical restraints, including tying a child up, or any device or
24.6 equipment intended to restrict or prevent movement as a means of discipline or for reasons
24.7 unrelated to the child's care or safety or a planned activity;

24.8 (11) the use of prone or contraindicated restraints as prohibited in section 245A.211;

24.9 (12) the use of any substance given to a child to subdue or restrict movement or behavior;

24.10 (13) discipline and punishment must not be delegated to another child; and

24.11 (14) punishing or shaming a child for the actions of a parent, including but not limited
24.12 to failure to pay fees, failure to provide appropriate clothing, failure to provide materials
24.13 for an activity, or any conflict between the license holder or staff and the parent.

24.14 Subd. 5. **Additional provisions.** (a) When providing services to a child with a
24.15 developmental disability or related condition, the license holder must follow section 142B.63.

24.16 (b) A program that cares for a child with a developmental disability or related condition
24.17 must comply with the individual child care program plan requirements under section 142H.15.

24.18 Subd. 6. **Persistent unacceptable behavior.** (a) A program staff person who observes
24.19 persistent unacceptable behavior must document the behavior of the child and staff response
24.20 to the behavior, including:

24.21 (1) information on where the child was, what activity the child was doing, and the
24.22 employees or volunteers present when the incident occurred; and

24.23 (2) staff actions, including the positive guidance techniques that were tried.

24.24 (b) When persistent unacceptable behavior as defined in subdivision 1, paragraph (c),
24.25 occurs, a behavior plan must be developed to address the behavior documented in paragraph
24.26 (a) in consultation with the child's parent, the program staff, and other professionals involved
24.27 in the care and treatment of the child, as appropriate. The behavior plan must include but
24.28 is not limited to the following:

24.29 (1) a description of the specific behavior;

24.30 (2) the planned behavior management method to be used in response to the behavior
24.31 pursuant to subdivision 3 or any other previously approved methods; and

25.1 (3) an area to document the effectiveness of the plan and progress of the child.

25.2 (c) The plan must be signed and dated by the child's parent, the director, and other
25.3 professionals involved in the care and treatment of the child, as applicable, and kept in the
25.4 child's record.

25.5 (d) The plan and the child's progress must be reviewed at least twice each calendar year,
25.6 or more frequently as needed, and changes must be made based on the child's needs and
25.7 the input of the child's parent, program staff, or other individuals involved in the provision
25.8 of care and treatment of the child. Documentation of the review must be kept in the child's
25.9 record. If the child's parent and the program staff agree that the behavior plan is no longer
25.10 needed, the license holder must document the date the behavior plan is no longer in effect.

25.11 (e) The license holder must ensure that all staff who work directly with the child are
25.12 trained on the behavior plan prior to working with the child or when a new behavior plan
25.13 is developed. Documentation of staff training must be maintained on file.

25.14 (f) The license holder must ensure that all staff who work directly with the child are
25.15 trained on the behavior plan prior to working with the child or when a new behavior plan
25.16 is developed. Documentation of staff training must be maintained on file.

25.17 Subd. 7. **Separation time from the group.** No child may be separated from the group
25.18 unless the license holder has tried less intrusive methods of guiding the child's behavior
25.19 that have been ineffective and the behavior of the child threatens the well-being of the child
25.20 or other children in the center. Separation from the group must meet the following
25.21 requirements:

25.22 (1) the separation time must be limited to the amount of time necessary for the child to
25.23 gain self-control and rejoin the group;

25.24 (2) the duration of separation of the child must be documented, including the beginning
25.25 and end time of the separation;

25.26 (3) infants and toddlers must not be separated from the group as a means of behavior
25.27 guidance. Positive behavior guidance techniques such as redirection may be used with
25.28 toddlers; and

25.29 (4) the child must be supervised as defined under section 142H.01, subdivision 38, while
25.30 separated.

26.1 Sec. 14. **[142H.14] FURNISHINGS, EQUIPMENT, MATERIALS AND SUPPLIES.**

26.2 **Subdivision 1. General requirements.** (a) Each center must have on the premises the
26.3 quantity and type of equipment and materials necessary to implement the child care program
26.4 plan under section 142H.11 and the indoor and outdoor equipment requirements in
26.5 subdivisions 2 and 3.

26.6 (b) Equipment and furniture must be durable, in good repair, structurally sound, stable,
26.7 and free of sharp edges, dangerous protrusions, points where extremities of a child could
26.8 be pinched or crushed, and openings or angles that could trap part of a child.

26.9 (c) License holders and program staff must ensure equipment and furnishings are not
26.10 hazardous objects as specified in section 142H.34, subdivision 17.

26.11 (d) Equipment designed and marketed for use by children must be appropriate to the
26.12 age and size of children and used in accordance with the manufacturer's instructions.
26.13 Equipment and play materials not designed or marketed for use by children, including but
26.14 not limited to repurposed, homemade, and open-ended items, must be appropriate to the
26.15 age and size of children, in good repair, and used under the supervision of a program staff
26.16 person. Such equipment and play materials are not required to have manufacturer's
26.17 instructions and are subject to the requirements of this subdivision.

26.18 **Subd. 2. Indoor play equipment.** The license holder must provide sufficient indoor
26.19 play equipment and materials so that at any point in the day when children are indoors and
26.20 using equipment every child can choose from at least three activities involving equipment
26.21 or materials. The quantity of indoor equipment provided must be based on the maximum
26.22 licensed capacity of the classroom and must be accessible to children as specified in
26.23 subdivision 5.

26.24 **Subd. 3. Outdoor play equipment.** The license holder must provide sufficient outdoor
26.25 play equipment and materials so that when all children are outdoors every child can choose
26.26 from at least one activity involving equipment or materials. The quantity of outdoor
26.27 equipment and materials provided must be based on the maximum licensed capacity and
26.28 must be accessible to children as specified in subdivision 5.

26.29 **Subd. 4. Natural elements and materials.** (a) A license holder may provide children
26.30 with access to natural elements and materials as equipment and play materials. Natural
26.31 elements and materials and appropriate uses of natural elements and materials include, but
26.32 are not limited to:

27.1 (1) natural loose parts, such as sticks, leaves, pinecones, acorns, seeds, pods, bark, and
27.2 moss for construction, art, sensory exploration, and imaginative play;

27.3 (2) natural materials, such as dirt, mud, sand, water, ice, and snow for sensory play and
27.4 exploration;

27.5 (3) plants, flowers, seeds, vegetables, and gardening materials for science exploration
27.6 and learning;

27.7 (4) rocks, pebbles, stones, and minerals for counting, sorting, building, and art;

27.8 (5) natural areas such as gardens, prairie, forest, wetlands, and ponds for exploration
27.9 and learning; and

27.10 (6) other natural elements as appropriate to age and development of children.

27.11 (b) A program staff person must supervise a child's use of natural elements and materials
27.12 and provide guidance on safe and appropriate use. Natural elements and materials that are
27.13 a choking hazard must not be accessible to children under the age of three without direct
27.14 supervision of a program staff person.

27.15 (c) Natural elements and materials may qualify as equipment and materials from interest
27.16 areas under subdivision 6.

27.17 Subd. 5. **Interest areas.** The license holder must have equipment and materials in each
27.18 of the following developmental and interest areas to support a child's learning and growth:

27.19 (1) creative arts and crafts;

27.20 (2) construction and building;

27.21 (3) social interaction, dramatic play, or practical life activities;

27.22 (4) math and science;

27.23 (5) music;

27.24 (6) fine motor skills;

27.25 (7) physical and movement activities;

27.26 (8) sensory exploration activities; and

27.27 (9) language and literacy.

27.28 Subd. 6. **Equipment rotation and accessibility.** A child care program may rotate
27.29 equipment throughout the day as specified in the child care program plan if the number of

28.1 choices required in subdivisions 2 and 3 is available for each child in attendance. Equipment
28.2 and materials from each interest area must be accessible to children at least once per day.

28.3 Subd. 7. **Furnishings.** The license holder must ensure that each child has access to
28.4 furniture that is developmentally appropriate and the appropriate size, including at a
28.5 minimum:

28.6 (1) one diaper changing table for every 12 infants or 14 toddlers. The same table may
28.7 not be counted to fulfill the requirement under this clause for both infants and toddlers;

28.8 (2) one hands-free covered diaper container per diaper changing table;

28.9 (3) one crib and waterproof mattress per infant, including enough cribs with wheels to
28.10 evacuate the number of infants the program is licensed to serve;

28.11 (4) one cot or mat per toddler or preschooler. This clause does not apply to programs
28.12 operating for less than five hours per day if rest is not indicated as part of the center's child
28.13 care program;

28.14 (5) for infants, one nonfolding seating option per child based on licensed capacity; and

28.15 (6) for toddlers, preschoolers, and school-age children, one nonfolding seating option
28.16 per child based on licensed capacity, with a corresponding amount of table space to allow
28.17 the child to do table work or eat a meal while seated.

28.18 Subd. 8. **Supplies.** (a) The license holder must maintain enough diapers, disposable
28.19 paper for the diaper changing table, facial tissues, liquid hand soap, and single-service towels
28.20 to maintain cleanliness and sanitation for children in care.

28.21 (b) The license holder must provide at least two sets of sheets for each crib.

28.22 Sec. 15. **[142H.15] CHILDREN WITH SPECIAL HEALTH CARE NEEDS OR**
28.23 **DISABILITIES.**

28.24 Subdivision 1. **Child with special health care needs or disabilities.** For the purposes
28.25 of this section, "child with special health care needs or disabilities" means a child who:

28.26 (1) has developmental disabilities or is otherwise eligible for case management pursuant
28.27 to Minnesota Rules, parts 9525.0004 to 9525.0036;

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

28.30 (3) has been determined by a health care provider as defined in section 142H.01,
28.31 subdivision 22; licensed psychiatrist; licensed psychologist; or licensed consulting

29.1 psychologist as having a special health care need or disability relating to physical, social,
29.2 or emotional development.

29.3 Subd. 2. **Report to parent.** The license holder must inform the parent when there is a
29.4 developmental concern or potential special health care need of a child that was not previously
29.5 identified.

29.6 Subd. 3. **Individual child care program plan.** (a) When a license holder admits a child
29.7 with a disability or special health care need or a special need is identified, the license holder
29.8 must ensure that an individual child care program plan (ICCPP) is developed in a form and
29.9 manner prescribed by the commissioner to meet the child's individual needs.

29.10 (b) When developing or updating the ICCPP, the license holder must obtain relevant
29.11 information from the child's parent and program staff who work directly with the child.

29.12 (c) For a child who meets the criteria in subdivision 1, clause (1), the ICCPP must be
29.13 coordinated with the child's individual service plan (ISP).

29.14 (d) For a child who meets the criteria in subdivision 1, clause (2), the ICCPP must be
29.15 coordinated with the child's individualized educational plan (IEP).

29.16 (e) For a child who meets the criteria in subdivision 1, clause (3), the ICCPP must be
29.17 coordinated with the child's health care provider or other necessary medical professionals.

29.18 (f) The license holder must ensure that all program staff who work directly with the
29.19 child are trained on the ICCPP prior to working with the child. Documentation of staff
29.20 training must be maintained on file.

29.21 (g) Before the ICCPP is implemented, the parent and the director must sign and date the
29.22 form. The ICCPP must be kept in the child's record.

29.23 (h) The ICCPP must be reviewed and updated at least once each calendar year and more
29.24 frequently if needed. The ICCPP must be signed and dated by the parent and the director
29.25 upon their yearly review.

29.26 (i) The most recent ICCPP must be available at all times to program staff when the child
29.27 is in care.

29.28 Subd. 4. **Inclusion.** All activities must be designed to include all children unless a specific
29.29 medical contraindication exists or an exclusion is otherwise specified in a child's ICCPP.

29.30 Subd. 5. **Allergy prevention and response.** (a) An applicant must develop a written
29.31 policy on allergy prevention and response. A license holder must ensure the policy is carried
29.32 out and provided to parents at the time of enrollment.

30.1 (b) Before admitting a child for care, the license holder must obtain documentation of
30.2 any known allergy from the child's parent or the child's health care provider.

30.3 (c) If a child has a known allergy, the license holder must maintain current information
30.4 about the allergy in the child's record and develop an ICCPP pursuant to subdivision 3,
30.5 including:

30.6 (1) a description of the allergy;

30.7 (2) specific triggers and avoidance techniques;

30.8 (3) symptoms of an allergic reaction;

30.9 (4) procedures for responding to an allergic reaction, including medication to be
30.10 administered in an emergency situation and dosages; and

30.11 (5) the child's health care provider contact information.

30.12 (d) If a child has an ICCPP related to a food allergy, the ICCPP must be readily available
30.13 to the person in the area where food is prepared and served to the child. If food is prepared
30.14 off site, the center must notify the person or entity preparing the food of any food allergies
30.15 of children in their care. Food allergy information for all children in care must be readily
30.16 available to staff in the classroom and wherever food is served.

30.17 (e) The license holder must contact the parent of the child immediately after any instance
30.18 of exposure or allergic reaction.

30.19 (f) The license holder must call 911 when epinephrine is administered to a child in care.

30.20 Subd. 6. **Temporary physical needs.** If a child has a temporary physical need as
30.21 identified by their health care provider, including but not limited to a brace, cast, or helmet,
30.22 the license holder must maintain current documentation about the temporary physical need
30.23 from the child's health care provider and any necessary accommodations in the child's record.
30.24 The license holder must ensure staff who work with the child are aware of the child's
30.25 temporary physical need and follow the identified necessary accommodations. An ICCPP
30.26 is not required for documenting a temporary physical need and the identified necessary
30.27 accommodation.

30.28 Sec. 16. **[142H.16] NIGHT CARE PROGRAM.**

30.29 Subdivision 1. **Applicability.** A license holder providing overnight care must comply
30.30 with this section.

31.1 Subd. 2. **Furnishings.** Each child enrolled in a night care program must be provided
31.2 with a crib or bed, described as follows:

31.3 (1) a crib that meets the requirements under section 142B.45 and two sets of sheets must
31.4 be provided for each infant and meet the requirements under section 142H.14;

31.5 (2) an individual age-appropriate bed with two sets of sheets and a blanket or quilt must
31.6 be provided for each toddler, preschooler, or school-age child;

31.7 (3) each bed or crib must have a waterproof mattress or mattress pad that can be cleaned
31.8 and disinfected;

31.9 (4) bedding and sleeping equipment must be cleaned and disinfected as specified in
31.10 section 142H.31, subdivision 4, clause (3); and

31.11 (5) separate bedding must be provided and stored separately for each child in care.

31.12 Subd. 3. **Clothing intended for sleeping.** The license holder must ensure that all children
31.13 are put to bed in clothing for sleeping as designated by the parent of the child.

31.14 Subd. 4. **Personal care items.** The license holder must ensure that all children have
31.15 personal items needed to clean up and prepare for sleep. The items must include an individual
31.16 washcloth, towel, toothbrush, toothpaste, and liquid hand soap.

31.17 Subd. 5. **Meals and snacks.** (a) The license holder must ensure that a child who will be
31.18 present in the center has had or will be provided with an evening meal. A bedtime snack
31.19 must be available for all children in attendance. Eating times and schedules for the individual
31.20 child must be consistent with patterns established in consultation with the parent of the
31.21 child.

31.22 (b) Night care programs are exempt from the requirements of section 142H.32,
31.23 subdivision 7.

31.24 Subd. 6. **Staffing.** At least two program staff persons, one of whom must qualify as a
31.25 teacher under section 142H.06, must be present in the center at all times during the hours
31.26 the night program is in operation. When more than 80 percent of the children present are
31.27 asleep, the remaining program staff persons needed to meet the required staff-to-child ratio
31.28 must have at least the qualifications of an aide. Program staff must be awake, dressed, and
31.29 provide supervision as specified in sections 142H.01, subdivision 38, and 142H.12 to
31.30 children who are sleeping.

31.31 Subd. 7. **Hygiene assistance.** The license holder must ensure that children have the
31.32 opportunity to wash up and brush their teeth before bedtime. Program staff must assist

32.1 children during washing and changing clothes according to the developmental needs of the
32.2 child.

32.3 Subd. 8. **Showers and bathtubs.** The license holder must ensure bathtubs and showers
32.4 are equipped to prevent slipping, if the center provides bathing.

32.5 Subd. 9. **Bathing procedures.** The center must have written permission from the parent
32.6 prior to allowing the child to bathe and ensure bathtubs and showers are cleaned and
32.7 disinfected after each use. The tub or showers do not have to be disinfected between uses
32.8 if the children are siblings and the parent has provided written consent. All children must
32.9 bathe separately unless the children are siblings and the parent has provided written consent
32.10 that the children can be bathed together.

32.11 Subd. 10. **Privacy.** To ensure privacy, school-age boys and girls must be separated
32.12 during bedtime washing and changing activities.

32.13 Subd. 11. **Sleeping arrangements.** The center must provide sleeping arrangements so
32.14 that sleeping children are cared for separately from children who are awake and so that
32.15 sleeping children are not disturbed by arrivals and departures. Infants must have a sleep
32.16 area separate from the center's play and activity areas.

32.17 Subd. 12. **Bedtime.** A child's bedtime must be scheduled in consultation with the child's
32.18 parent.

32.19 Subd. 13. **Light.** The center must provide adequate lighting indoors in all areas, including
32.20 bathrooms, hallways, and sleeping rooms to ensure that staff are able to see all children at
32.21 all times.

32.22 Subd. 14. **Outdoor illumination.** The center must ensure that parking areas, outdoor
32.23 walkways, and all building entrances are adequately lighted for safety and security.

32.24 Subd. 15. **Program emphasis.** A license holder operating a night care program must
32.25 comply with the child care program standards in 142H.11.

32.26 Subd. 16. **Exceptions.** The outdoor activity area required by section 142H.34, subdivision
32.27 7; outdoor activities required by section 142H.11, subdivision 2; and outdoor equipment
32.28 required by section 142H.14 need not be provided for children enrolled in a night care
32.29 program.

33.1 **Sec. 17. [142H.17] DROP-IN CHILD CARE PROGRAMS.**

33.2 **Subdivision 1. Drop-in child care programs.** If a license holder chooses to operate as
33.3 a drop-in child care program, the license holder must comply with the requirements in this
33.4 section.

33.5 **Subd. 2. Exemptions.** (a) Drop-in child care programs that meet one of the requirements
33.6 in paragraph (b) are exempt from:

33.7 (1) section 142H.10;

33.8 (2) section 142H.11, subdivision 1, clauses (6) and (7); and

33.9 (3) section 142H.12, subdivisions 3 and 5, except for infants and toddlers.

33.10 (b) A drop-in child care program is exempt from the requirements in paragraph (a) if
33.11 the program operates:

33.12 (1) in a child care center that houses no child care program except the drop-in child care
33.13 program;

33.14 (2) in the same child care center but not during the same hours as a regularly scheduled
33.15 ongoing child care program with a stable enrollment; or

33.16 (3) in a child care center at the same time as a regularly scheduled ongoing child care
33.17 program with a stable enrollment, but activities, except for bathroom use and outdoor play,
33.18 are conducted separately from each other.

33.19 **Subd. 3. Staffing requirements.** (a) A drop-in child care program must have at least
33.20 two program staff persons on site whenever the program is operating: the director or a
33.21 designee and a program staff member who is qualified as a teacher.

33.22 (b) If the drop-in child care program has additional staff who are on call as a mandatory
33.23 condition of their employment, the minimum child-to-staff ratio may be exceeded only for
33.24 preschool and school-age children by a maximum of four children for no more than 20
33.25 minutes while additional staff are in transit. If the ratio is exceeded for more than 20 minutes,
33.26 the license holder must review the mandatory on-call staff procedures and revise as necessary
33.27 to ensure compliance with this section, including hiring additional on-call staff as needed.

33.28 (c) Whenever there is a total of 20 children or more at a drop-in child care center, children
33.29 that are younger than 30 months must be cared for in a separate group. The group may
33.30 contain children up to 60 months old. The group must be cared for in an area that is physically
33.31 separated from older children.

34.1 (d) In drop-in care programs that serve both infants and older children, children up to
34.2 30 months old may be supervised by assistant teachers as long as other staff are present in
34.3 appropriate ratios.

34.4 (e) A drop-in child care program may care for siblings who are all at least 16 months
34.5 old together in any group. For purposes of this section, "sibling" is defined as sister or
34.6 brother, half sister or half brother, or stepsister or stepbrother.

34.7 Subd. 4. **Staff-to-child ratio requirements in a drop-in program.** The minimum
34.8 staff-to-child ratio that a license holder may maintain in a drop-in program is:

34.9 (1) for infants, one program staff person for every four infants;

34.10 (2) for toddlers, one program staff person for every seven children;

34.11 (3) for preschoolers, one program staff person for every ten children; and

34.12 (4) for school-age children, one program staff person for every 15 children.

34.13 Subd. 5. **Staff distribution.** (a) The minimum staff distribution pattern for a drop-in
34.14 child care program is:

34.15 (1) the first staff member needed to meet the required staff-to-child ratio must be a
34.16 teacher;

34.17 (2) the second and third staff members must have at least the qualifications of a child
34.18 care aide; and

34.19 (3) the fourth staff member must have at least the qualifications of an assistant teacher.

34.20 (b) The pattern in paragraph (a) must be repeated until the number of staff needed to
34.21 meet the staff-to-child ratio for each age category has been achieved.

34.22 Sec. 18. **[142H.18] EXCLUSION OF SICK CHILDREN .**

34.23 Subdivision 1. **Care of sick children.** If a child becomes sick while at the center, the
34.24 child must be isolated from other children in care and the child's parent called immediately.
34.25 When determining if a child is sick and exclusion is necessary, license holders must follow:

34.26 (1) the requirements on reportable diseases in Minnesota Rules, parts 4605.7040,
34.27 4605.7070, and 4605.7080; and

34.28 (2) guidelines from the commissioner of health on infectious diseases in child care
34.29 settings.

35.1 Subd. 2. **Notification.** (a) A child care center's program policies must require a parent
35.2 to inform the center within 24 hours, exclusive of weekends and holidays, when a child is
35.3 diagnosed by a child's health care provider or dental care provider as having a reportable
35.4 or infectious disease as specified in subdivision 1.

35.5 (b) The license holder must ensure that the commissioner of health is notified of any
35.6 suspected case of reportable disease as specified in Minnesota Rules, parts 4605.7040,
35.7 4605.7050, or 4605.7080, within 24 hours of receiving the parent's or staff report.
35.8 Documentation of the notification must be kept at the center.

35.9 (c) The license holder must notify the parents of exposed children within 24 hours of
35.10 when a parent, employee, or volunteer notifies the center of a reportable disease under
35.11 subdivision 1, lice, scabies, impetigo, ringworm, or chicken pox. The notice must be posted
35.12 in a clearly visible, accessible place or provided individually to each parent of a child who
35.13 was exposed.

35.14 Subd. 3. **Return to center.** Children with a reportable or infectious disease as specified
35.15 in subdivision 1 must be excluded from the center for a length of time as specified in the
35.16 commissioner of health guidelines on infectious diseases in child care settings and until the
35.17 child can participate in routine activities without more staff supervision than usual. The
35.18 center must exclude a child for a longer period if the child's health care provider determines
35.19 that it is necessary.

35.20 **Sec. 19. [142H.19] SICK CARE PROGRAM.**

35.21 Subdivision 1. **Licensure of sick care programs.** If a license holder chooses to operate
35.22 as a sick care program, the license holder must operate a sick care program that complies
35.23 with the requirements in this section.

35.24 Subd. 2. **Review of admission and health policies and practices.** (a) A licensed
35.25 physician, physician assistant, or advanced practice registered nurse with a specialization
35.26 in pediatric care must review and approve a sick care program's admission policy at the
35.27 time of initial license application, after the first six months of initial operation, and at least
35.28 once each calendar year.

35.29 (b) The review must include consultation with the licensed registered nurse or physician
35.30 responsible for admissions.

35.31 (c) A report of the findings must be sent to the commissioner with the initial application
35.32 for licensure, and subsequent reports must be placed in the center's administrative record.

36.1 Subd. 3. **Evaluation of a sick child.** (a) A license holder that operates a sick care program
36.2 must evaluate the condition of a sick child before admitting the child to the center.

36.3 (b) The evaluation must be based on the physical symptoms of the child each day of
36.4 admission, the probable contagion and risk to the health of others present, the ability of the
36.5 program to provide the care the child requires, and whether the child can be grouped together
36.6 with other children in care with contagious or noncontagious illnesses. Documentation of
36.7 the evaluation must be placed in the child's record.

36.8 (c) Before admitting a child to a sick care program:

36.9 (1) a parent must describe the child's symptoms over the phone;

36.10 (2) a health care provider affiliated with the center must tell the parent whether the parent
36.11 may bring the child to the center for further evaluation; and

36.12 (3) the health care provider must conduct a physical assessment of the child and obtain
36.13 a health history from the parent at the center.

36.14 Subd. 4. **Information to parents.** A summary of the sick care program's health care
36.15 policies and practices and the center's procedures for notification of parents in the event of
36.16 an emergency must be given to the parent the first time a child is admitted and every
36.17 admission following a change to any of the information.

36.18 Subd. 5. **Parent conference exception.** Centers licensed to provide child care exclusively
36.19 to sick children are not required to provide parent conferences under section 142H.20,
36.20 subdivision 2.

36.21 Subd. 6. **Child care program emphasis exception.** A sick care program does not need
36.22 to meet the child care program plan requirements under section 142H.11. However, the
36.23 child care program plan for the care of sick children must emphasize quiet activities.

36.24 Subd. 7. **Group size and age category grouping exceptions.** The maximum group
36.25 sizes specified under section 142H.10, subdivision 1, and the age category grouping
36.26 restrictions under section 142H.10, subdivision 3, do not apply to sick care programs. There
36.27 must be no more than 16 children in sick care in the same room at the same time.

36.28 Subd. 8. **Staff-to-child ratios and staff distribution requirements.** (a) A one-to-four
36.29 staff-to-child ratio must be maintained at all times in a room used to care for sick children.

36.30 (b) At least two program staff persons must be present in a center operating a sick care
36.31 program whenever sick children are in care.

37.1 (c) The first program staff person must be a registered nurse. The remaining program
37.2 staff persons must at least meet the qualifications and follow the staff distribution pattern
37.3 under section 142H.10.

37.4 Subd. 9. **Limitation on staff assignment.** Staff must not care for nonsick children or
37.5 prepare food for nonsick children on the same day as sick children. Staff caring for sick
37.6 children must not enter the kitchen used to prepare food for nonsick children.

37.7 Subd. 10. **Food preparation.** Food provided by the license holder and prepared at the
37.8 center must be prepared in a room separate from rooms where sick care is provided and
37.9 must be delivered to each sick care room in individual servings and in covered containers.
37.10 Procedures for preparing, handling, and serving food and washing food, utensils, and
37.11 equipment must comply with the requirements in the Minnesota Food Code, Minnesota
37.12 Rules, chapter 4626.

37.13 Subd. 11. **Menus.** Menus for sick children must be modified to meet the individual needs
37.14 of the child.

37.15 Subd. 12. **Additional facility requirements.** A license holder operating a sick care
37.16 program must provide:

37.17 (1) a room or rooms that are exclusively used to care for sick children and that are not
37.18 used at any time for any other child care purpose; and

37.19 (2) toilets and hand sinks that are within or immediately adjacent to the room or rooms
37.20 used for sick care and are not used by well children in care.

37.21 Subd. 13. **Outdoor activity area, activities, and equipment exception.** Sick care
37.22 programs under this section are exempt from the requirements for an outdoor activity area
37.23 under section 142H.34, subdivision 7; outdoor activities under section 142H.11, subdivision
37.24 2; and outdoor equipment under section 142H.14.

37.25 Subd. 14. **Cleaning and disinfection.** Floors in rooms where sick care is provided and
37.26 all linens, toileting equipment, sinks, furnishings, objects, and equipment used by sick
37.27 children must be cleaned and disinfected at least daily and as needed pursuant to the
37.28 requirements under section 142H.31.

37.29 Subd. 15. **Bedding and sleeping equipment.** (a) Each sick child must be provided
37.30 appropriate bedding and sleeping equipment, depending on the age of the child, as follows:

37.31 (1) a crib and crib sheets pursuant to the requirements of section 142B.45, cot, mat, or
37.32 bed, depending on the age of the child;

38.1 (2) a pillow, except if the child is an infant;

38.2 (3) a pillowcase, except if the child is an infant; and

38.3 (4) a blanket or quilt, except if the child is an infant.

38.4 (b) Bedding provided by the center must be laundered after each use. Sleeping equipment
38.5 must be cleaned and disinfected after each use.

38.6 Sec. 20. [142H.20] INFORMATION TO PARENTS.

38.7 Subdivision 1. Policies provided to parents. At the time of a child's enrollment, the
38.8 center must provide the parent with written notification of the:

38.9 (1) ages and numbers of children the center is licensed to serve;

38.10 (2) hours and days of operation;

38.11 (3) child care program options the center is licensed to operate, including a description
38.12 of the program's educational methods; the program's religious, political, or philosophical
38.13 basis, if any; and how parents may review the center's child care program plan;

38.14 (4) policy on parent conferences and notification to a parent of a child's intellectual,
38.15 physical, social, and emotional development;

38.16 (5) policy requiring a health care summary and immunization record of a child;

38.17 (6) policies and procedures for the care of children who become sick at the center and
38.18 parent notification practices for the onset of or exposure to a contagious illness or condition
38.19 pursuant to section 142H.18 or when there is an emergency or injury requiring medical
38.20 attention;

38.21 (7) policies and procedures for administering first aid and sources of care to be used in
38.22 case of emergencies;

38.23 (8) policies on the administration of medicine;

38.24 (9) procedures for obtaining written parental permission for transportation of children
38.25 and field trips as required in section 142H.33, subdivision 4, paragraph (d);

38.26 (10) procedures for obtaining written parental consent for research, cameras, and social
38.27 media participation pursuant to section 142H.22;

38.28 (11) policies on transitioning a child to the next age group, pursuant to section 142H.10;

38.29 (12) policies on the provision of meals and snacks;

38.30 (13) behavior guidance policies and procedures;

- 39.1 (14) presence of pets;
- 39.2 (15) policy on visitation and parental access to children pursuant to section 142H.21;
- 39.3 (16) policy on the prohibition of smoking, use of tobacco products, vaping, electronic
- 39.4 cigarettes, alcohol, and drugs on the premises of the program pursuant to section 142H.29,
- 39.5 subdivision 11;
- 39.6 (17) policy on use of technology and screen time pursuant to section 142H.11, subdivision
- 39.7 1, clause (12);
- 39.8 (18) telephone number of the Department of Children, Youth, and Families, Division
- 39.9 of Licensing;
- 39.10 (19) policy on naps and rest pursuant to section 142H.12; and
- 39.11 (20) procedures for notifying parents of an evacuation, including procedures for
- 39.12 reunification with families.
- 39.13 Subd. 2. **Parent conferences.** The license holder must inform the parent of a child's
- 39.14 progress and:
- 39.15 (1) complete individual assessments of each child's intellectual, physical, social, and
- 39.16 emotional development at least twice a year. Individual assessments for school-age children
- 39.17 must be completed at least once a year;
- 39.18 (2) plan and offer parent conferences by program staff at least twice a year to review
- 39.19 and discuss the child's assessment. Parent conferences for school-age children must be
- 39.20 planned and offered at least once a year; and
- 39.21 (3) maintain documentation of the child's assessment and that individual parent
- 39.22 conferences were planned and offered in each child's record.
- 39.23 Subd. 3. **Daily reports for infants and toddlers.** Daily written individualized reports
- 39.24 must be provided to the parent of an infant or toddler about the child's food intake,
- 39.25 elimination, sleeping patterns, and general behavior.
- 39.26 **Sec. 21. [142H.21] PARENT VISITATION AND ACCESS TO PROGRAM.**
- 39.27 (a) The center must have a parent visitation and access policy that meets the requirements
- 39.28 of this section at a minimum.
- 39.29 (b) An enrolled child's parent must be allowed access to their child at any time while
- 39.30 the child is in care unless a legal restriction or court order restricts access.

40.1 (c) A copy of the order or other legal restriction in paragraph (b) must be kept in the
40.2 child's record.

40.3 **Sec. 22. [142H.22] CONSENT FOR RESEARCH, CAMERAS, AND SOCIAL MEDIA**
40.4 **PARTICIPATION.**

40.5 Subdivision 1. **Policy.** A center must have and follow a policy governing the center's
40.6 use of social media and the use of photos and videos of children in care. The policy must
40.7 include:

40.8 (1) procedures for obtaining written consent from parents for release of photos and
40.9 videos of children for promotional or publicity purposes; and

40.10 (2) a statement prohibiting any employee or volunteer from posting content of children
40.11 in care or enrolled families on a personal social media account or public digital platform,
40.12 including photos, videos, or personal identifying information of the children.

40.13 Subd. 2. **Participation in research, fundraising, or public relations projects.** (a) The
40.14 license holder must obtain written permission from a parent before a child is involved in
40.15 research, fundraising, or public relations projects while at the center. A separate written
40.16 permission form must be obtained before each occasion of a research, fundraising, or public
40.17 relations activity.

40.18 (b) The permission form must be maintained in the child's record.

40.19 **Sec. 23. [142H.23] EMERGENCY AND ACCIDENT POLICIES AND RECORDS.**

40.20 Subdivision 1. **Emergency preparedness plan.** (a) An applicant must develop a written
40.21 plan for emergencies that require evacuation, relocation, sheltering in place, or lockdown
40.22 resulting from a fire, blizzard, tornado or other natural disaster, or other threatening situations
40.23 that may pose a health or safety hazard to a child, such as an intruder or violence at the
40.24 facility. A license holder must carry out the emergency plan during emergencies. The plan
40.25 must be written on a form developed by the commissioner and include:

40.26 (1) procedures for an evacuation, including building evacuation routes and identification
40.27 of primary and secondary exits;

40.28 (2) procedures for relocation, including a designated relocation site;

40.29 (3) procedures for sheltering in place and lockdown;

40.30 (4) procedures for notifying a child's parent of an evacuation, relocation, sheltering in
40.31 place, or lockdown, including procedures for reunification with families;

41.1 (5) accommodations for a child with a disability or a chronic medical condition;

41.2 (6) accommodations for infants and toddlers;

41.3 (7) procedures for storing a child's medically necessary medicine that facilitates easy
41.4 removal during an evacuation or relocation;

41.5 (8) procedures for continuing operations in the period during and after a crisis; and

41.6 (9) procedures for communicating with local emergency management officials, law
41.7 enforcement officials, or other appropriate state or local authorities.

41.8 (b) A license holder must review and update the emergency plan at least once each
41.9 calendar year and as needed when changes to the circumstances or facilities necessitate an
41.10 updated plan. Documentation of the yearly review and when changes are made must be
41.11 maintained in the program's administrative records.

41.12 (c) Program staff must be trained on the emergency plan at orientation as specified under
41.13 section 142H.09 when changes are made to the plan and at least once each calendar year.
41.14 Training must be documented and maintained on site.

41.15 (d) A center must have an operable on-site flashlight for use in an emergency situation.
41.16 A cell phone may not be used to meet this requirement.

41.17 (e) A license holder must conduct fire drills every month and hold tornado drills monthly
41.18 from April 1 through September 30. Fire and tornado drills must be documented and include
41.19 the date of the drill, the start and end time of the drill, and the name of the program staff
41.20 person completing the documentation. Documentation must be maintained in the program's
41.21 administrative records.

41.22 (f) Primary and secondary exits and evacuation routes must remain unblocked.

41.23 Subd. 2. **Emergencies, accidents, incidents, and injuries.** (a) The policies and
41.24 procedures for emergencies, accidents, incidents, and injuries must include:

41.25 (1) procedures for administering first aid;

41.26 (2) procedures for the daily inspection of potential hazards;

41.27 (3) procedures for fire prevention and procedures to follow in the event of a fire, persons
41.28 responsible for the evacuation of children and areas for which they are responsible, instruction
41.29 on how to use a fire extinguisher, and instructions on how to close off the fire area;

41.30 (4) procedures to follow when a child is missing, including when a school-age child
41.31 does not arrive at the center when expected after school;

42.1 (5) procedures to follow if a person who is unknown, unauthorized, incapacitated, or
42.2 suspected of abuse attempts to pick up a child or if no one comes to pick up a child. The
42.3 procedure must include a practice for verifying a person's identity;

42.4 (6) procedures for obtaining emergency medical care; and

42.5 (7) procedures for recording emergencies, accidents, incidents, and injuries involving a
42.6 child enrolled in the center. The written record must include:

42.7 (i) the name and age of the child involved;

42.8 (ii) the name of employees or volunteers present;

42.9 (iii) the date, time, and place of the emergency, accident, incident, or injury;

42.10 (iv) the type of injury;

42.11 (v) actions taken by staff; and

42.12 (vi) to whom the emergency, accident, incident, or injury was reported.

42.13 (b) At a minimum, the emergency, accident, incident, or injury must be reported in
42.14 writing to the parent and as otherwise required in section 142H.28.

42.15 (c) Each calendar year, the license holder must conduct an analysis of the emergencies,
42.16 accidents, incidents, and injuries that have been documented pursuant to paragraph (a),
42.17 clause (7). Documentation of the yearly analysis and any modification of the center's policies
42.18 based on the analysis must be maintained in the program's administrative records.

42.19 (d) The license holder must post a facility floor plan in a visible location in each classroom
42.20 and other areas in the facility where child care is provided. The posted floor plan in each
42.21 area must include:

42.22 (1) identification of primary and secondary exits;

42.23 (2) building evacuation routes;

42.24 (3) identification of tornado shelter and other shelter-in-place locations;

42.25 (4) identification of staff positions responsible for the evacuation or sheltering of children;

42.26 (5) the name and address of the designated relocation site; and

42.27 (6) phone numbers and sources of emergency medical services, the poison control center,
42.28 the fire department, and the department's licensing division.

42.29 (e) The license holder must ensure program staff are trained on the emergency, accident,
42.30 incident, and injury policies and procedures at orientation as required in section 142H.09

43.1 when changes are made to the policies and procedures and at least once each calendar year.

43.2 Training must be documented and maintained on site.

43.3 **Sec. 24. [142H.24] SUPERVISION AND RISK REDUCTION.**

43.4 **Subdivision 1. Supervision; sight and hearing exceptions.** (a) A child is still supervised
43.5 as defined in section 142H.01, subdivision 38, when:

43.6 (1) an infant is placed in a crib to sleep and a program staff person is within sight or
43.7 hearing of the infant pursuant to section 142H.12, subdivision 4;

43.8 (2) a single school-age child uses a restroom that is not available to the public when the
43.9 child care center is operating and serving children and a program staff person has knowledge
43.10 of the child's activity and location and checks on the child at least every five minutes. When
43.11 services are provided away from the child care facility, including but not limited to field
43.12 trips, a school-age child who uses a restroom that is available to the public must be
43.13 accompanied by a program staff person;

43.14 (3) a school-age child leaves the classroom but remains within the licensed child care
43.15 center space to deliver or retrieve items from the child's personal storage space and a program
43.16 staff person has knowledge of the child's activity and location and checks on the child at
43.17 least every five minutes; or

43.18 (4) a single preschool child uses an individual, private restroom within the classroom
43.19 with the door closed and a program staff person has knowledge of the child's activity and
43.20 location, can hear the child, and checks on the child at least every five minutes. A shared
43.21 restroom between two separate rooms that has a door into each room is not considered an
43.22 individual, private restroom for the purposes of this clause.

43.23 (b) A program must account for each exception in paragraph (a) in the risk reduction
43.24 plan under subdivision 2.

43.25 **Subd. 2. Risk reduction plan.** (a) The license holder must develop a risk reduction plan
43.26 that identifies the general risks to children served by the child care center in a form and
43.27 manner prescribed by the commissioner.

43.28 (b) The license holder must establish procedures to minimize identified risks, train staff
43.29 on the procedures, and review the procedures each calendar year.

43.30 (c) The risk reduction plan must include an assessment of risk to children the center
43.31 serves or intends to serve and identify specific risks based on the outcome of the assessment.
43.32 The assessment of risk must be composed of:

- 44.1 (1) an assessment of the risks presented by the facility where the licensed services are
44.2 provided, including an evaluation of:
- 44.3 (i) the condition and design of the facility and its outdoor space, bathrooms, and storage
44.4 areas;
- 44.5 (ii) the accessibility of medications and cleaning products that are harmful to children;
44.6 and
- 44.7 (iii) the existence of areas that are difficult to supervise; and
- 44.8 (2) an assessment of the risks presented by the environment for each facility and for
44.9 each site, including an evaluation of the type of grounds and terrain surrounding the building
44.10 and the proximity to hazards, busy roads, and publicly accessed businesses.
- 44.11 (d) The risk reduction plan must include a statement of measures that will be taken to
44.12 minimize the risk of harm presented to children for each risk identified in the assessment
44.13 under paragraph (c) related to the facility and environment.
- 44.14 (e) In addition to any program-specific risks identified in paragraph (c), the plan must
44.15 include specific policies and procedures that minimize the risk of harm or injury to children,
44.16 including from:
- 44.17 (1) closing children's fingers in doors, including cabinet doors;
- 44.18 (2) leaving children in the community without supervision;
- 44.19 (3) children leaving the facility without supervision;
- 44.20 (4) dislocation of children's elbows by program staff pulling or lifting children by the
44.21 hands or wrists or swinging by the arms;
- 44.22 (5) burns, including from hot food or beverages, whether served to children or being
44.23 consumed by program staff, and devices used to warm food and beverages;
- 44.24 (6) injuries from equipment, such as scissors and glue guns;
- 44.25 (7) sunburn;
- 44.26 (8) feeding children foods to which they are allergic;
- 44.27 (9) children falling from changing tables;
- 44.28 (10) children accessing dangerous items or chemicals or coming into contact with residue
44.29 from harmful cleaning products;

45.1 (11) traffic and pedestrian accidents, including when walking with children on
45.2 neighborhood walks, to an off-site outdoor play area, or in areas with heavy traffic or difficult
45.3 terrain such as railroad tracks; and

45.4 (12) children choking or suffocating.

45.5 (f) The plan must ensure hazardous objects as defined in section 142H.34, subdivision
45.6 17, are inaccessible to children.

45.7 (g) The plan must include specific policies and procedures to ensure adequate supervision
45.8 of children at all times as defined in subdivision 1 and section 142H.01, subdivision 38,
45.9 and pursuant to the staffing requirements of section 142H.10, subdivision 1, with particular
45.10 emphasis on:

45.11 (1) times when children are transitioned from one area within the facility to another,
45.12 including the use of a name-to-face check during transition time;

45.13 (2) nap-time supervision, including infant sleep supervision;

45.14 (3) child arrival and departure times, including when children arrive or depart from the
45.15 center by bus;

45.16 (4) supervision during outdoor play, outdoor learning activities, and community activities,
45.17 including but not limited to field trips and neighborhood walks;

45.18 (5) supervision of children in hallways;

45.19 (6) supervision of preschool children when using an individual private restroom within
45.20 the classroom; and

45.21 (7) supervision of school-age children when using the restroom and visiting the child's
45.22 personal storage space.

45.23 Subd. 3. **Yearly review of risk reduction plan.** (a) The license holder must review the
45.24 risk reduction plan each calendar year and document the review.

45.25 (b) When conducting the review, the license holder must consider incidents that have
45.26 occurred in the center since the last review, including:

45.27 (1) incidents covered by the assessment factors in subdivision 2;

45.28 (2) the internal reviews conducted under section 142H.36, if any;

45.29 (3) substantiated maltreatment findings, if any; and

45.30 (4) any other incidents that caused injury or harm to a child.

46.1 (c) Within ten days following any change to the risk reduction plan, the license holder
46.2 must train program staff on the change and document that the staff were trained on the
46.3 change.

46.4 Sec. 25. [142H.25] CENTER ADMINISTRATIVE RECORDS.

46.5 (a) In addition to the personnel records requirements under section 142B.03, subdivision
46.6 1, paragraph (a), a center must maintain the following records:

46.7 (1) a record of the information given to parents specified in section 142H.20;

46.8 (2) the personnel records specified in section 142H.26;

46.9 (3) the children's records specified in section 142H.27;

46.10 (4) health consultant reviews of the center's health policies and practices as specified in
46.11 section 142H.29, subdivision 2;

46.12 (5) the child care program plan specified in section 142H.11;

46.13 (6) the emergencies, accidents, incidents, and injuries records specified in section
46.14 142H.23, subdivision 2;

46.15 (7) the child separation reports mandated in section 142H.13;

46.16 (8) daily center and classroom attendance records specified in section 142H.30; and

46.17 (9) staffing schedules.

46.18 (b) The requirements in section 142B.03, subdivisions 1 and 2, apply to records retained
46.19 pursuant to this section.

46.20 Sec. 26. [142H.26] PERSONNEL RECORDS.

46.21 A license holder must maintain a current personnel record for each program staff person
46.22 in a manner prescribed by the commissioner and consistent with section 142B.03. The
46.23 personnel record for each program staff person must contain:

46.24 (1) the program staff person's name, home address, telephone number, date of birth, and
46.25 emergency contact information;

46.26 (2) the program staff person's first date of direct contact and first date of unsupervised
46.27 direct contact with a child;

46.28 (3) documentation indicating that the program staff person meets the requirements of
46.29 the staff person's job in sections 142H.05 to 142H.08; and

47.1 (4) the program staff person's hire date and last day of employment, as applicable.

47.2 **Sec. 27. [142H.27] CHILDREN'S RECORDS.**

47.3 Subdivision 1. **Requirements.** Prior to or on the day of enrollment in the center, the
47.4 license holder must maintain a record on site for each child served by the program. The
47.5 record must contain:

47.6 (1) the child's full name, date of birth, and current home address;

47.7 (2) the child's date of enrollment in the program;

47.8 (3) the name, address, and telephone number of the child's parent;

47.9 (4) the name and telephone number of at least one emergency contact person who can
47.10 be contacted if a parent cannot be reached in an emergency or when there is an injury
47.11 requiring medical attention;

47.12 (5) the names and telephone numbers of any additional persons authorized by the parent
47.13 to pick up the child from the center;

47.14 (6) the child's health and immunization information required by section 142H.29,
47.15 subdivisions 3 and 4;

47.16 (7) written authorization for the license holder to act in an emergency or when a parent
47.17 or designee cannot be reached or is delayed;

47.18 (8) the hours and days of the week the child will attend the center;

47.19 (9) for infants and toddlers, a description of the child's eating, sleeping, toileting, and
47.20 communication habits and effective methods for comforting the child;

47.21 (10) documentation of any dietary or medical needs of the child;

47.22 (11) documentation of a child's individual child care program plan as required by section
47.23 142H.15; and

47.24 (12) the date of parent conferences and a summary of the information provided to the
47.25 parent at the conferences.

47.26 Subd. 2. **Disclosure.** The license holder must not disclose a child's record to any person
47.27 other than the child, the child's parent, the child's legal representative, employees of the
47.28 license holder, or the commissioner unless the child's parent has given written consent. This
47.29 subdivision does not apply to information needed by a first responder in the case of an
47.30 emergency.

48.1 Sec. 28. [142H.28] REPORTING REQUIREMENTS.

48.2 Subdivision 1. Maltreatment, abuse, and neglect reporting. The license holder must
48.3 comply with the reporting requirements for abuse and neglect specified in chapter 260E.

48.4 Subd. 2. Other reporting. Within 24 hours, the license holder must notify the
48.5 commissioner of the following in a manner prescribed by the commissioner:

48.6 (1) of the death or notification of the death of a child enrolled in the center as required
48.7 under section 142B.10, subdivision 24;

48.8 (2) of the occurrence or notification of any injury to a child in care in the program that
48.9 required treatment by a dentist or health care provider as defined in section 142H.01,
48.10 subdivision 22. Treatment does not include application of or recommendation to use
48.11 nonprescription medication or diagnostic testing;

48.12 (3) of the occurrence of structural damage to the building or a fire that requires the
48.13 service of a fire department; and

48.14 (4) of the provision of any emergency medical service to a child while in care.

48.15 Sec. 29. [142H.29] HEALTH.

48.16 Subdivision 1. Health policies. An applicant must develop written health policies
48.17 approved by the commissioner.

48.18 Subd. 2. Health consultation. (a) The center must have a health consultant as defined
48.19 in section 142H.01, subdivision 23, review the center's health policies and practices in
48.20 person and certify that the policies and practices are adequate to protect the health of children
48.21 in care.

48.22 (b) The health consultant's review, including an on-site visit, must be done before initial
48.23 licensure and must be repeated each calendar year.

48.24 (c) For programs serving infants, an in-person review must be done before initial licensure
48.25 and at least quarterly thereafter. At least every other quarter, a health consultant may conduct
48.26 the health review visit virtually.

48.27 (d) A health consultant must review the center's health policies and practices before
48.28 implementing a change in the center's health policies or practices and after an outbreak of
48.29 a contagious reportable illness as specified in Minnesota Rules, parts 4605.7040, 4605.7050,
48.30 and 4605.7080.

48.31 (e) The consultant must review and approve:

49.1 (1) the emergencies, accidents, incidents, and injuries policies and procedures required
49.2 by section 142H.23, subdivision 2;

49.3 (2) the diapering procedures and practices specified in subdivision 6;

49.4 (3) the programs' cleaning and disinfecting products and procedures; and

49.5 (4) the sanitation procedures and practices for food catered in or provided by the child's
49.6 parent as specified in section 142H.32, subdivision 6, and for infants as specified in section
49.7 142H.32, subdivision 11.

49.8 Subd. 3. **Health information at admission.** Before a child is admitted to a center or
49.9 within 30 days of admission, the license holder must obtain a report on a current physical
49.10 examination of the child signed by the child's health care provider.

49.11 Subd. 4. **Immunizations.** (a) Before a child is admitted to a center, the license holder
49.12 must obtain documentation of current immunization records according to section 121A.15
49.13 and Minnesota Rules, chapter 4604; a signed notarized statement of parental objection to
49.14 the immunization; or a medical exemption. The license holder must maintain record of
49.15 current immunizations, a signed notarized statement of parental objection to the
49.16 immunization, or a medical exemption throughout the child's enrollment at the center.

49.17 (b) License holders must file an immunization report each calendar year with the
49.18 Department of Health, as required under the Minnesota School and Child Care Immunization
49.19 Law, section 121A.15, subdivision 8, and Minnesota Rules, part 4604.0410.

49.20 Subd. 5. **Administration of medication.** (a) A license holder that administers medication
49.21 must:

49.22 (1) get written permission from the child's parent before administering medication;

49.23 (2) get written permission from the child's parent before administering items that may
49.24 be applied externally, including but not limited to diapering products, sunscreen lotions,
49.25 hand sanitizer, lip balm, body lotion, and insect repellents. Items under this clause must be
49.26 administered according to the manufacturer's instructions unless a dentist or health care
49.27 provider gives alternative written instructions;

49.28 (3) get and follow written instructions from a dentist or a health care provider before
49.29 administering each prescription. Medication with the child's name and current prescription
49.30 information on the label constitutes instructions;

50.1 (4) follow written dosage instructions from a child's parent or health care provider for
50.2 over-the-counter medication that is intended to be ingested and does not include dosage
50.3 information within the manufacturer's instructions;

50.4 (5) keep all medication in its original container and have a legible label stating the child's
50.5 first and last name. The medication must be given only to the child whose name is on the
50.6 label, unless as described in paragraph (b);

50.7 (6) not give medication after an expiration date on the label, return any unused portion
50.8 to the child's parent if possible, and destroy any unused portion that cannot be returned;

50.9 (7) document the administration of any ingested nonprescription medication and all
50.10 prescription medication. The documentation must include the first and last name of the
50.11 child, name of the medication or prescription number, date, time, dosage, and printed name
50.12 and signature or initials of the person who administered the medication. This documentation
50.13 must be available to the parent and maintained in the child's record;

50.14 (8) store all medications, insect repellents, sunscreen lotions, and diaper rash control
50.15 products according to directions on the original container and in a place inaccessible to
50.16 children; and

50.17 (9) not use herbal remedies and essential oils, unless prescribed or recommended by a
50.18 dentist or a health care provider. If these are administered, they must be administered in
50.19 compliance with the requirements of this subdivision.

50.20 (b) Sunscreen lotions and insect repellents supplied by the license holder may be used
50.21 on more than one child and must be labeled for use for all children. A product to control or
50.22 prevent diaper rash, including premoistened commercial wipes that cannot be dispensed in
50.23 a manner that prevents cross contamination of the product and container as determined by
50.24 the health consultant, must be labeled with the child's first and last name and used only for
50.25 the individual child whose name is written on the label.

50.26 Subd. 6. **Diapers, changing areas, and disposal.** Sanitary diaper procedures must be
50.27 used to reduce the spread of communicable disease. A license holder must:

50.28 (1) make an adequate supply of clean diapers available for each child and store the
50.29 diapers in a clean place;

50.30 (2) change diapers following the diaper changing procedure reviewed and approved by
50.31 the center's health consultant pursuant to subdivision 2, paragraph (e), clause (2);

50.32 (3) post diaper changing procedures reviewed and certified by the center's health
50.33 consultant in the diaper changing area;

- 51.1 (4) keep children in diapers clean and dry. Diapers and clothing must be changed
51.2 immediately or as soon as practicable when wet or soiled. Soiled clothing must be placed
51.3 in a plastic bag and sent home with the parent daily;
- 51.4 (5) use single-service wipes for cleaning a wet or soiled child;
- 51.5 (6) clean and disinfect changing tables and changing pads between children;
- 51.6 (7) use smooth, nonabsorbent surfaces for the diaper changing area and flooring;
- 51.7 (8) require the program staff person to maintain a hand on the child at all times during
51.8 diapering. Children must not be left unattended on the changing table;
- 51.9 (9) clean and disinfect diaper changing areas, including but not limited to counters, sinks,
51.10 and floors, daily or immediately when soiled;
- 51.11 (10) keep a covered diaper disposal receptacle lined with a disposable plastic bag in the
51.12 diaper changing area. Diapers cannot be disposed of in a kitchen disposal area;
- 51.13 (11) empty, clean, and disinfect diaper receptacles daily or more often as needed; and
- 51.14 (12) only change a diaper in the diaper changing area. The diaper changing area must
51.15 be separate from areas used for food storage, food preparation, and eating.
- 51.16 Subd. 7. **Hand washing; child.** (a) A child's hands must be washed with soap and water
51.17 after a diaper change, after use of a toilet or toilet training chair, and immediately before
51.18 eating a meal or snack.
- 51.19 (b) Program staff must monitor hand washing and assist a child who needs help.
- 51.20 (c) The use of a common basin or a hand sink filled with standing water is prohibited.
- 51.21 (d) Hands must be dried on a single-use towel or warm air hand dryer. The use of a
51.22 common or shared cloth or towel is prohibited.
- 51.23 (e) In sinks accessible to children, the water temperature must not exceed 120 degrees
51.24 Fahrenheit to prevent children from scalding themselves while washing.
- 51.25 (f) A hand sanitizer with at least 60 percent alcohol may be used to clean a child's hands
51.26 when soap and water are unavailable.
- 51.27 Subd. 8. **Hand washing; program staff.** Program staff must wash their hands with soap
51.28 and water after changing a child's diaper, after assisting a child on the toilet, after washing
51.29 the diapering surface, after using toilet facilities, and before handling food or eating. Hands
51.30 must be dried on a single-use towel or warm air hand dryer. The use of a common or shared

52.1 cloth or towel is prohibited. Program staff may use a hand sanitizer with at least 60 percent
52.2 alcohol when soap and water are unavailable.

52.3 Subd. 9. **First aid kit.** The license holder must have a first aid kit that is accessible in
52.4 the center at all times and whenever children are off site that includes:

52.5 (1) adhesive bandages in assorted sizes and tape;

52.6 (2) sterile compresses;

52.7 (3) elastic bandage wrap;

52.8 (4) scissors;

52.9 (5) ice bag or cold pack;

52.10 (6) digital thermometer;

52.11 (7) mild liquid soap or hand sanitizer that is at least 60 percent alcohol;

52.12 (8) bottled water;

52.13 (9) disposable powder-free, latex-free gloves;

52.14 (10) face shield or protective barrier for giving CPR; and

52.15 (11) first aid instructions.

52.16 Subd. 10. **Handling and disposal of bodily fluids.** A license holder must comply with
52.17 the following procedures for safely handling and disposing of bodily fluids:

52.18 (1) surfaces that come in contact with urine, feces, vomit, and blood must be cleaned
52.19 and disinfected;

52.20 (2) blood-contaminated material must be disposed of in a plastic bag with a secure tie;

52.21 (3) sharp items used for a child with special care needs must be disposed of in a sharps
52.22 container. The sharps container must be inaccessible to a child when stored;

52.23 (4) the license holder must have bodily fluid disposal supplies in the center, including
52.24 disposable gloves, disposal bags, and eye protection; and

52.25 (5) each employee and volunteer must follow universal precautions to reduce the risk
52.26 of spreading infectious disease.

52.27 Subd. 11. **Tobacco products, vaping, drugs, and alcohol use prohibitions.** (a) A
52.28 license holder must comply with the drug and alcohol policy requirements in section 142B.10,
52.29 subdivision 1, paragraph (c), including ensuring that no employee, subcontractor, or volunteer

53.1 is under the influence of a chemical that impairs the individual's ability to provide services
53.2 or care.

53.3 (b) The possession or use of marijuana, products containing THC, alcohol, and illegal
53.4 drugs is prohibited on the premises of the program during operating hours, including all
53.5 indoor and outdoor licensed program environments and in any vehicles used by the program.

53.6 (c) The use of tobacco products, vaping devices, and electronic cigarettes is prohibited
53.7 indoors, in vehicles used by the program, and in outdoor areas where children are present.

53.8 (d) The license holder must post in a prominent location at the main entrance of the
53.9 center a notice stating that use of tobacco products is prohibited inside the building and in
53.10 outdoor areas where children are present.

53.11 Sec. 30. [142H.30] ATTENDANCE RECORDS.

53.12 Subdivision 1. Attendance records. A child care center must maintain documentation
53.13 of actual attendance for each child receiving care. The records must be accessible to the
53.14 commissioner during the program's hours of operation, be completed on the actual day of
53.15 attendance, and include:

53.16 (1) the first and last name of the child;

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

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

53.19 Subd. 2. Daily classroom tracking. (a) A license holder must ensure that program staff
53.20 track children in their classroom on a daily basis to ensure the center has an active roster
53.21 of children present in their classroom.

53.22 (b) Children must be tracked as they arrive in and depart from the classroom.

53.23 (c) Tracking must include the first and last name of each child.

53.24 (d) The classroom tracking documentation must remain with each group at all times
53.25 throughout the day including outdoor play, emergency evacuations, field trips, and when
53.26 groups are combined.

53.27 Sec. 31. [142H.31] CLEANING, SANITIZING, AND DISINFECTING.

53.28 Subdivision 1. Products and procedures. Cleaning and disinfecting must be done in
53.29 accordance with policies, procedures, and products approved by the program's health
53.30 consultant as specified in section 142H.29, subdivision 2.

54.1 Subd. 2. **Indoor and outdoor equipment.** (a) The indoor and outdoor space and
54.2 equipment of the program must be clean.

54.3 (b) Natural elements and materials used as equipment and play materials under section
54.4 142H.14, subdivision 4; natural features used for outdoor play under section 142H.34,
54.5 subdivision 7, paragraph (h); and play materials used in outdoor settings are exempt from
54.6 being clean, as defined under section 142H.01, subdivision 12. A program staff person must
54.7 inspect natural elements and materials, natural features, and play materials used for outdoor
54.8 play for hazardous objects and other safety hazards, including animal feces, and remove or
54.9 mitigate the hazard before a child's use.

54.10 Subd. 3. **Pacifiers.** Pacifiers must be labeled with each child's name or other individual
54.11 identifier and stored separately.

54.12 Subd. 4. **Cleaning frequency.** The license holder must develop and follow a cleaning
54.13 schedule that requires:

54.14 (1) cleaning and sanitizing food preparation areas, tables, high chairs, and food service
54.15 counters before and after each meal and snack. Sanitizing must be done by using an
54.16 Environmental Protection Agency-registered sanitizer or a bleach solution or by heating to
54.17 temperatures sufficient to destroy most germs, pursuant to guidelines from the commissioner
54.18 of health on infectious diseases in child care settings;

54.19 (2) cleaning and sanitizing items that have been inside a child's mouth or come into
54.20 contact with bodily fluids prior to being used by another child;

54.21 (3) cleaning sleeping equipment and bedding, including:

54.22 (i) washing bedding used by a child before being used by another child;

54.23 (ii) washing bedding used by the same child weekly or when soiled;

54.24 (iii) cleaning and disinfecting sleeping equipment used by a child before being used by
54.25 another child; and

54.26 (iv) cleaning and disinfecting sleeping equipment used by the same child weekly or
54.27 when soiled;

54.28 (4) cleaning toileting areas daily, including:

54.29 (i) emptying and disinfecting toilet training chairs after each use; and

54.30 (ii) disinfecting toilets and seats when soiled or at least daily; and

55.1 (5) emptying garbage cans and diaper receptacles on a daily basis and cleaning and
55.2 disinfecting the cans and receptacles as needed.

55.3 **Sec. 32. [142H.32] FOOD, DRINKING WATER, AND NUTRITION.**

55.4 Subdivision 1. **On-site food preparation.** A license holder that prepares, handles, or
55.5 serves food or washes food, utensils, or equipment on site must comply with applicable
55.6 requirements for food and beverage service establishments in chapter 157 and Minnesota
55.7 Rules, chapter 4626, and local health department requirements.

55.8 Subd. 2. **Off-site food preparation.** (a) Meals or snacks may be provided by an off-site,
55.9 licensed food and beverage service establishment.

55.10 (b) The center must maintain on file a copy of the off-site food and beverage service
55.11 establishment's current license and the contract to provide food for the center.

55.12 Subd. 3. **Providing food.** A license holder must provide meals and snacks to the children
55.13 in attendance. The license holder must supplement food provided by the parent if it does
55.14 not meet United States Department of Agriculture Child and Adult Care Food Program
55.15 (CACFP) nutritional requirements.

55.16 Subd. 4. **Drinking water.** (a) The center must have a safe supply of drinking water
55.17 pursuant to section 142H.35.

55.18 (b) Drinking water must be available to children throughout the hours of operation and
55.19 offered at frequent intervals. Drinking water for children must be provided in single-service
55.20 drinking cups, in reusable water bottles, in reusable cups, or from drinking fountains
55.21 accessible to children.

55.22 (c) A license holder may provide drinking water to a child in a reusable water bottle or
55.23 reusable cup if the center develops and ensures implementation of a written policy that at
55.24 a minimum includes the following procedures:

55.25 (1) each day the water bottle or cup is used, the license holder must clean the water bottle
55.26 or cup or allow the child's parent to bring the water bottle or cup home to clean it;

55.27 (2) a water bottle or cup must be assigned to a specific child and labeled with the child's
55.28 first and last name;

55.29 (3) water bottles and cups must be stored in a manner that reduces the risk of a child
55.30 using the wrong water bottle or cup; and

55.31 (4) a water bottle or cup must be used only for water.

56.1 Subd. 5. **Menus.** The license holder must ensure:

56.2 (1) meals and snacks prepared or provided by the license holder or catered by a licensed
56.3 food and beverage caterer comply with the meal pattern and nutritional requirements
56.4 contained in the most current edition of the CACFP standards in Code of Federal Regulations,
56.5 title 7, section 226.20;

56.6 (2) menus comply with the meal pattern and nutritional requirements contained in the
56.7 most current edition of the CACFP standards in Code of Federal Regulations, title 7, section
56.8 226.20;

56.9 (3) the current menu is posted or made readily available to parents; and

56.10 (4) any food substitutions are noted on the menu at the time of the change.

56.11 Subd. 6. **Sanitation.** (a) Procedures for preparing, handling, storing, and serving food
56.12 and washing food, utensils, and equipment must comply with the requirements for food and
56.13 beverage establishments in Minnesota Rules, chapter 4626.

56.14 (b) If the food is prepared off site by another facility or if food service is provided
56.15 according to a contract with a food service provider, the facility or license holder must
56.16 ensure that food is prepared in compliance with Minnesota Rules, chapter 4626.

56.17 (c) The license holder must provide refrigeration for dairy products and other perishable
56.18 foods, whether supplied by the license holder or supplied by the parent. The refrigeration
56.19 must have a temperature of 41 degrees Fahrenheit or less.

56.20 Subd. 7. **Meals and snacks.** Except for infants under subdivision 11, the license holder
56.21 must serve meals and snacks to children as follows:

56.22 (1) one snack for a child in attendance for two to five hours;

56.23 (2) one meal and two snacks or two meals and one snack for a child in attendance for
56.24 five to ten hours;

56.25 (3) a minimum of two meals and two snacks for a child in attendance for more than ten
56.26 hours; and

56.27 (4) a minimum of three meals and two snacks for a child in attendance for more than 14
56.28 hours.

56.29 Subd. 8. **Prescribed diet requirements.** (a) If a child is unable to follow the CACFP
56.30 meal pattern requirements due to a diet-related medical condition, a prescribed diet
56.31 accommodation is required.

57.1 (b) The license holder must obtain documentation from the child's health care provider
57.2 about the child's special dietary needs and keep that information current. The license holder
57.3 must use this information to accommodate the child's dietary needs.

57.4 (c) When a license holder enrolls a child who requires a prescribed diet, the license
57.5 holder must ensure that an individual child care program plan is developed and maintained
57.6 in the child's record, pursuant to sections 142H.15, subdivision 3, and 142H.27.

57.7 (d) The license holder must provide for a child's prescribed dietary needs or require the
57.8 parent to provide the prescribed diet items that are not part of the center's menu plan.

57.9 Subd. 9. **Cultural or religious diet accommodations.** (a) When special diets are
57.10 requested for cultural or religious reasons, the center must obtain written, dated, and signed
57.11 instructions from the child's parent on how to accommodate the diet.

57.12 (b) The license holder must provide for a child's special diet for cultural or religious
57.13 reasons or require the parent to provide the food items that are not part of the center's menu
57.14 plan.

57.15 Subd. 10. **Food allergy information.** Information about food allergies of the children
57.16 in the center must follow the requirements in section 142H.15, subdivision 5.

57.17 Subd. 11. **Infant food and feeding schedule.** The diet and feeding schedule of an infant
57.18 must be determined by the infant's parent. The license holder of a center serving infants
57.19 must:

57.20 (1) obtain written dietary instructions from the parent of the child that are used to develop
57.21 the infant's feeding schedule and are updated as needed as the child's feeding needs change;

57.22 (2) have each individual infant's feeding schedule available in the food preparation area;

57.23 (3) offer the child formula or milk and nutritionally adequate solid foods in quantities
57.24 at specified time intervals as determined by the parent;

57.25 (4) ensure infants are held or fed sitting up for bottled feedings. A bottle must not be
57.26 propped at any time for an infant or fed to an infant in a crib, infant seat, or playpen;

57.27 (5) use sanitary procedures and practices to prepare, handle, and store formula, milk,
57.28 breast milk, solid foods, and supplements, including having procedures to ensure bottles
57.29 are matched to the correct infant. Procedures must be reviewed and certified by a health
57.30 consultant;

57.31 (6) not warm or heat bottles in a microwave;

57.32 (7) not allow children access to bottle-warming devices; and

58.1 (8) label all bottles, breast milk, or prepared parent-provided food with the child's first
58.2 and last name and date of preparation. All formula must be refrigerated immediately after
58.3 preparation or upon arrival if the formula is prepared by the parent.

58.4 Subd. 12. **Additional requirements.** (a) The center must serve food that is not a choking
58.5 hazard and that is developmentally appropriate in size, amount, and texture.

58.6 (b) Program staff must be seated with the children during meal and snack times.

58.7 **Sec. 33. [142H.33] TRANSPORTATION AND FIELD TRIP REQUIREMENTS.**

58.8 Subdivision 1. **Requirements.** A license holder that provides transportation for children
58.9 or that takes children off site must comply with the requirements in this section.

58.10 Subd. 2. **Driver requirements.** (a) A driver who transports children for a license holder
58.11 must:

58.12 (1) be at least 18 years old;

58.13 (2) hold a current and valid driver's license appropriate to the vehicle used to transport
58.14 children;

58.15 (3) have a copy of the driver's current driver's license on file at the center;

58.16 (4) be free from the influence of any substance that could impair driving abilities; and

58.17 (5) follow seat belt and child passenger restraint system requirements under sections
58.18 169.685 and 169.686.

58.19 (b) Parents who are not employed by the center who use personal vehicles for
58.20 transportation to occasional field trips do not have to meet the requirements of paragraph
58.21 (a), clause (3). For the purposes of this subdivision, "occasional" means three or fewer times
58.22 per calendar year.

58.23 Subd. 3. **Requirements during transportation.** (a) One program staff is required per
58.24 vehicle when transporting school-age children. Two program staff are required per vehicle
58.25 when transporting infants, toddlers, and preschoolers. An additional program staff person
58.26 is required in the vehicle if there are 12 or more infants and toddlers. The driver of the
58.27 vehicle is considered a program staff person, unless the driver is employed by a contractor
58.28 or third party.

58.29 (b) A two-way communication system and first aid kit must be present in the vehicle
58.30 during transportation.

59.1 (c) Once children have exited, the vehicle must be checked to ensure that no child has
59.2 been left in the vehicle.

59.3 (d) When the license holder provides transportation to and from the center, children
59.4 must not be transported more than one hour per one-way trip.

59.5 (e) When children board or exit the vehicle, the license holder must ensure that each
59.6 child safely boards and exits the vehicle from the curb side of the street whenever physically
59.7 possible and out of the path of moving vehicles.

59.8 (f) Drop off or pick up must be conducted in a safe manner with supervision by the
59.9 program staff responsible for the child.

59.10 Subd. 4. **Field trip requirements.** (a) For the purposes of this section, a field trip is
59.11 defined as any time the center takes children off the property, including routine outings
59.12 such as walking around the neighborhood. A center providing transportation for children
59.13 to and from the center is not considered a field trip.

59.14 (b) Staff-to-child ratios must be maintained on all field trips.

59.15 (c) Written permission must be obtained from each child's parent before taking a child
59.16 on a field trip. The written permission form must be obtained before each field trip or on a
59.17 form that yearly summarizes all field trips that will be taken. The permission forms must
59.18 be kept on file at the center.

59.19 (d) The parent's written permission form must include:

59.20 (1) the date and destination of the field trip;

59.21 (2) the times of departure from and return to the facility;

59.22 (3) the method of transportation; and

59.23 (4) if the method of transportation is walking, an estimated total distance of the walk.

59.24 (e) Unscheduled neighborhood walks may be taken, provided the program has obtained
59.25 advance written parental permission for the general plan for neighborhood walks.

59.26 (f) A child care program that includes daily or regular off-site outdoor activities in its
59.27 child care program plan may use an annual permission form for these activities. Parents
59.28 must be informed of specific destinations and any substantial changes to the general plan
59.29 outlined in the annual permission form through the child care program's regular
59.30 communication methods. The annual permission form must include the following
59.31 information:

- 60.1 (1) the general geographic area or areas where the off-site outdoor activities will occur;
- 60.2 (2) the general hours during which off-site activities may occur;
- 60.3 (3) the typical method of transportation; and
- 60.4 (4) the typical maximum distance of walks, if the method of transportation is walking.
- 60.5 (g) When centers take children on a walk or field trip, program staff must bring:
- 60.6 (1) a first aid kit as required under section 142H.29, subdivision 9;
- 60.7 (2) a child's allergy information as required under section 142H.15, including the
- 60.8 individual child care program plan;
- 60.9 (3) the name and telephone number of each child's parent and at least one emergency
- 60.10 contact person;
- 60.11 (4) medication and supplies needed for a child who has a health condition that could
- 60.12 need medication, special procedures, or precautions during the course of the trip; and
- 60.13 (5) a working cell phone or other means of immediate communication.

60.14 Sec. 34. [142H.34] FACILITY.

60.15 Subdivision 1. **Occupancy designation.** (a) At initial licensure, an applicant must

60.16 demonstrate compliance with the standards specified by the State Building Code and any

60.17 applicable local building ordinances.

60.18 (b) Prior to the child care facility being remodeled, substantially improved, renovated,

60.19 or reconstructed, the license holder must verify whether approval from the applicable state

60.20 or local building officials is needed. If needed, the license holder must obtain written

60.21 verification of compliance with the State Building Code and any applicable local building

60.22 ordinances.

60.23 Subd. 2. **Fire inspection.** (a) The center must be inspected by a fire marshal within 12

60.24 months prior to initial licensure. The commissioner must not grant an initial license until

60.25 receiving written approval of compliance with the State Fire Code from the fire marshal

60.26 with jurisdiction.

60.27 (b) Prior to the use of any areas of the structure not previously inspected and approved

60.28 for child care use, the center must:

60.29 (1) receive written confirmation from the state fire marshal that approval from the state

60.30 fire marshal is not needed; or

61.1 (2) conduct a fire inspection, which must include written approval of compliance with
61.2 the State Fire Code from the fire marshal with jurisdiction.

61.3 Subd. 3. **Reinspection for cause.** If the commissioner has reasonable cause to believe
61.4 that a potential hazard exists or the license holder is operating out of compliance with
61.5 applicable codes, the commissioner may request another inspection and written report by
61.6 a fire marshal, building official, or health authority.

61.7 Subd. 4. **Facility floor plan and designated areas.** (a) Indoor and outdoor space to be
61.8 used for child care must be designated on a facility floor plan.

61.9 (b) Space designated on a facility floor plan must be exclusively used for child care by
61.10 the center during the hours of operation.

61.11 (c) The initial application for licensure and the center's administrative record must contain
61.12 a floor plan of the center. Precise scale drawings are not required. The plan must indicate:

61.13 (1) the dimensions and location of all areas of the center designated for the provision of
61.14 child care including planned use of each area; and

61.15 (2) the size and location of areas used for outdoor activity.

61.16 Subd. 5. **Child's personal storage space.** A center must have storage space for each
61.17 child's clothing and personal belongings. The space must be at a height appropriate for the
61.18 age of the child.

61.19 Subd. 6. **Space for children who become sick.** (a) Space must be provided in the center
61.20 for a child who becomes sick at a center not licensed to operate a sick care program under
61.21 section 142H.19.

61.22 (b) The space must be separate from activity areas used by other children but may still
61.23 be within the classroom.

61.24 (c) A cot, mat, or crib and blanket must be provided as appropriate to the developmental
61.25 level of the child.

61.26 (d) The space must be supervised by a program staff person when occupied by a sick
61.27 child.

61.28 Subd. 7. **Outdoor learning environment and play space.** (a) A center must provide
61.29 or have available an outdoor activity area that complies with this subdivision unless licensed
61.30 to exclusively provide night care as specified under section 142H.16, licensed to provide
61.31 drop-in care as specified under section 142H.17, licensed to provide sick care as specified
61.32 under section 142H.19, or operating for fewer than three hours a day.

62.1 (b) A center must have an outdoor activity area of at least 1,500 square feet, and there
62.2 must be at least 75 square feet of space per child within the outdoor play area at any given
62.3 time during use.

62.4 (c) The outdoor activity area must be enclosed if it is located adjacent to a hazard,
62.5 including but not limited to traffic, rail, water, or machinery, unless the area is a public park
62.6 or playground.

62.7 (d) An outdoor activity area used daily by children under school age must be within
62.8 2,000 feet of the center or transportation must be provided by the license holder. The outdoor
62.9 activity area must not be farther than one-half mile from the center.

62.10 (e) The area must contain the outdoor equipment required under section 142H.14.

62.11 (f) The play area must be free of potential hazards, including but not limited to broken
62.12 glass, toxic materials, machinery, unlocked vehicles, feces, and sewage contaminants.

62.13 (g) An energy-absorbing surface is required under installed climbing equipment, swings,
62.14 and slides. An energy-absorbing surface can be loose sand, pea gravel, or mulch in a depth
62.15 of at least nine inches; any material that meets ASTM F1292 specifications; or shredded
62.16 rubber and poured energy-absorbing surfacing installed to manufacturer's specifications
62.17 based on the height of the equipment. A fall zone is required around the equipment.

62.18 (h) Natural features used for outdoor play that are not installed as equipment are not
62.19 subject to the requirements of paragraph (g). When a child uses natural features for outdoor
62.20 play, a program staff person must remove hazardous objects as specified in subdivision 17
62.21 and mitigate hazards whenever possible from the surrounding area where children might
62.22 fall. Natural features used for outdoor play must be appropriate to the age and size of children,
62.23 in safe condition, and used under the supervision of a program staff person.

62.24 Subd. 8. **Indoor space.** A center must have a minimum of 35 square feet of indoor space
62.25 available per child in attendance. Hallways, stairways, closets, utility rooms, restrooms,
62.26 kitchens, and space occupied by cribs are not indoor space for the purposes of this
62.27 subdivision. Twenty-five percent of the space occupied by furniture or equipment used by
62.28 staff or children may be counted as indoor space.

62.29 Subd. 9. **Shielding of hot surfaces.** Heating appliances must be installed and maintained
62.30 in accordance with the manufacturer's instruction and the State Building Code. Radiators,
62.31 fireplaces, hot pipes, and other hot surfaces in areas used by children must be shielded or
62.32 insulated to prevent burns.

63.1 Subd. 10. **Electrical outlets.** Except in a center that serves only school-age children,
63.2 electrical outlets must be tamper proof or shielded when not in use.

63.3 Subd. 11. **Water hazards.** Bodies of water within or adjacent to the center must be
63.4 inaccessible to children. When using a pool or beach, children must be supervised at all
63.5 times.

63.6 Subd. 12. **Room temperature.** An indoor temperature of 68 degrees Fahrenheit to 82
63.7 degrees Fahrenheit must be maintained in all rooms used by children.

63.8 Subd. 13. **Hazardous areas.** Kitchens, stairs, and other hazardous areas must be
63.9 inaccessible to children except during periods of supervised use.

63.10 Subd. 14. **Fire extinguisher inspection.** Fire extinguishers must be serviced by a qualified
63.11 inspector at least once every 365 days. The name of the inspector and date of the inspection
63.12 must be written on a tag attached to the extinguisher.

63.13 Subd. 15. **Toilet articles.** As needed, a license holder must provide and make available
63.14 toilet paper, liquid hand soap, facial tissues, and single-use paper towels or warm air hand
63.15 dryers.

63.16 Subd. 16. **Toilets and hand sinks.** (a) The center must have at least one hand sink for
63.17 every 15 children in the center's licensed capacity.

63.18 (b) The center must have at least one toilet for every 15 children, excluding infants, in
63.19 the center's licensed capacity. Toilet training chairs may be used for toddlers in lieu of a
63.20 toilet.

63.21 (c) The center must provide handwashing sinks within three feet of the diaper changing
63.22 surface. The sink must have hot and cold running water. In newly constructed centers or
63.23 those undergoing major remodeling to the plumbing system, foot- or wrist-operated sinks
63.24 must be provided in the diaper changing area.

63.25 (d) Any hand sink required for children other than infants must be in the toilet area. The
63.26 temperature of hot water in the hand sinks used by children must not exceed 120 degrees
63.27 Fahrenheit. Hand sinks for children must not be used for custodial work or food preparation,
63.28 including preparing infant bottles. Single-service towels or air dryers must be available to
63.29 dry hands and designed for easy use by children.

63.30 (e) Toilets, sinks, faucets, and hand-drying devices in the toilet area used by children
63.31 under school age other than infants must be placed at a height appropriate to the ages of the
63.32 children. A sturdy nonslip platform on which children may stand may be used to meet the
63.33 height requirement in this paragraph for toddlers and preschoolers.

64.1 (f) Plungers and toilet-cleaning devices must be inaccessible to children.

64.2 Subd. 17. **Hazardous objects.** (a) The license holder must prevent children from
64.3 accessing hazardous objects, including any item that could reasonably cause injury, choking,
64.4 poisoning, burning, cutting, or other harm to a child, or any item designated by the
64.5 manufacturer to be stored out of reach of children.

64.6 (b) Activities that are part of the program plan may include the use of hazardous objects
64.7 when supervised by program staff.

64.8 (c) Supplies and materials used by children must be labeled "nontoxic" by the
64.9 manufacturer.

64.10 Subd. 18. **Telephone.** (a) A working telephone that is capable of making outgoing calls
64.11 and receiving incoming calls must be located within the licensed child care center at all
64.12 times. The telephone must be accessible to staff as needed and be sufficiently charged for
64.13 use at all times.

64.14 (b) Program staff must have access to a working telephone while providing care and
64.15 supervision to children in care outside of the child care facility.

64.16 Subd. 19. **Animals.** A license holder must:

64.17 (1) keep each animal housed in the program up to date on vaccines and maintain
64.18 documentation of vaccinations as appropriate;

64.19 (2) notify parents prior to their child's enrollment of the presence of animals in the
64.20 program, before new animals are housed, and prior to any animals visiting the program;

64.21 (3) not let children handle animals without adult supervision; and

64.22 (4) notify the parent of a child whose skin is broken by an animal bite or scratch or who
64.23 is otherwise injured by an animal in writing of the injury.

64.24 Subd. 20. **Pest control.** (a) Effective measures must be taken to protect the center against
64.25 rodents and insects. If rodents, insects, or other pests are found, the license holder must take
64.26 steps to remove or exterminate them. Chemicals, baits, and traps for insect and rodent control
64.27 must not be used in areas accessible to children when children are present and must be used
64.28 according to the manufacturer's instructions.

64.29 (b) Chemicals to control weeds, rodents, insects, and other pests must be used only after
64.30 other means have been used for control, such as eliminating harborages, removing access
64.31 to food, and sealing points of entry. These compounds must be used according to labeled
64.32 instructions. If chemicals are used, the license holder must notify the parents of enrolled

65.1 children what pesticide will be applied and where it will be applied no less than 48 hours
65.2 before application, unless in cases of emergency. Only approved, United States
65.3 Environmental Protection Agency-registered insecticides, rodenticides, and herbicides may
65.4 be used. Application must strictly follow all label instructions and must be authorized by
65.5 the director.

65.6 Subd. 21. **Posting license.** A license holder must post the license in a clearly visible
65.7 place within the child care center that is accessible to parents and guardians.

65.8 Sec. 35. **[142H.35] ENVIRONMENTAL HEALTH.**

65.9 Subdivision 1. **Water supply.** A child care center must have a safe water supply. Child
65.10 care centers that obtain water from privately owned wells or sources must test any water
65.11 used for cooking or drinking by a Department of Health-certified laboratory to verify safety.
65.12 License holders must follow the lead testing requirements in section 145.9273.

65.13 Subd. 2. **Radon testing.** (a) The license holder must notify parents whether radon testing
65.14 has been conducted in the program upon enrollment and within 30 days of any subsequent
65.15 testing done after enrollment.

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

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

65.21 (2) the rooms or areas tested; and

65.22 (3) the detected radon level or levels, stated in picocuries per liter.

65.23 (c) A license holder must keep a copy of the most recent notice to parents and the radon
65.24 test results on site and make the notice and results available to parents and the commissioner
65.25 upon request. The provider may meet this requirement by posting the radon testing results
65.26 in a conspicuous place.

65.27 Sec. 36. **[142H.36] MALTREATMENT OF MINORS INTERNAL REVIEW.**

65.28 If a license holder has reason to know that an internal or external report of alleged or
65.29 suspected maltreatment has been made, the license holder must:

66.1 (1) establish and maintain policies and procedures to ensure that an internal review is
66.2 completed within 30 calendar days and that corrective action is taken if necessary to protect
66.3 the health and safety of children in care. The review must include an evaluation of whether:

66.4 (i) related policies and procedures were followed;

66.5 (ii) the policies and procedures were adequate;

66.6 (iii) there is a need for additional staff training;

66.7 (iv) the reported event is similar to past events with the children or the services involved;

66.8 and

66.9 (v) there is a need for corrective action by the license holder to protect the health and
66.10 safety of children in care;

66.11 (2) develop, document, and implement a corrective action plan designed to correct any
66.12 current lapses and prevent future lapses in performance by individuals or the license holder,
66.13 based on the results of the review;

66.14 (3) identify the primary and secondary person or position who will ensure that, when
66.15 required, internal reviews are completed. The secondary person must be involved when
66.16 there is reason to believe that the primary person was involved in the alleged or suspected
66.17 maltreatment; and

66.18 (4) document and make internal reviews accessible to the commissioner immediately
66.19 upon the commissioner's request. For the purposes of this section, the documentation provided
66.20 to the commissioner by the license holder may consist of a completed checklist that verifies
66.21 completion of each of the requirements of the review.

66.22 Sec. 37. Minnesota Statutes 2024, section 245A.211, subdivision 1, is amended to read:

66.23 Subdivision 1. **Applicability.** This section applies to all programs licensed or certified
66.24 under this chapter, chapters 142C, 142H, 142I, 245D, 245F, 245G, and sections 245I.20
66.25 and 245I.23. The requirements in this section are in addition to any applicable requirements
66.26 for the use of holds or restraints for each license or certification type.

66.27 Sec. 38. **REVISOR INSTRUCTION.**

66.28 (a) The revisor of statutes must renumber Minnesota Statutes, section 142B.68, as
66.29 Minnesota Statutes, section 142H.37.

66.30 (b) The revisor of statutes must make any necessary changes to statutory cross-references
66.31 to reflect the changes in this article.

67.1 (c) The revisor of statutes must replicate the statutory history for all sections and
67.2 subdivisions repealed and reenacted in this article.

67.3 Sec. 39. **REPEALER.**

67.4 (a) Minnesota Rules, parts 9503.0005; 9503.0010; 9503.0015; 9503.0030; 9503.0031;
67.5 9503.0032; 9503.0033; 9503.0034; 9503.0040; 9503.0045; 9503.0050; 9503.0055;
67.6 9503.0060; 9503.0065; 9503.0070; 9503.0075; 9503.0080; 9503.0085; 9503.0090;
67.7 9503.0095; 9503.0100; 9503.0105; 9503.0110; 9503.0115; 9503.0120; 9503.0125;
67.8 9503.0130; 9503.0140; 9503.0145; 9503.0150; 9503.0155; and 9503.0170, are repealed.

67.9 (b) Minnesota Statutes 2024, sections 142B.01, subdivisions 11, 12, 25, 26, and 27;
67.10 142B.41, subdivisions 6, 7, 10, 11, 12, and 13; 142B.54, subdivisions 1, 2, and 3; 142B.65,
67.11 subdivisions 1, 2, 3, 4, 5, 6, 7, and 10; and 142B.66, subdivisions 1, 2, 4, and 5, are repealed.

67.12 (c) Minnesota Statutes 2025 Supplement, sections 142B.65, subdivisions 8 and 9; and
67.13 142B.66, subdivision 3, are repealed.

67.14 Sec. 40. **EFFECTIVE DATE.**

67.15 This article is effective July 1, 2027.

67.16 **ARTICLE 5**

67.17 **FAMILY CHILD CARE LICENSING MODERNIZATION**

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

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

67.21 Subd. 2. **Accessible to children.** "Accessible to children" means capable of being reached
67.22 or used by a child without the aid of an adult.

67.23 Subd. 3. **Accredited.** "Accredited" means a postsecondary institution or technical college
67.24 recognized and listed in the database of accredited postsecondary institutions and programs
67.25 maintained by the federal Department of Education.

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

67.27 Subd. 5. **Age categories.** (a) "Newborn" means a child from birth up to six weeks old.

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

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

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

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

68.5 Subd. 6. **Agency.** "Agency" means a county or multicounty social or human services
68.6 agency governed by a county board or a multicounty human services board.

68.7 Subd. 7. **Annual or annually.** "Annual" or "annually" means at least once each calendar
68.8 year.

68.9 Subd. 8. **Applicant.** "Applicant" has the same meaning as section 142B.01, subdivision
68.10 4.

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

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

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

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

68.21 Subd. 13. **Child.** "Child" means a person receiving child care services who falls within
68.22 the age categories in subdivision 5.

68.23 Subd. 14. **Child care.** "Child care" means the care of a child in a family child care
68.24 program. This includes the children of the license holder and any other caregivers in the
68.25 family child care program who receive child care during child care hours.

68.26 Subd. 15. **Child with special health care needs or disabilities.** "Child with special
68.27 health care needs or disabilities" means a child who:

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

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

69.1 (3) has been determined to be a child with a disability by a health care provider as defined
69.2 in subdivision 25.

69.3 Subd. 16. **Clean.** "Clean" means free from dirt or other contaminants that can be detected
69.4 by sight, smell, or touch.

69.5 Subd. 17. **Commissioner.** "Commissioner" has the meaning given in section 142B.01,
69.6 subdivision 7.

69.7 Subd. 18. **Community-based family child care program.** "Community-based family
69.8 child care program" means a family child care program that operates at a location other than
69.9 the primary residence of the license holder.

69.10 Subd. 19. **Department.** "Department" means the Department of Children, Youth, and
69.11 Families.

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

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

69.18 Subd. 22. **Family child care program.** "Family child care program" means a child care
69.19 program licensed under this chapter and chapter 142B operating from the license holder's
69.20 residence or other approved space that serves up to 18 children and is provided for less than
69.21 24 hours a day.

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

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

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

70.1 Subd. 26. **Helper.** "Helper" means a minor, 14 through 17 years of age, who assists an
70.2 adult caregiver with the care of children.

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

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

70.8 Subd. 29. **License.** "License" has the meaning given in section 142B.01, subdivision
70.9 16.

70.10 Subd. 30. **License holder.** "License holder" has the meaning given in section 142B.01,
70.11 subdivision 17, for a family child care program.

70.12 Subd. 31. **Licensed capacity.** "Licensed capacity" means the total number of children
70.13 ten years of age or younger permitted at any one time on the premises of a family child care
70.14 program. All children ten years of age or younger on the premises count toward the capacity
70.15 of the family child care program.

70.16 Subd. 32. **Medication.** "Medication" means any substance or preparation that is used
70.17 to prevent or treat a wound, injury, infection, or disease; maintain health; heal; or relieve
70.18 pain, including substances purchased over the counter or prescribed by a health care provider
70.19 or dentist. Medication includes substances taken internally or applied externally.

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

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

70.25 Subd. 35. **Pests.** "Pests" means any animals, insects, or other living creatures that are
70.26 not housed within the family child care program and are considered harmful or detrimental
70.27 to the health, safety, and well-being of individuals within a family child care program. This
70.28 includes but is not limited to ants, rodents, cockroaches, bedbugs, or bats.

70.29 Subd. 36. **Pets.** "Pets" means all animals housed at the family child care program or that
70.30 have contact with children.

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

71.1 Subd. 38. **Primary provider of care.** "Primary provider of care" means the person
71.2 responsible for providing care to children during the hours of operation and operating a
71.3 family child care program in compliance with all applicable laws and regulations under this
71.4 chapter and chapters 142B and 245C. All individual license holders are primary providers
71.5 of care, as are individuals designated under section 142I.22, paragraph (f).

71.6 Subd. 39. **Radon testing.** "Radon testing" means the measurement of radon gas levels
71.7 in the indoor air of the building.

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

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

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

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

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

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

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

71.30 (1) caregivers must be within sight or hearing of newborns, infants, toddlers, and
71.31 preschoolers at all times and must intervene in an effort to protect the health and safety of
71.32 the child. Electronic monitoring devices can only be used to monitor infants, toddlers, and
71.33 preschoolers when they are asleep;

72.1 (2) for a school-age child, a caregiver is available for assistance and care without the
72.2 aid of a mechanical or electronic device so that the child's health and safety is protected;
72.3 and

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

72.7 Subd. 47. **Variance.** "Variance" means written permission from the department pursuant
72.8 to the requirements in section 142B.10, subdivision 16, for a license holder or applicant to
72.9 depart from a specific requirement in this chapter or chapter 142B.

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

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

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

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

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

72.20 (b) Applicants must use the application issued by the department. The application must
72.21 be made in the county where the family child care program will operate.

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

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

72.29 Subd. 2. **Licensing study.** (a) The applicant must give the agency access to the family
72.30 child care program for a licensing study to determine compliance with all applicable rules
72.31 and statutes.

73.1 (b) If the commissioner determines a potentially hazardous condition exists due to
73.2 noncompliance with this chapter or local ordinances, the applicant must obtain an inspection
73.3 from a fire marshal, building official, or authorized community health board agent under
73.4 section 145A.04 to verify the absence of hazard or identify needed corrections. Any condition
73.5 cited as hazardous and creating an immediate danger of fire or threat to life or safety must
73.6 be corrected.

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

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

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

73.12 (3) will use a basement for child care;

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

73.17 (5) is located in a commercial space.

73.18 Subd. 3. **Ineligibility factors.** (a) An applicant, caregiver, or any person who resides
73.19 where the family child care program operates and who is present when children are in care
73.20 or works with the children in care is prohibited from:

73.21 (1) abusing prescribed or nonprescribed drugs or use alcohol or controlled substances
73.22 specified in chapter 152 to the extent that the use or abuse has or may have a negative effect
73.23 on the ability of the primary provider of care to give care or is apparent during the hours of
73.24 operation;

73.25 (2) having had a child placed in foster care within the prior 12 months for reasons that
73.26 the commissioner determines reflect on the ability of the license holder or the primary
73.27 provider of care to safely provide family child care. This clause does not apply if the primary
73.28 reason for the placement was due to a physical illness of the parent due to a disability of
73.29 the child, including developmental disability of the child; or for the temporary care of a
73.30 newborn or infant being relinquished for adoption;

73.31 (3) having had a child placed in a residential facility within the prior 12 months for
73.32 reasons that the commissioner determines reflect on the ability of the license holder or the
73.33 primary provider of care to safely provide family child care; or

74.1 (4) exhibiting 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 (b) Caregivers who have abused prescribed or nonprescribed drugs or have been
74.5 dependent on alcohol or controlled substances specified in chapter 152, such that the use,
74.6 abuse, or dependency has negatively affected the ability to give care, was apparent during
74.7 the hours of operation, or required treatment or therapy, must have 12 months of verified
74.8 abstinence before licensure.

74.9 Subd. 4. **Variiances.** The department may grant variances to this chapter.

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

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

74.15 (1) relocating the family child care program;

74.16 (2) changing the type of license from class A, C1, or C2 to C3 or C4;

74.17 (3) changing the type of license from class C3 or C4 to A, C1, or C2;

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

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

74.20 Subd. 7. **Number of licenses.** Each individual applicant is limited to one family child
74.21 care license.

74.22 Subd. 8. **Access to program.** As required in section 142B.10, subdivision 12, caregivers
74.23 must give authorized representatives of the commissioner access to the family child care
74.24 program premises during the hours of operation.

74.25 Subd. 9. **Disposal of license.** When a family child care program is closed, or if a license
74.26 is revoked, suspended, or not renewed, the license holder must destroy the license within
74.27 14 days of ceasing operation or upon the final order of revocation, denial, or suspension of
74.28 license; stop all advertising; and refrain from providing care to children as required in section
74.29 142B.05, subdivision 1.

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

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

75.3 Subd. 12. **Child care license holder insurance.** (a) The license holder must complete
75.4 and provide to parents a form prescribed by the commissioner that includes information
75.5 about the license holder's liability insurance status. The license holder must update the form
75.6 and obtain each parent's signature whenever insurance coverage changes, a policy lapses,
75.7 or a new policy takes effect. If the license holder has a continuous insurance policy that
75.8 renews each year, the license holder may indicate the policy's renewal date in the initial
75.9 written notice to parents, and no further notices are required until the insurance coverage
75.10 changes or the policy lapses.

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

75.13 (c) A copy of the current certificate of liability insurance must be made available upon
75.14 request to parents and the commissioner.

75.15 Sec. 4. [142I.04] AGENCY RECORDS.

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

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

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

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

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

75.27 (5) the initial and annual inspection by the agency of the license holder. Any comments
75.28 of the license holder about the inspections by the agency must also be noted in the agency
75.29 record;

75.30 (6) a copy of the notification given to parents, prior to a child's admission, indicating
75.31 that pets are present in the residence and documentation as required in section 142I.19,
75.32 subdivision 4;

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

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

76.4 Subd. 2. **Data privacy.** The agency, commissioner, and authorized agent as defined in
76.5 section 142B.01, subdivision 5, must have access to license holder records on children in
76.6 care to determine compliance with this chapter. All caregivers must maintain the privacy
76.7 of records on children by refraining from discussing or disclosing any records, including
76.8 electronic records, or information on children in care to any persons other than the parent
76.9 of the child, the agency, the commissioner, and medical or public safety persons if the
76.10 information is necessary to protect the health and safety of the child.

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

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

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

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

76.21 (2) within ten calendar days after a household member has moved out of the residence
76.22 where family child care services are provided;

76.23 (3) before a new caregiver provides direct contact services for the first time, unless an
76.24 individual is acting as an emergency replacement according to section 142I.09, subdivision
76.25 2;

76.26 (4) of any damage to the premises that may affect compliance with this chapter or any
76.27 incident at the premises that results in the loss of utility services, within 24 hours after the
76.28 occurrence;

76.29 (5) within 24 hours after the occurrence of any serious injury, head injury, hospitalization,
76.30 or death of a child in care. For the purposes of this clause, "serious injury" means an injury
76.31 that reasonably requires the care of a health care provider or dentist; and

77.1 (6) within 24 hours after the occurrence of an animal bite in accordance with section
77.2 142I.19, subdivision 4.

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

77.4 **Subdivision 1. Admission and ongoing information.** (a) Prior to admission of a child
77.5 and annually while the child is enrolled, the parents and primary provider of care must
77.6 discuss family child care program policies and licensing requirements.

77.7 (b) The license holder must not disclose a child's record to any person other than the
77.8 child, the child's parent or guardian, the child's legal representative, employees of the license
77.9 holder, and the commissioner unless the child's parent or guardian has given written consent
77.10 or as otherwise required by law.

77.11 **Subd. 2. Statutory summary for parents.** A descriptive summary of this chapter must
77.12 be distributed to the parent by the license holder at the time a child is admitted to care. The
77.13 summary must be provided by the department to the agencies for distribution to license
77.14 holders and must:

77.15 (1) state that this chapter and chapter 142B govern the licensing of family child care
77.16 programs;

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

77.18 (3) state that a complete copy of this chapter is available at the family child care program,
77.19 agency, department, or State Law Library or through the revisor of statutes website.

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

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

77.28 (1) the first and last name of the child;

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

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

78.1 Subd. 5. License holder policies. (a) The license holder must follow and monitor
78.2 implementation of the policies and procedures by all caregivers as required in section
78.3 142B.10, subdivision 21.

78.4 (b) When applicable for the program, the license holder must have written policies
78.5 available for discussion with parents and the commissioner and provide an electronic or
78.6 hard copy to the parent at the time of admission or upon request. The policies must include,
78.7 at a minimum:

78.8 (1) program operation policies, including:

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

78.10 (ii) the hours and days of operation, including plans for holiday closings, personal time,
78.11 and policies for inclement weather closings;

78.12 (iii) fees, including payment schedule, overtime charges, and registration fees as
78.13 applicable;

78.14 (iv) parental access to the family child care program that states a parent who enrolls a
78.15 child must be allowed access to the child and the licensed space at any time while the child
78.16 is in care;

78.17 (v) nondiscrimination practices to comply with section 142I.21;

78.18 (vi) the termination of child care and expulsion notice procedures; and

78.19 (vii) the use of a helper, a substitute for personal leave or holidays, and an emergency
78.20 substitute according to the licensing requirements in section 142I.09;

78.21 (2) health and safety policies, including on:

78.22 (i) allergy prevention and response;

78.23 (ii) the administration and storage of medication and topical products;

78.24 (iii) the care of ill children, isolation precautions, symptoms for discharge and return,
78.25 immunizations, medicine permission policies, and whether the license holder will care for
78.26 an ill child;

78.27 (iv) disease notification procedures, including notifying the parents of exposed children
78.28 within 24 hours of a parent or caregiver notifying the license holder of a reportable disease
78.29 under section 142I.19, subdivision 9. The notice must be posted in a clearly visible, accessible
78.30 place or provided individually to each parent of a child who was exposed;

- 79.1 (v) meals, snacks, infant formula, breast milk, and supplemental foods to be provided,
79.2 including labeling requirements for food brought from the child's home;
- 79.3 (vi) sleeping and resting arrangements;
- 79.4 (vii) emergency procedures, fire and storm plans, and transportation in an emergency,
79.5 including whether parent permission is required;
- 79.6 (viii) how the license holder prevents abuse of prescription medication or being in any
79.7 manner under the influence of a chemical that impairs the caregiver's ability to provide
79.8 services or care as required under section 142B.10, subdivision 1, paragraph (c); and
- 79.9 (ix) firearms at the residence in accordance with section 142I.19, subdivision 7; and
- 79.10 (3) program environment policies, including:
- 79.11 (i) behavior guidance and discipline;
- 79.12 (ii) field trips, including by foot, and whether parent permission is required;
- 79.13 (iii) the presence of pets in the family child care program, including notification prior
79.14 to the introduction of a new pet to the program;
- 79.15 (iv) the use of screen time; and
- 79.16 (v) the use of social media, images, and video in accordance with subdivision 7.
- 79.17 **Subd. 6. Records for each child.** (a) The license holder must obtain the records in this
79.18 subdivision from parents prior to the admission of a child. The license holder must keep
79.19 this information up to date and on file for each child. The license holder must have a parent
79.20 annually review the information in a child's record, update the information as necessary,
79.21 and keep the information on file.
- 79.22 (b) For each enrolled child, the license holder must maintain a signed and completed
79.23 admission and arrangement form, as prescribed by the commissioner, and a completed
79.24 enrollment form, as developed and approved by the commissioner.
- 79.25 (c) Immunization records must be kept in accordance with section 121A.15 and Minnesota
79.26 Rules, chapter 4604. Prior to enrollment, a license holder must request a child's immunization
79.27 record. The record must be kept on file and updated as follows:
- 79.28 (1) for an infant, every six months;
- 79.29 (2) for a toddler, annually;
- 79.30 (3) for a preschooler, every 18 months; and

80.1 (4) for a school-age child, every three years.

80.2 (d) For each enrolled child, the license holder must obtain signed written consent from
80.3 a parent allowing the license holder to obtain emergency medical care or treatment for the
80.4 child.

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

80.8 Subd. 7. **Social media, images, and video sharing.** (a) Caregivers are prohibited from
80.9 sharing photos, videos, or other personal identifying information of enrolled children, except
80.10 to provide updates to parents who have provided written consent. If a license holder wishes
80.11 to use photos or videos of the family child care program and the enrolled children for
80.12 promotional or publicity purposes, including on social media accounts or public digital
80.13 platforms, the license holder must obtain written consent from parents prior to use.

80.14 (b) Notwithstanding paragraph (a), the license holder must share photos, videos, and
80.15 other personal identifying information of enrolled children with the commissioner upon
80.16 request.

80.17 Subd. 8. **Nondiscrimination.** A caregiver is prohibited from discriminating in relation
80.18 to enrollment in their program based on race, color, creed, religion, national origin, sex,
80.19 gender identity, marital status, disability, sexual orientation, or familial status.

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

80.21 Subdivision 1. **Capacity limits.** License holders must be licensed for the total number
80.22 of children ten years of age or younger who are present on the premises of the family child
80.23 care program at any one time during child care hours, including the caregiver's own children
80.24 and foster children.

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

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

<u>Class</u>	<u>Capacity</u>	<u>Minimum</u> <u>Adult</u> <u>Caregivers</u>	<u>Maximum</u> <u>Children</u> <u>Under School</u> <u>Age</u>	<u>Maximum</u> <u>Total Infants</u> <u>and Toddlers</u>	<u>Maximum</u> <u>Infants</u>
<u>A</u>	<u>10</u>	<u>1</u>	<u>6</u>	<u>3</u>	<u>2</u>

80.32 (c) License holders with a class C license must meet the following requirements:
80.33

81.1	<u>Class</u>	<u>Capacity</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>
81.2			<u>Adult</u>	<u>Children</u>	<u>Total Infants</u>	<u>Infants</u>
81.3			<u>Caregivers</u>	<u>Under School</u>	<u>and Toddlers</u>	
81.4				<u>Age</u>		
81.5	<u>C1</u>	<u>10</u>	<u>1</u>	<u>8</u>	<u>4</u>	<u>2</u>
81.6	<u>C2</u>	<u>12</u>	<u>1</u>	<u>10</u>	<u>3</u>	<u>1</u>
81.7	<u>C3</u>	<u>14</u>	<u>2</u>	<u>10</u>	<u>6</u>	<u>4</u>
81.8	<u>C4</u>	<u>18</u>	<u>2</u>	<u>12</u>	<u>5</u>	<u>2</u>

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

81.15 Subd. 4. **Supervision, primary provider of care, and use of substitutes.** (a) Children
81.16 in care must be supervised by an adult caregiver. The adult caregiver must have knowledge
81.17 of each child's needs, including but not limited to developmental and behavioral needs and
81.18 parental preferences, and be accountable for each child's care at all times. A caregiver must
81.19 be within sight or hearing of newborns, infants, toddlers, and preschoolers at all times
81.20 without the use of monitoring devices, except as provided in section 142I.18.

81.21 (b) The primary provider of care must be the primary caregiver in the family child care
81.22 program unless a substitute is being used in accordance with section 142I.09. A helper may
81.23 be used in place of a second adult caregiver when there is no more than one newborn, infant,
81.24 or toddler present.

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

81.26 Subd. 5. **Overnight care.** When a family child care program has a child in care after 11
81.27 p.m. and before 5 a.m.:

81.28 (1) at least one adult caregiver must remain awake and available to respond to children's
81.29 needs at all times. The program must maintain required caregiver-to-child ratios. Additional
81.30 caregivers may sleep when ratios are maintained and must be available to resume supervision
81.31 when needed;

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

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

82.1 Subd. 6. Class C4 licenses. (a) Class C4 licenses must always operate at the level of
82.2 exit discharge.

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

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

82.10 (1) is related to the license holder or to the license holder's child, as defined in section
82.11 142I.01, subdivision 40, or is a household member who the license holder has reported to
82.12 the county agency;

82.13 (2) is not a caregiver for the family child care program at the time that they are supervising
82.14 the license holder's own child;

82.15 (3) only cares for the license holder's own child; and

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

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

82.19 (c) Where a caregiver is also a parent providing care to their own child in the family
82.20 child care program, the commissioner must take into consideration the parent's right to direct
82.21 the care, custody, and control of the parent's child when enforcing the provisions of this
82.22 chapter.

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

82.27 Sec. 8. [142I.08] QUALIFICATIONS.

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

82.30 Subd. 2. Physical and behavioral health. (a) An adult caregiver must be physically
82.31 and mentally able to care for children. An applicant or primary provider of care must provide
82.32 documentation to the agency along with the license application verifying that the applicant

83.1 has had a physical examination by a licensed physician, advanced practice registered nurse,
83.2 or physician assistant within 12 months prior to the application for initial licensure and that
83.3 the applicant or primary provider of care is physically able to care for children. Prior to
83.4 assisting in the care of children, the applicant must also provide documentation verifying
83.5 that any adult caregiver has had a physical examination by a licensed physician, advanced
83.6 practice registered nurse, or physician assistant within the past 12 months and is physically
83.7 able to care for children.

83.8 (b) The commissioner may require a caregiver to provide reports on the caregiver's
83.9 physical or mental health from a health care provider when there is reason to believe that
83.10 a caregiver exhibits physical or mental health symptoms that could impair the caregiver's
83.11 ability to ensure the health and safety of children. The reports must not be used for any other
83.12 purpose than to determine whether the caregiver's physical or mental health impacts the
83.13 health and safety of children.

83.14 Subd. 3. **Additional class C3 and C4 license requirements.** (a) An applicant or primary
83.15 provider of care receiving a class C3 or C4 license must have at least one of:

83.16 (1) a minimum of one year of substantial compliance with this chapter as a
83.17 Minnesota-licensed family child care license holder, primary provider of care, or second
83.18 adult caregiver and a minimum of 1500 hours of direct care in a family child care program
83.19 serving children;

83.20 (2) a minimum of six months of substantial compliance with this chapter as a family
83.21 child care license holder, primary provider of care, or second adult caregiver in Minnesota
83.22 and:

83.23 (i) a minimum of 520 hours of experience as an assistant teacher, student teacher, or
83.24 intern in an elementary school, after-school program, or Minnesota-licensed child care
83.25 center or as an adult caregiver in a Minnesota-licensed family child care program and 30
83.26 hours of child care, health, and nutrition training as specified in section 142I.10; or

83.27 (ii) a minimum of 520 hours of experience as a licensed practical or registered nurse,
83.28 and 30 hours of child development or early childhood education training, as specified in
83.29 section 142I.10;

83.30 (3) certification or licensure indicating completion of one of the following:

83.31 (i) a two-year child development or early childhood education associate or certificate
83.32 program at an accredited college or university;

83.33 (ii) a child development associate certification;

- 84.1 (iii) a certification from a recognized Montessori organization;
- 84.2 (iv) a bachelor's degree or higher in early childhood education from an accredited college
- 84.3 or university; or
- 84.4 (v) an elementary education degree from an accredited college or university that includes
- 84.5 a minimum of 30 hours of child development training; or
- 84.6 (4) six months' experience working an average of 30 hours a week or more as a teacher,
- 84.7 as defined in section 142H.06, at a Minnesota-licensed child care center.
- 84.8 (b) An applicant or primary provider of care must complete an additional large group
- 84.9 training created by the commissioner as a condition of receiving a class C4 license.

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

84.11 Subdivision 1. **Total hours allowed.** The use of a substitute caregiver in a family child

84.12 care program is limited to a cumulative total of not more than 500 hours annually. When a

84.13 substitute is used, prior to the end of each business day the license holder must document

84.14 the name, date, and number of hours of each substitute who provided care.

84.15 Subd. 2. **Emergency replacement supervision.** (a) In an emergency, a license holder

84.16 may allow an adult who has not completed the training requirements under this chapter or

84.17 the background study requirements under chapter 245C to supervise children in a family

84.18 child care program. For purposes of this subdivision, "emergency" means a situation in

84.19 which the license holder has begun operating the family child care program for the day and

84.20 for reasons beyond the control of the license holder, including but not limited to a serious

84.21 illness or injury, accident, or situation requiring the immediate attention of the license holder,

84.22 the license holder needs to leave the licensed space and close the program for the day.

84.23 (b) To the extent practicable, the license holder must attempt to arrange for emergency

84.24 care by a substitute caregiver before using an emergency replacement.

84.25 (c) When an emergency occurs:

84.26 (1) the license holder or emergency replacement must contact the parents of the children

84.27 attending the family child care program and inform the parents that the program is closing

84.28 for the day and that the children need to be picked up as soon as practicable;

84.29 (2) the license holder must not knowingly use a person as an emergency replacement

84.30 who has committed an action or has been convicted of a crime that would cause the person

84.31 to be disqualified from providing care to children if a background study was conducted

84.32 under chapter 245C;

85.1 (3) the license holder must make reasonable efforts to minimize the amount of time the
85.2 emergency replacement has unsupervised contact with the children in care not to exceed
85.3 12 hours per emergency incident;

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

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

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

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

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

85.19 **Subdivision 1. Initial training; applicant, primary provider of care, and second**
85.20 **adult caregiver.** (a) Before providing care, an applicant, a primary provider of care, and
85.21 each second adult caregiver must have completed all required initial training within the
85.22 prior 24 months.

85.23 (b) Initial training does not need to be completed before providing care in the following
85.24 circumstances:

85.25 (1) a primary provider of care who voluntarily closes a license and reopens within 12
85.26 months has one year from the new license's effective date to complete annual and ongoing
85.27 training and is exempt from repeating initial training;

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

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

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

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

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

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

86.9 (iii) holds a Minnesota teaching license in early childhood education, kindergarten
86.10 through grade 6, or special education; or

86.11 (iv) holds a Montessori certificate;

86.12 (2) the six-hour supervising for safety for family child care course developed by the
86.13 commissioner;

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

86.18 (4) pediatric cardiopulmonary resuscitation (CPR) training that:

86.19 (i) is instructor led or blended with a hands-on skills component. Online-only CPR
86.20 courses without a hands-on component do not meet this requirement;

86.21 (ii)(A) is developed by the American Heart Association or the American Red Cross; or

86.22 (B) uses nationally recognized, evidence-based guidelines for CPR training; and

86.23 (iii) is provided by an instructor approved by the commissioner to teach CPR;

86.24 (5) for programs licensed for children younger than school age, training on reducing the
86.25 risk of sudden unexpected infant death and abusive head trauma, which may be combined
86.26 in a single commissioner-approved course. This training must, at a minimum, address the
86.27 risk factors related to sudden unexpected infant death and abusive head trauma and the
86.28 means of reducing the risk of each. The training must be interactive and must not consist
86.29 of only reading or viewing information;

86.30 (6) training on proper use and installation of child passenger restraint systems under
86.31 section 169.685 of at least one hour in length that is provided by an instructor certified and

87.1 approved by the Department of Public Safety. At a minimum, the training must address the
87.2 proper use of child restraint systems based on the child's size, weight, and age and the proper
87.3 installation of a car seat or booster seat in the motor vehicle used by the caregiver to transport
87.4 the child or children. This requirement does not apply to family child care programs that
87.5 transport only school-age children as defined in section 142I.01, subdivision 5, paragraph
87.6 (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e);

87.7 (7) training on the child care emergency plan required under section 142I.19, subdivision
87.8 2;

87.9 (8) training on allergy prevention and response required under section 142I.06,
87.10 subdivision 5, paragraph (b);

87.11 (9) training on the community-based family child care program plan required under
87.12 section 142I.22, if applicable;

87.13 (10) training on the family child care program policies and procedures required under
87.14 section 142I.06;

87.15 (11) training on reporting suspected maltreatment of children as required under chapter
87.16 260E; and

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

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

87.22 Subd. 2. **Annual training; primary provider of care and second adult caregiver.** (a)
87.23 A primary provider of care and each second adult caregiver must annually complete and
87.24 document the following training:

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

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

87.29 (3) training on reducing the risk of sudden unexpected infant death if caring for infants
87.30 and training on reducing the risk of abusive head trauma if caring for children under school
87.31 age, which must:

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

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

88.3 (iii) be interactive and not consist of only reading or viewing information; and

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

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

88.10 (1) the training is the first instance in which the caregiver delivers a particular
88.11 content-specific training during each training year;

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

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

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

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

88.25 **Subd. 3. Ongoing training; primary provider of care and second adult caregiver. (a)**
88.26 **A primary provider of care and each second adult caregiver must complete and document**
88.27 **the following training:**

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

89.1 (2) pediatric first aid training by a certified instructor repeated every two years within
89.2 90 days of the second anniversary of the previous training. Documentation of the training
89.3 must be maintained at the family child care program or electronically and made available
89.4 upon request;

89.5 (3) commissioner-developed Health and Safety I and Health and Safety II training at
89.6 least once every five years. Completion of either course in a given year meets the annual
89.7 active supervision training requirement in subdivision 2, paragraph (a), clause (2);

89.8 (4) proper use and installation of child passenger restraint systems under section 169.685
89.9 that meets the requirements of subdivision 1, paragraph (c), clause (6), and is repeated at
89.10 least once every five years. This requirement does not apply to family child care programs
89.11 that transport only school-age children as defined in section 142I.01, subdivision 5, paragraph
89.12 (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e); and

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

89.15 (b) If a license holder changes any of the policies and procedures under section 142I.06,
89.16 subdivision 5, the primary provider of care and each second adult caregiver must review
89.17 the revised policies and procedures within ten days of the change.

89.18 (c) The license holder must maintain documentation of each review of the revised policies
89.19 and procedures at the family child care program.

89.20 **Sec. 11. [142I.11] SUBSTITUTE AND INTERMITTENT CAREGIVER TRAINING**
89.21 **REQUIREMENTS.**

89.22 Subdivision 1. **Initial training; substitute and intermittent caregiver.** (a) Before
89.23 providing care, each substitute and intermittent caregiver must complete the following
89.24 training requirements within the previous 12 months:

89.25 (1) the four-hour basics of family child care for substitutes course developed by the
89.26 commissioner;

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

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

90.1 (4) for programs licensed for children younger than school age, training on reducing the
90.2 risk of sudden unexpected infant death and abusive head trauma, which may be combined
90.3 in a single commissioner-approved course. This training must, at a minimum, address the
90.4 risk factors related to sudden unexpected infant death and abusive head trauma and the
90.5 means of reducing the risk of each. The training must be interactive and must not consist
90.6 of only reading or viewing information;

90.7 (5) training on proper use and installation of child passenger restraint systems under
90.8 section 169.685 of at least one hour in length, provided by an instructor certified and
90.9 approved by the Department of Public Safety. This requirement does not apply to family
90.10 child care programs that transport only school-age children as defined in section 142I.01,
90.11 subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision
90.12 1, paragraph (e). At a minimum, the training must address the proper use of child restraint
90.13 systems based on the child's size, weight, and age and the proper installation of a car seat
90.14 or booster seat in the motor vehicle used by the caregiver to transport the child or children;

90.15 (6) training on the child care emergency plan required under section 142I.19, subdivision
90.16 2;

90.17 (7) training on allergy prevention and response required under section 142I.06,
90.18 subdivision 5, paragraph (b);

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

90.21 (9) training on the family child care program policies and procedures required under
90.22 section 142I.06;

90.23 (10) training on reporting suspected maltreatment of children as required under chapter
90.24 260E; and

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

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

90.30 Subd. 2. **Annual training; substitute and intermittent caregiver.** (a) Substitutes and
90.31 intermittent caregivers must complete a minimum of one hour of training each calendar
90.32 year, and the training must include the requirements in this section.

91.1 (b) Each calendar year, a substitute or intermittent caregiver must receive training on
91.2 reducing the risk of abusive head trauma from shaking infants and young children if caring
91.3 for children under school age and reducing the risk of sudden unexpected infant death if
91.4 caring for infants. A substitute must complete each applicable course at least once every
91.5 two years either in person or online. In a year a substitute or intermittent caregiver is not
91.6 completing an applicable course under this paragraph in person or online, the individual
91.7 must watch a video on the respective topic of no more than one hour in length. The video
91.8 must be developed or approved by the commissioner. The training must be interactive and
91.9 must not consist of only reading or viewing information. A license holder must maintain
91.10 documentation of compliance with this paragraph for each substitute and intermittent
91.11 caregiver employed.

91.12 Subd. 3. **Ongoing training; substitute and intermittent caregiver.** (a) At least once
91.13 every three years, a substitute or intermittent caregiver must complete the four-hour basics
91.14 of family child care for substitutes course.

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

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

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

91.25 (3) proper use and installation of child passenger restraint systems under section 169.685
91.26 that meets the requirements of section 142I.10, subdivision 1, paragraph (c), clause (6), and
91.27 is repeated at least once every five years. This requirement does not apply to family child
91.28 care programs that transport only school-age children as defined in section 142I.01,
91.29 subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision
91.30 1, paragraph (e).

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

92.2 **Subdivision 1. Initial training; helper.** (a) Before assisting in care, a helper who assists
92.3 with care must complete a minimum of four hours of training within the previous 12 months.

92.4 The four hours must include courses on:

92.5 (1) reducing the risk of sudden unexpected infant death if the program is licensed to care
92.6 for infants;

92.7 (2) abusive head trauma if the program is licensed to care for children younger than
92.8 school age; and

92.9 (3) reporting suspected maltreatment of children as required under chapter 260E.

92.10 (b) The trainings required under paragraph (a) may be combined in a single
92.11 commissioner-approved course. The trainings must be interactive and must not consist of
92.12 only reading or viewing information.

92.13 (c) A license holder must maintain written or electronic documentation showing that
92.14 each helper has complied with this subdivision.

92.15 **Subd. 2. Annual training; helper.** (a) Each calendar year, a helper who assists in the
92.16 care of children must receive training on reducing the risk of sudden unexpected infant
92.17 death if the program is licensed to care for infants, and abusive head trauma if the program
92.18 is licensed to care for children younger than school age. The trainings under this paragraph
92.19 may be combined in a single commissioner-approved course and must, at a minimum,
92.20 address risk factors, methods of risk reduction in child care, and communication with parents
92.21 regarding risk reduction. The training must be interactive and must not consist of only
92.22 reading or viewing information.

92.23 (b) A license holder must maintain documentation showing each helper has complied
92.24 with this subdivision.

92.25 (c) County licensing staff must accept approved training on the helper's learning record
92.26 in the Develop data system.

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

92.28 **Subdivision 1. Behavior guidance policies and procedures.** Applicants and license
92.29 holders must develop and follow written behavior guidance policies and procedures that
92.30 include:

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

93.1 (2) prohibited actions under subdivision 3; and

93.2 (3) separation from the group under subdivision 4.

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

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

93.5 (2) tailor methods of promoting positive behavior to the developmental level of the
93.6 children the family child care program is licensed to serve;

93.7 (3) ensure redirection is used as appropriate in addressing a child's behavior, to guide a
93.8 child away from potential challenges toward constructive activity. For the purposes of this
93.9 clause, "redirection" means when a caregiver intervenes and guides a child toward
93.10 constructive activity through positive techniques;

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

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

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

93.14 (1) subjecting a child to corporal or physical punishment. This includes but is not limited
93.15 to rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting,
93.16 pinching, spitting, hitting, and spanking;

93.17 (2) subjecting a child to name calling, ostracism, shaming, making derogatory remarks
93.18 about the child or the child's family, cultural or racial slurs, and yelling or using profane
93.19 language that threatens, humiliates, or frightens the child;

93.20 (3) forcing a child to maintain an uncomfortable position or to continuously repeat
93.21 physical movements;

93.22 (4) separating a child from the group except as provided in subdivision 4;

93.23 (5) punishing a child for:

93.24 (i) not resting, napping, or sleeping;

93.25 (ii) toileting accidents;

93.26 (iii) failing to eat all or part of meals or snacks; or

93.27 (iv) failing to complete an activity;

93.28 (6) denying a child food or drink or forcing food or drink upon a child;

93.29 (7) denying light, warmth, clothing, or medical care as a punishment for unacceptable
93.30 behavior;

94.1 (8) the use of physical restraint other than to physically hold a child when containment
94.2 is necessary to protect a child or others from harm;

94.3 (9) the use of prone restraints, as prohibited by section 245A.211;

94.4 (10) the use of mechanical restraints, such as tying, or any device or equipment intended
94.5 to restrict or prevent movement as a means of discipline or for reasons unrelated to the
94.6 child's care or safety or a planned activity;

94.7 (11) giving a child any nonprescribed substance to subdue or restrict movement or
94.8 behavior;

94.9 (12) delegating the discipline or punishment of a child to another child; and

94.10 (13) punishing or shaming a child for the actions of a parent. This includes but is not
94.11 limited to failure to pay fees, failure to provide appropriate clothing, failure to provide
94.12 materials for an activity, or any conflict between the license holder or caregiver and the
94.13 parent.

94.14 Subd. 4. **Separation time from the group.** A caregiver must not separate a child from
94.15 the child's group as a means of behavior guidance unless the caregiver has tried less intrusive
94.16 methods of guiding the child's behavior that have been ineffective and the child's behavior
94.17 threatens the well-being of the child or other children in the family child care program.
94.18 Separation from the group must meet the following requirements:

94.19 (1) children younger than three years old must not be separated from the group as a
94.20 means of behavior guidance;

94.21 (2) the separation time must be limited to the amount of time necessary for the child to
94.22 gain self-control and rejoin the group while being supported by the caregiver;

94.23 (3) the child must be supervised;

94.24 (4) the child must not be placed in a locked room to separate the child from the group;
94.25 and

94.26 (5) the caregiver must provide the separation time in a nonhumiliating manner for the
94.27 child.

94.28 **Sec. 14. [142I.14] PHYSICAL SPACE REQUIREMENTS.**

94.29 Subdivision 1. **Indoor space.** (a) The licensed capacity of the family child care program
94.30 must be limited by the amount of usable indoor space available to children. A minimum of
94.31 35 square feet of usable indoor space is required per child.

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

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

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

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

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

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

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

95.17 Subd. 3. **Outdoor learning environment and play space.** (a) A family child care
95.18 program must have an outdoor play space of at least 50 square feet per child the program
95.19 is licensed to serve for regular use or a park, playground, or play space within 1,500 feet of
95.20 the family child care program.

95.21 (b) During outdoor play:

95.22 (1) the adult caregiver must remain outdoors with infants, toddlers, and preschoolers at
95.23 all times;

95.24 (2) school-age children may be permitted in the approved outdoor play space at the
95.25 family child care program without a caregiver if:

95.26 (i) the children are engaged in age-appropriate activities using age-appropriate equipment;
95.27 and

95.28 (ii) a caregiver remains accessible to provide supervision when needed in accordance
95.29 with section 142I.01, subdivision 46; and

95.30 (3) when the outdoor play space is not at the family child care program, a caregiver must
95.31 accompany and supervise all children in transit and at the outdoor play space.

96.1 (c) Caregivers must prevent children from accessing hazardous materials.

96.2 (d) Outdoor play areas must be protected from traffic and nearby hazards. If traffic or
96.3 other hazards are present, the family child care program must have:

96.4 (1) a continuous fence in good condition with functioning gates or a continuous natural
96.5 barrier or a combination of fence and naturally occurring or landscaping barrier. The fence
96.6 or natural barrier must ensure that children are not able to leave the outdoor play area
96.7 unsupervised; or

96.8 (2) a supervision and safety plan if a fence is not used that includes alternative methods
96.9 to ensure the health, safety, and protection of children in care.

96.10 (e) Electrical fences must be inaccessible to children in care.

96.11 (f) Caregivers must take measures to protect children from the dangers of sun exposure,
96.12 extreme heat, and cold weather.

96.13 (g) Outdoor equipment, whether stationary or portable, must be safe, be in good repair,
96.14 be assembled according to the manufacturer's guidelines, and meet the developmental needs
96.15 of the age groups of children using the space.

96.16 (h) Equipment including but not limited to climbing gyms, swings, and slides must:

96.17 (1) not have openings between 3-1/2 inches and nine inches in size to prevent entrapment
96.18 of the head or other body parts;

96.19 (2) have guardrails or protective barriers on platforms that are 30 inches or higher. A
96.20 protective barrier is a continuous structure surrounding the platform that is designed to
96.21 prevent a person from falling or passing through, whether intentionally or accidentally; and

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

96.23 Subd. 4. **Conditions of the program.** The licensed space must be maintained in a manner
96.24 that protects the health and safety of children in care. The license holder must ensure that:

96.25 (1) the family child care program space is free from conditions that endanger the health
96.26 or safety of children, including unsanitary conditions or excessive accumulation of materials
96.27 that can start a fire or create other safety hazards;

96.28 (2) the furnishings, equipment, and materials are arranged and stored so that hallways,
96.29 stairways, doors, and exit routes remain unobstructed and usable for safe exit; and

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

97.1 Subd. 5. Portable wading pools. (a) A child must not use a portable wading pool as
97.2 defined in section 144.1222, subdivision 2a, at a family child care program unless the parent
97.3 of the child has provided written consent. The written consent must include a statement that
97.4 the parent has received and read material provided by the Department of Health on wading
97.5 pool safety for parents related to the risk of disease transmission as well as other health
97.6 risks associated with the use of portable wading pools.

97.7 (b) The license holder must empty wading pools daily.

97.8 (c) A caregiver must supervise children at all times while a wading pool is in use and
97.9 must be able to clearly see all parts of the wading area. When not in use under the supervision
97.10 of a caregiver, wading pools must be inaccessible to children.

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

97.15 (b) A license holder must comply with the following requirements in order for children
97.16 in the program to use a swimming pool located at the program:

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

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

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

97.28 (4) attend and successfully complete a swimming pool supervision training course
97.29 annually;

97.30 (5) attend and successfully complete one of the following swimming pool operator
97.31 training courses once every five years:

97.32 (i) both of the National Spa and Pool Institute Tech I and Tech II courses; or

- 98.1 (ii) the National Recreation and Park Association aquatic facility operator course;
- 98.2 (6) ensure all toilet-trained children use the bathroom before the children enter the
98.3 swimming pool;
- 98.4 (7) require all children who are not toilet trained to wear swim diapers while in the
98.5 swimming pool;
- 98.6 (8) if fecal material enters the swimming pool water, add three times the normal shock
98.7 treatment to the pool water to raise the chlorine level to at least 20 parts per million and
98.8 close the pool to swimming for the 24 hours following the entrance of fecal material into
98.9 the water or until the water pH and disinfectant concentration levels have returned to the
98.10 standards specified in clause (10), whichever is later;
- 98.11 (9) prevent any person from entering the swimming pool who has an open wound or has
98.12 or is suspected of having a communicable disease;
- 98.13 (10) maintain the swimming pool water at a pH of not less than 7.2 and not more than
98.14 8.0, maintain the disinfectant concentration between two and five parts per million for
98.15 chlorine or between 2.3 and 4.5 parts per million for bromine, and maintain a daily record
98.16 of the swimming pool's operation with pH and disinfectant concentration readings on days
98.17 when children cared for at the family child care program are present;
- 98.18 (11) have a disinfectant feeder or feeders;
- 98.19 (12) have a recirculation system that will clarify and disinfect the swimming pool volume
98.20 of water in ten hours or less;
- 98.21 (13) maintain the swimming pool's water clarity so that an object on the pool floor at
98.22 the pool's deepest point is easily visible;
- 98.23 (14) comply with the provisions in section 144.1222, subdivisions 1c and 1d;
- 98.24 (15) have in place and enforce written safety rules and swimming pool policies;
- 98.25 (16) have in place at all times a safety rope that divides the shallow and deep portions
98.26 of the swimming pool;
- 98.27 (17) maintain compliance with any existing local ordinances regarding swimming pool
98.28 installation, decks, and fencing;
- 98.29 (18) maintain a water temperature of not more than 104 degrees Fahrenheit and not less
98.30 than 70 degrees Fahrenheit;
- 98.31 (19) cover the swimming pool when not in use;

99.1 (20) follow the requirements of subdivision 7; and

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

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

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

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

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

99.19 Subd. 8. **Water play.** (a) Parental permission is not required for children to use splash
99.20 pads, sprinklers, or other water toys that spray or jet water on the users and do not have
99.21 standing water. Splash pads, sprinklers, or other water toys that retain water are considered
99.22 wading pools and are required to meet the requirements of subdivision 5.

99.23 (b) Water tables designed for children to play with their hands must be emptied daily.
99.24 The caregiver must supervise children at all times while a water table is in use and must be
99.25 able to clearly see all parts of the water table. When not in use under the supervision of a
99.26 caregiver, water tables must be inaccessible to children.

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

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

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

100.3 (1) 18 inches of a gas or fuel-oil heater or furnace; or

100.4 (2) 36 inches of a solid-fuel-burning appliance.

100.5 (c) If a license holder produces manufacturer instructions listing a distance closer than
100.6 the requirements under paragraph (b), the manufacturer instructions control the required
100.7 distance of combustible items from gas, fuel-oil, or solid-fuel-burning heaters or furnaces.

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

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

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

100.21 Subd. 12. **Sewage disposal.** Family child care programs must have working toilets and
100.22 a sewage disposal system that conform to the State Building Code or local septic system
100.23 ordinances. Toilet training equipment must be emptied and cleaned after each use. Outdoor
100.24 toilets, including compostable toilets, are permissible in accordance with local septic system
100.25 ordinances.

100.26 Subd. 13. **Construction or remodeling.** During construction or remodeling, children
100.27 must not have access to construction or remodeling areas within or around the premises.

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

100.31 Subd. 15. **Electrical services.** (a) All electric outlets in a family child care program
100.32 accessible to children must be tamper-proof or shielded when not in use. All major electrical

101.1 appliances must be properly installed and grounded in accordance with the State Electrical
101.2 Code and in good working order.

101.3 (b) Electrical wiring must be sized to provide for the load and be in good repair. Extension
101.4 cords must not be used as a substitute for permanent wiring.

101.5 Subd. 16. **Fire extinguisher.** A portable, operational, multipurpose, and dry chemical
101.6 fire extinguisher with a minimum 2-A 10-BC rating must be located near the required exit
101.7 door of the program at all times. The fire extinguisher must be serviced annually by a
101.8 qualified inspector and evidence of annual service must be documented. All caregivers must
101.9 know how to properly use the fire extinguisher.

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

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

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

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

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

101.23 (3) use gates at the top and bottom of stairways when children who are six to 18 months
101.24 old are in care; and

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

101.26 Subd. 19. **Lofted spaces.** Decks, balconies, or lofts that are used by children and are
101.27 more than 30 inches above the ground or floor must be surrounded by a protective guardrail
101.28 and be constructed in compliance with the State Building Code. The State Building Code
101.29 allows appropriate openings for access to the spaces under this subdivision, such as a
101.30 doorway or a gate. Wooden decks must be free of splinters and in good repair.

102.1 Subd. 20. Locks and latches. (a) A door latch on a closet or other confining space must
102.2 be able to be unlatched so that the door can be opened from inside the closet or other
102.3 confining space.

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

102.6 (c) Exit doors must not have double cylinder locks where a key is required on both sides.

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

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

102.9 prohibitions. (a) Smoking of tobacco, cannabis, or any other product, including through
102.10 electronic delivery devices, is prohibited in both indoor and outdoor family child care
102.11 program environments and in any vehicles used by the family child care program during
102.12 hours of operation.

102.13 (b) The use of alcohol or illegal or recreational drugs is prohibited on the premises of a
102.14 family child care program during hours of operation.

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

102.19 (d) While caring for children, a caregiver must not be under the influence of any substance
102.20 that impairs the individual's ability to supervise children or perform the individual's duties.

102.21 Sec. 15. [142I.15] CLEANING AND DISINFECTING.

102.22 Subdivision 1. General requirements. (a) The family child care program must be free
102.23 from accumulations of dirt, peeling paint, visible or known debris, soiled items, hazardous
102.24 clutter, and pet waste.

102.25 (b) Disinfectants must:

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

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

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

102.29 Subd. 2. Toys. A caregiver must clean and disinfect a toy that has been in a child's mouth
102.30 prior to use by another child. Toys that come into contact with bodily fluids must be cleaned

103.1 and disinfected prior to next use. Toys must be cleaned and disinfected as needed if there
103.2 are visible or known contaminants or debris on them.

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

103.7 Subd. 4. **Indoor and outdoor equipment.** (a) The indoor and outdoor space and
103.8 equipment of the family child care program must be clean.

103.9 (b) Natural features, elements, and materials used as equipment and play materials for
103.10 outdoor play under section 142I.14, subdivision 3, are exempt from being clean, as defined
103.11 under section 142I.01, subdivision 16. A caregiver must inspect natural features, elements,
103.12 and materials used for outdoor play for hazardous objects and other safety hazards, including
103.13 animal feces, and remove or mitigate the hazard before a child's use.

103.14 Subd. 5. **Sleeping.** Bedding, as defined in section 142I.17, subdivision 10, must be
103.15 cleaned and disinfected at least weekly or when visibly dirty.

103.16 Subd. 6. **Toilet training equipment.** Toilet training chairs and seats must be cleaned
103.17 and disinfected after each use.

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

103.22 (b) In sinks and tubs accessible to children, the water temperature must not be able to
103.23 exceed 120 degrees Fahrenheit.

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

103.27 Subd. 8. **Diapers, changing areas, and disposal.** (a) An adequate supply of clean diapers
103.28 must be available for each child who uses diapers. Diapers may be disposable or made of
103.29 cloth. Diapers must be stored in a clean space that is inaccessible to children.

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

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

- 104.1 (2) the cloth diaper and waterproof layer must be changed at the same time;
- 104.2 (3) the cloth diapers supplied by parents, except those supplied by a commercial diaper
104.3 service, must be labeled with the child's name and must be placed in a plastic bag after
104.4 removal with any soiled clothing and sent home with the parent daily; and
- 104.5 (4) the cloth diapers must be inaccessible to children before and after use.
- 104.6 (c) Clothes must be worn over diapers while the child is in the family child care program.
104.7 Diapers and clothing must be changed promptly when wet or soiled.
- 104.8 (d) Single-service disposable wipes or clean washcloths must be used for washing a
104.9 soiled child before rediapering.
- 104.10 (e) The diaper changing area must be covered with a smooth, nonabsorbent surface.
104.11 Changing tables, changing pads, and other diaper changing areas must be cleaned and
104.12 disinfected between children, even if using a nonabsorbent covering that is discarded after
104.13 each use. Diapering must not take place in a food preparation area.
- 104.14 (f) Disposable diapers must be disposed of in a covered container located in the diaper
104.15 changing area and lined with a disposable plastic bag or directly outdoors in a garbage can.
- 104.16 Sec. 16. **[142I.16] ENVIRONMENTAL HEALTH.**
- 104.17 Subdivision 1. **Water supply.** (a) All family child care programs must have a safe water
104.18 supply.
- 104.19 (b) Family child care programs that draw water from privately owned wells must test
104.20 the water annually by a Department of Health-certified laboratory for coliform bacteria and
104.21 nitrate nitrogen and receive confirmation that the water is safe. The family child care program
104.22 must submit a copy of the test results with the agency. Retesting and corrective measures
104.23 may be required by the agency if results do not meet state drinking water standards or where
104.24 the supply may be subject to off-site contamination. A copy of the most recent water testing
104.25 results must be kept on the licensed premises. If the water test results are at or above
104.26 Department of Health-recommended levels or if the license holder declines to test the water
104.27 supply in the program, the license holder must:
- 104.28 (1) supply bottled or packaged water;
- 104.29 (2) use water filtration devices that have been certified by the National Science
104.30 Foundation or American National Standards Institute to remove the contaminant. The water
104.31 filtration device must be attached directly to water faucets, inserted into the refrigerator

105.1 water dispenser, or inserted into water pitchers or bottles. The water filtration device must
105.2 be maintained according to manufacturer guidelines; or

105.3 (3) close the family child care program to prevent children from using or consuming
105.4 unsafe water.

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

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

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

105.13 (2) the rooms or areas tested; and

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

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

105.17 (d) The notification requirements under this subdivision may be met by posting the form
105.18 in a prominent place.

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

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

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

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

105.29 (3) include active and quiet activity; and

105.30 (4) include both caregiver- and child-directed activities.

106.1 Subd. 2. **Equipment.** A license holder must provide children in a family child care
106.2 program with:

106.3 (1) sufficient play equipment to allow each child a choice of at least three activities
106.4 involving equipment when all children are using equipment;

106.5 (2) early learning materials, play equipment, and space that are age and developmentally
106.6 appropriate and support understanding of the culturally diverse world; and

106.7 (3) play equipment that is safe, in good repair, and used in accordance with the
106.8 manufacturer's instructions. Equipment and play materials not designed or marketed for use
106.9 by children, including but not limited to repurposed, homemade, and open-ended items,
106.10 must be appropriate to the age and size of children, in good repair, and used under the
106.11 supervision of a caregiver. Such equipment and play materials are not required to have
106.12 manufacturer's instructions and are subject to the requirements of this subdivision.

106.13 Subd. 3. **Newborn or infant activities.** A caregiver must:

106.14 (1) hold a newborn or infant during feedings until the child can hold the bottle. A bottle
106.15 cannot be propped up for a newborn or infant;

106.16 (2) respond to a newborn's or infant's attempts to communicate;

106.17 (3) develop infant language and communication by responding to a newborn's or infant's
106.18 attempts to communicate by mirroring similar sounds, sharing the child's focus of attention,
106.19 talking to the newborn or infant, naming objects, and describing actions;

106.20 (4) provide a newborn or infant with freedom of movement to sit safely and comfortably,
106.21 crawl, toddle, walk, and play both indoors and outdoors throughout the day;

106.22 (5) provide a newborn or infant an opportunity to stimulate the senses by providing a
106.23 variety of activities and objects to see, touch, feel, smell, hear, and taste;

106.24 (6) provide activities for a newborn or infant that develop the child's manipulative and
106.25 fine motor skills;

106.26 (7) provide activities for self-awareness;

106.27 (8) provide activities to support a newborn or infant to develop social-emotional skills;

106.28 (9) provide activities to support a newborn or infant to develop gross motor skills; and

106.29 (10) allow a newborn or infant actively supervised tummy time. For the purposes of this
106.30 clause, "tummy time" means placing a newborn or infant in a nonrestrictive prone position,
106.31 lying on their stomach. Tummy time should occur throughout the day when a newborn or

107.1 infant is awake. A newborn or infant must not be wearing anything to restrict movement
107.2 during tummy time.

107.3 Subd. 4. **Newborn and infant equipment.** When caring for newborns or infants, a
107.4 license holder must provide:

107.5 (1) an infant seat or high chair, as appropriate, for each newborn and infant in attendance;

107.6 (2) a crib or portable crib with a mattress or pad for each newborn and infant in attendance

107.7 that is in compliance with current Consumer Product Safety Commission safety standards

107.8 and chapter 142B.45. The license holder must maintain documentation on site that the

107.9 equipment used meets these requirements and provide it to the commissioner and parents

107.10 as requested;

107.11 (3) books and literacy materials;

107.12 (4) gross motor activity equipment; and

107.13 (5) fine motor activity materials.

107.14 Subd. 5. **Toddler activities.** When caring for toddlers, a license holder must:

107.15 (1) provide the toddler with freedom of movement and freedom to explore outside the

107.16 crib or portable crib and allow the toddler to comfortably sit, crawl, toddle, walk, and play

107.17 according to the toddler's stage of development;

107.18 (2) talk to, listen to, and interact with the toddler to encourage language development;

107.19 (3) provide the toddler with activities that develop the toddler's fine and gross motor

107.20 skills;

107.21 (4) give the toddler opportunities to stimulate the senses by providing a variety of

107.22 age-appropriate activities and objects to see, touch, feel, smell, hear, and taste; and

107.23 (5) provide activities to support the toddler to develop social-emotional skills.

107.24 Subd. 6. **Toddler equipment.** When caring for toddlers, a license holder must provide:

107.25 (1) separate sleeping equipment for each toddler such as a mat, crib, cot, bed, sofa, or

107.26 sleeping bag that is cleaned and maintained as required in subdivision 10 and section 142I.15,

107.27 subdivision 5;

107.28 (2) gross motor play equipment;

107.29 (3) books and literacy materials;

107.30 (4) fine motor, math, and science materials; and

- 108.1 (5) music, movement, and art activity materials.
- 108.2 Subd. 7. **Preschooler activities.** When caring for preschoolers, a license holder must:
- 108.3 (1) encourage conversation between the preschooler and other children and adults;
- 108.4 (2) provide opportunity to play near and with other children, provide time and space for
- 108.5 individual and group play, allow for quiet times to talk or rest, and allow for unplanned
- 108.6 time and individual play time;
- 108.7 (3) foster understanding of personal and peer feelings and actions and allow for the
- 108.8 constructive release of a range of feelings through discussion or play;
- 108.9 (4) give assistance in toileting and provide time to carry out self-help skills and provide
- 108.10 opportunities to be responsible for activities;
- 108.11 (5) provide opportunities for each preschooler to make decisions about daily activities
- 108.12 and to learn from the decision-making experiences;
- 108.13 (6) provide time and areas for age-appropriate gross motor play;
- 108.14 (7) provide learning, fine-motor, manipulative, creative, or sensory activities; and
- 108.15 (8) read stories, look at books, and talk about new words and ideas with the preschooler.
- 108.16 Subd. 8. **Preschooler equipment.** When caring for preschoolers, a license holder must
- 108.17 provide:
- 108.18 (1) separate sleeping equipment for each preschooler such as a mat, bed, cot, sofa, or
- 108.19 sleeping bag for each preschooler that is cleaned and maintained as required under
- 108.20 subdivision 10 and section 142I.15, subdivision 5;
- 108.21 (2) dramatic play equipment;
- 108.22 (3) books and literacy materials;
- 108.23 (4) fine motor materials;
- 108.24 (5) gross motor play equipment;
- 108.25 (6) math materials;
- 108.26 (7) science materials;
- 108.27 (8) music and movement materials; and
- 108.28 (9) art materials.

109.1 Subd. 9. School-age activities and equipment. When caring for school-age children,
109.2 a license holder must:

109.3 (1) provide opportunities for individual discussion about the day and planning for
109.4 activities;

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

109.7 (3) have available space, bedding materials, and opportunities for individual rest and
109.8 quiet time required under subdivision 10;

109.9 (4) allow increased freedom as the school-age child demonstrates increased responsibility;

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

109.11 (6) provide opportunities to develop or expand self-help skills or real-life experiences;
109.12 and

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

109.14 Subd. 10. Natural elements and materials. (a) A license holder may provide children
109.15 with access to natural elements and materials as equipment and play materials. Natural
109.16 elements and materials and appropriate uses of natural elements and materials include, but
109.17 are not limited to:

109.18 (1) natural loose parts, such as sticks, leaves, pinecones, acorns, seeds, pods, bark, and
109.19 moss for construction, art, sensory exploration, and imaginative play;

109.20 (2) natural materials, such as dirt, mud, sand, water, ice, and snow for sensory play and
109.21 exploration;

109.22 (3) plants, flowers, seeds, vegetables, and gardening materials for science exploration
109.23 and learning;

109.24 (4) rocks, pebbles, stones, and minerals for counting, sorting, building, and art;

109.25 (5) natural areas such as gardens, prairie, forest, wetlands, and ponds for exploration
109.26 and learning; and

109.27 (6) other natural elements as appropriate to age and development of children.

109.28 (b) A caregiver must supervise a child's use of natural elements and materials and provide
109.29 guidance on safe and appropriate use. Natural elements and materials that are a choking
109.30 hazard must not be accessible to children under the age of three without direct supervision
109.31 of a caregiver.

110.1 (c) Natural elements and materials may qualify as equipment and materials under
110.2 subdivisions 4, 6, 8, and 9.

110.3 Subd. 11. **Bedding.** Clean, separate, and individual bedding such as sheets, towels,
110.4 blankets, or sleeping bags must be available for each child in care. For children not using
110.5 cribs or portable cribs, the license holder must provide developmentally appropriate mats,
110.6 cots, or other sleep equipment that can be cleaned and disinfected according to section
110.7 142I.15. Mats, cots, and other sleep equipment used in the family child care program must
110.8 be in good condition and have no tears or holes and be covered in individual bedding.

110.9 Subd. 12. **Separation of personal articles.** Separate towels, wash cloths, water bottles,
110.10 and drinking cups must be used for each child and labeled appropriately.

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

110.12 Subdivision 1. **Safety.** All caregivers must follow the crib safety requirements in section
110.13 142B.45 and the requirements to reduce the risk of sudden unexpected infant deaths in
110.14 section 142B.46. During routine licensing inspections and when investigating complaints
110.15 regarding alleged violations of this section, the commissioner must review the license
110.16 holder's documentation required under section 142B.45.

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

110.19 (b) License holders of programs that serve infants are encouraged to monitor sleeping
110.20 infants by conducting in-person checks on each infant in the license holder's care every 30
110.21 minutes.

110.22 (c) Upon enrollment of an infant, the license holder is encouraged to conduct in-person
110.23 checks on the sleeping infant every 15 minutes during the first four months of care.

110.24 (d) When an infant has an upper respiratory infection, the license holder is encouraged
110.25 to conduct in-person checks on the sleeping infant every 15 minutes throughout the hours
110.26 of sleep.

110.27 (e) Monitors may be used to supervise infants when the infants are sleeping. However,
110.28 the use of monitors does not replace the in-person checks required under paragraph (b).
110.29 When in use, monitors must meet the following conditions:

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

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

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

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

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

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

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

111.13 (c) If a program cares for a child with a health care need that requires injectable
111.14 medication, the program must have a sharps container available.

111.15 (d) A license holder must keep disposable gloves, disposal bags, and eye protection
111.16 available. Prescription eyewear does not meet the requirements of this paragraph.

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

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

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

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

111.26 (4) accommodations for a child with a disability or a medical condition;

111.27 (5) procedures for storing a child's medically necessary medicine that facilitate easy
111.28 removal during an evacuation or relocation;

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

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

- 112.1 (8) accommodations for infants and toddlers.
- 112.2 (b) The license holder must train each caregiver on the child care emergency plan before
112.3 the caregiver provides care and document this training. The information must be reviewed
112.4 at least annually and updated when information changes.
- 112.5 (c) The child care emergency plan must be available for review by the commissioner
112.6 during inspections.
- 112.7 (d) In addition to the emergency plan required under paragraph (a), the license holder
112.8 must maintain preparedness for emergencies. An operable telephone must be located in the
112.9 family child care program. A cellular telephone may be used if it is sufficiently charged for
112.10 use at all times. Emergency phone numbers for parents must be readily available within the
112.11 program and taken on all emergency drills and evacuations.
- 112.12 (e) For severe storms and tornadoes, the license holder must have a designated area that
112.13 children can go to for shelter, a battery-operated flashlight, and a portable radio or TV
112.14 available. An application on a smartphone may be used to meet the requirements of this
112.15 paragraph. The license holder must follow guidance and instructions from the Emergency
112.16 Alert System or local alerting systems.
- 112.17 (f) The license holder must have a written fire escape plan that includes:
- 112.18 (1) the address of the family child care program;
- 112.19 (2) emergency phone numbers;
- 112.20 (3) a designated place to meet and confirm that all children in attendance are present;
- 112.21 (4) fire extinguisher locations;
- 112.22 (5) plans for monthly fire and storm drills; and
- 112.23 (6) escape routes to the outside from all levels used by children. In buildings with three
112.24 or more dwelling units, enclosed exit stairs must be indicated.
- 112.25 (g) The license holder must complete a monthly fire and storm drill and have
112.26 documentation of completed fire and storm drills available for review by the commissioner
112.27 during inspections. The log must include the date of the drill, the time of day the drill
112.28 occurred, the name of the caregiver who conducted the drill, and the length of time taken
112.29 to evacuate all children safely.
- 112.30 Subd. 3. **Transporting children.** Children must only be transported in an enclosed
112.31 passenger vehicle capable of using car seats or a bus operated by a common carrier. When

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

113.3 (1) ensure compliance with all seat belt and child passenger restraint system requirements
113.4 under sections 169.685 and 169.686;

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

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

113.11 (4) receive written permission to transport children from parents prior to transport; and

113.12 (5) not allow a child to remain unattended in any vehicle.

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

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

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

113.21 (3) restrict any animals that pose a risk of injury or illness to children from indoor and
113.22 outdoor areas used by children;

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

113.27 (5) keep any reptiles, amphibians, ferrets, poisonous animals, psittacine birds, exotic
113.28 animals, and wild animals inaccessible to children. Licensed animal exhibitions, such as
113.29 mobile petting zoos, reptile shows, and educational presentations are exempt from this
113.30 clause with written parental notice and consent;

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

114.1 intervene if the child or animal shows distress or aggression or if the child is treating the
114.2 animal inappropriately;

114.3 (7) immediately intervene to protect a child when necessary;

114.4 (8) prevent pets and animals from accessing food preparation, storage, and serving areas
114.5 when food is being prepared or served, unless confined in a cage or kennel. Litter boxes
114.6 are prohibited in any food preparation, storage, or serving areas;

114.7 (9) keep indoor and outdoor areas accessible to children free of animal waste, including
114.8 litter boxes and their contents. Pet cages, enclosures, and aquariums accessible to children
114.9 must be located and cleaned away from food areas;

114.10 (10) immediately notify a parent of a child who receives an animal bite or scratch;

114.11 (11) notify the local animal authority whenever an individual is bitten by an animal on
114.12 the day of injury. The notification must be made before any steps are taken to euthanize the
114.13 animal, and the license holder must take reasonable steps to confine the animal; and

114.14 (12) notify the licensing agency within 24 hours of any animal bite from an animal
114.15 housed at the family child care program.

114.16 Subd. 5. **Pest control.** (a) A license holder must take effective measures to protect the
114.17 family child care program against pests. The license holder must take steps to prevent
114.18 attracting pests and, if pests are present inside the family child care program, to remove or
114.19 exterminate the pests.

114.20 (b) Chemicals for pest control must not be applied in areas accessible to children when
114.21 children are present. The license holder must use chemicals according to manufacturer
114.22 instructions. Only approved, Environmental Protection Agency-registered insecticides,
114.23 rodenticides, and herbicides may be used. Application must strictly follow all label
114.24 instructions.

114.25 Subd. 6. **Garbage.** Garbage must be inaccessible to infants and toddlers. Garbage is
114.26 considered inaccessible when the garbage container has a lid on.

114.27 Subd. 7. **Firearms.** (a) All caregivers, parents, household members, and visitors to a
114.28 family child care program must comply with the requirements of this subdivision during
114.29 program hours.

114.30 (b) Ammunition and firearms must be stored in locked areas separated from areas
114.31 accessible to children. Firearms must be unloaded while stored.

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

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

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

115.10 (1) adhesive bandages in assorted sizes and tape;

115.11 (2) sterile compresses;

115.12 (3) scissors;

115.13 (4) an ice bag or cold pack;

115.14 (5) a thermometer;

115.15 (6) mild liquid soap, hand sanitizer, or alcohol wipes; and

115.16 (7) disposable powder-free, latex-free gloves.

115.17 Subd. 9. **Care of sick children.** (a) If the child becomes sick while at the family child
115.18 care program, the child must be separated from other children in care to the extent possible
115.19 while still maintaining appropriate supervision, and the child's parent must be called
115.20 immediately. When determining if a child is sick and exclusion is necessary, a license holder
115.21 must follow:

115.22 (1) the requirements on reportable diseases in Minnesota Rules, parts 4605.7040,
115.23 4605.7070, and 4605.7080; and

115.24 (2) the guidelines from the commissioner of health on infectious diseases in child care
115.25 settings.

115.26 (b) When notified a child in care is sick with a reportable disease under Minnesota Rules,
115.27 part 4605.7040, 4605.7050, or 4605.7080, the license holder must:

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

115.30 (2) notify the commissioner of health within 24 hours of receiving the parent or staff
115.31 report. Documentation of the notification must be kept at the family child care program.

116.1 (c) Children with a reportable disease in paragraph (b) must be excluded from the family
116.2 child care program for the length of time specified in the commissioner of health guidelines
116.3 on infectious diseases in child care settings, until the child can participate in routine activities
116.4 without more caregiver supervision than usual or until the child's health care provider
116.5 determines that exclusion is no longer necessary, whichever is longer.

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

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

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

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

116.19 (b) Caregivers must not warm plastic bottles, sippy cups, or other plastic food containers
116.20 in a microwave.

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

116.24 (d) Caregivers must not serve food to infants or toddlers using polystyrene foam
116.25 (Styrofoam) cups, bowls, or plates.

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

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

117.1 Subd. 4. **Meals and snacks.** (a) Well-balanced meals and snacks must be supplied by
117.2 the license holder or parents daily. Every meal and snack served to children in care must
117.3 meet the following requirements:

117.4 (1) breakfast must contain at least three of the following:

117.5 (i) pasteurized milk or milk alternatives;

117.6 (ii) vegetables;

117.7 (iii) fruit; or

117.8 (iv) grains;

117.9 (2) lunch and dinner must contain at least four of the following:

117.10 (i) pasteurized milk or milk alternatives;

117.11 (ii) meat or meat alternatives;

117.12 (iii) vegetables;

117.13 (iv) fruit; or

117.14 (v) grains; and

117.15 (3) snacks must contain at least two of the following:

117.16 (i) pasteurized milk or milk alternatives;

117.17 (ii) meat or meat alternatives;

117.18 (iii) vegetables;

117.19 (iv) fruit; or

117.20 (v) grains.

117.21 (b) Food, liquids, and bottles brought from home must be labeled with the first and last
117.22 name of each child.

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

117.24 (d) When special diets are required for cultural, religious, or medical reasons, the provider
117.25 must obtain written, dated, and signed instructions from the child's parent.

117.26 Subd. 5. **Food and liquid safety.** (a) Food and liquids must be handled and stored
117.27 properly to prevent contamination and spoilage. Foods and liquids requiring refrigeration
117.28 must be refrigerated and maintained at no more than 40 degrees Fahrenheit. Food requiring
117.29 heating must be maintained at no less than 140 degrees Fahrenheit until ready to serve.

118.1 Frozen foods must be kept frozen until use and cooked according to the manufacturer's
118.2 instructions.

118.3 (b) Appliances used in food and liquid storage and preparation must be safe and clean.

118.4 (c) All canned food provided by the license holder must be commercially processed.

118.5 Locally grown fresh and frozen fruits and vegetables may be served at the family child care
118.6 program. Food canned or preserved at home and home-butchered meats, poultry, and fish
118.7 may not be served to children in care.

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

118.10 (a) For children with disabilities who require therapy, additional behavior guidance,
118.11 programming, or alternative accommodations, a parent or health care provider must provide
118.12 written instructions for the license holder to follow.

118.13 (b) All activities must be designed to include all children unless a specific medical
118.14 contraindication exists.

118.15 (c) All caregivers responsible for the care of a child with a disability or special health
118.16 care need must explain to a parent and the agency how the child's specific needs are being
118.17 met.

118.18 (d) Before enrolling a child for care, the license holder must obtain documentation of
118.19 any known allergies on a form prescribed by the commissioner. The form must be readily
118.20 available to all caregivers and reviewed by the license holder and each caregiver annually
118.21 and when any updates or changes are made.

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

118.26 (1) a description of the allergy;

118.27 (2) specific triggers and avoidance techniques;

118.28 (3) symptoms of an allergic reaction; and

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

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

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

119.5 **Sec. 22. [142I.22] COMMUNITY-BASED FAMILY CHILD CARE.**

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

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

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

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

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

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

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

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

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

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

119.25 (e) The commissioner may approve up to six licenses at the same location or under one
119.26 contiguous roof if each license holder independently meets all applicable requirements.
119.27 Each family child care program must operate as a distinct family child care program within
119.28 its licensed capacity, age, and ratio limits as determined by the state fire marshal. Only one
119.29 license may be issued per single-family residential home.

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

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

120.7 **Sec. 23. REVISOR INSTRUCTION.**

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

120.10 (b) The revisor of statutes must replicate the statutory history for all sections and
120.11 subdivisions repealed and reenacted in this article.

120.12 **Sec. 24. REPEALER.**

120.13 (a) Minnesota Statutes 2024, sections 142B.01, subdivision 13; 142B.41, subdivisions
120.14 4 and 8; 142B.62; 142B.70, subdivisions 1, 2, 3, 4, 5, 6, 9, 10, 11, and 12; 142B.71; 142B.72;
120.15 142B.74; 142B.75; 142B.76; and 142B.77, are repealed.

120.16 (b) Minnesota Statutes 2025 Supplement, sections 142B.41, subdivision 9; and 142B.70,
120.17 subdivisions 7 and 8, are repealed.

120.18 (c) Minnesota Rules, parts 9502.0300; 9502.0315; 9502.0325; 9502.0335; 9502.0341;
120.19 9502.0345; 9502.0355; 9502.0365; 9502.0367; 9502.0375; 9502.0395; 9502.0405;
120.20 9502.0415; 9502.0425; 9502.0435; and 9502.0445, are repealed.

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

120.22 **ARTICLE 6**

120.23 **CRISIS NURSERY LICENSING**

120.24 **Section 1. DIRECTION TO THE COMMISSIONER OF CHILDREN, YOUTH,**
120.25 **AND FAMILIES; CRISIS NURSERY LICENSING.**

120.26 The commissioner of children, youth, and families must develop a licensing framework
120.27 for crisis nurseries. The framework must include pathways for organizations to become
120.28 licensed crisis nurseries, a definition for crisis nurseries, background study and training
120.29 requirements, and ways to reduce redundancy and resolve conflicting requirements between
120.30 Minnesota Rules, parts 2960.0510 to 2960.0530, 2960.3000 to 2960.3100, and chapter 9502,

121.1 and Minnesota Statutes, chapter 142B. In developing the framework, the commissioner
 121.2 must work with stakeholders seeking to develop a crisis nursery license. By January 15,
 121.3 2028, the commissioner must submit a report to the chairs and ranking minority members
 121.4 of the legislative committees with jurisdiction over children, youth, and families licensing.
 121.5 The report must contain an overview of the licensing framework, a detailed explanation of
 121.6 the framework, and proposed legislation to make any statutory changes that are needed to
 121.7 implement the new license for crisis nurseries.

121.8 ARTICLE 7

121.9 ECONOMIC SUPPORTS

121.10 Section 1. Minnesota Statutes 2024, section 142G.18, subdivision 1, is amended to read:

121.11 Subdivision 1. **Person convicted of drug offenses.** (a) An individual who has been
 121.12 convicted of a felony level drug offense during the previous ten years from the date of
 121.13 application or recertification ~~is subject to the following:~~ may, if otherwise eligible, receive
 121.14 MFIP benefits.

121.15 ~~(1) Benefits for the entire assistance unit must be paid in vendor form for shelter and~~
 121.16 ~~utilities during any time the applicant is part of the assistance unit.~~

121.17 ~~(2) The convicted applicant or participant may be subject to random drug testing.~~
 121.18 ~~Following any positive test for an illegal controlled substance, the county must provide~~
 121.19 ~~information about substance use disorder treatment programs to the applicant or participant.~~

121.20 (b) Applicants requesting only SNAP benefits or participants receiving only SNAP
 121.21 benefits, who have been convicted of a felony-level drug offense during the previous ten
 121.22 years from the date of application or recertification may, if otherwise eligible, receive SNAP
 121.23 benefits. ~~The convicted applicant or participant may be subject to random drug testing.~~
 121.24 ~~Following a positive test for an illegal controlled substance, the county must provide~~
 121.25 ~~information about substance use disorder treatment programs to the applicant or participant.~~

121.26 (c) For the purposes of this subdivision, "drug offense" means a conviction that occurred
 121.27 during the previous ten years from the date of application or recertification of sections
 121.28 152.021 to 152.025, 152.0261, 152.0262, 152.096, or 152.137. Drug offense also means a
 121.29 conviction in another jurisdiction of the possession, use, or distribution of a controlled
 121.30 substance, or conspiracy to commit any of these offenses, if the conviction occurred during
 121.31 the previous ten years from the date of application or recertification and the conviction is
 121.32 for a crime that would be a felony if committed in Minnesota.

122.1 (d) This subdivision does not apply for convictions or positive test results related to
122.2 cannabis, marijuana, or tetrahydrocannabinols.

122.3 Sec. 2. **REPEALER.**

122.4 Minnesota Statutes 2024, section 256D.024, subdivision 1, is repealed.

122.5 **ARTICLE 8**

122.6 **CHILD CARE**

122.7 Section 1. Minnesota Statutes 2024, section 142B.16, subdivision 1, is amended to read:

122.8 Subdivision 1. **Contents of correction orders and conditional licenses.** (a) If the
122.9 commissioner finds that the applicant or license holder has failed to comply with an
122.10 applicable law or rule and this failure does not imminently endanger the health, safety, or
122.11 rights of the persons served by the program, the commissioner may issue a correction order
122.12 and an order of conditional license to the applicant or license holder. When issuing a
122.13 conditional license, the commissioner shall consider the nature, chronicity, or severity of
122.14 the violation of law or rule and the effect of the violation on the health, safety, or rights of
122.15 persons served by the program. The correction order or conditional license must state the
122.16 following in plain language:

122.17 (1) the conditions that constitute a violation of the law or rule;

122.18 (2) whether the conditions were self-reported by the applicant or license holder;

122.19 ~~(2)~~ (3) the specific law or rule violated;

122.20 ~~(3)~~ (4) the time allowed to correct each violation; and

122.21 ~~(4)~~ (5) if a license is made conditional, the length and terms of the conditional license,
122.22 and the reasons for making the license conditional.

122.23 (b) Nothing in this section prohibits the commissioner from proposing a sanction as
122.24 specified in section 142B.18, prior to issuing a correction order or conditional license.

122.25 (c) The commissioner may issue a correction order and an order of conditional license
122.26 to the applicant or license holder through the provider licensing and reporting hub.

122.27 **EFFECTIVE DATE.** This section is effective January 15, 2027.

123.1 Sec. 2. Minnesota Statutes 2024, section 142B.16, is amended by adding a subdivision to
123.2 read:

123.3 Subd. 5a. Posting orders on department website If the commissioner posts on the
123.4 department's website an order of conditional license or a correction order for a licensed
123.5 family child care provider or child care center, then the summary information posted for
123.6 the order must include, at a minimum, whether the license holder self-reported the conditions
123.7 that constitute the violation of law or rule cited in the order.

123.8 **EFFECTIVE DATE.** This section is effective January 15, 2027.

123.9 Sec. 3. Minnesota Statutes 2024, section 142B.17, subdivision 1, is amended to read:

123.10 Subdivision 1. **Fix-it ticket.** (a) In lieu of a correction order under section 142B.16, the
123.11 commissioner shall issue a fix-it ticket to a family child care or child care center license
123.12 holder if the commissioner finds that:

123.13 (1) the license holder has failed to comply with a requirement in this chapter or Minnesota
123.14 Rules, chapter 9502 or 9503, that the commissioner determines to be eligible for a fix-it
123.15 ticket;

123.16 (2) the violation does not imminently endanger the health, safety, or rights of the persons
123.17 served by the program;

123.18 (3) the license holder did not receive a fix-it ticket or correction order for the violation
123.19 at the license holder's last licensing inspection;

123.20 (4) the violation can be corrected at the time of inspection or within 48 hours, excluding
123.21 Saturdays, Sundays, and holidays; and

123.22 (5) the license holder corrects the violation at the time of inspection or agrees to correct
123.23 the violation within 48 hours, excluding Saturdays, Sundays, and holidays.

123.24 (b) The fix-it ticket must state:

123.25 (1) the conditions that constitute a violation of the law or rule;

123.26 (2) whether the conditions were self-reported by the license holder;

123.27 ~~(2)~~ (3) the specific law or rule violated; and

123.28 ~~(3)~~ (4) that the violation was corrected at the time of inspection or must be corrected
123.29 within 48 hours, excluding Saturdays, Sundays, and holidays.

123.30 (c) The commissioner shall not publicly publish a fix-it ticket on the department's website.

124.1 (d) Within 48 hours, excluding Saturdays, Sundays, and holidays, of receiving a fix-it
124.2 ticket, the license holder must correct the violation and within one week submit evidence
124.3 to the licensing agency that the violation was corrected.

124.4 (e) If the violation is not corrected at the time of inspection or within 48 hours, excluding
124.5 Saturdays, Sundays, and holidays, or the evidence submitted is insufficient to establish that
124.6 the license holder corrected the violation, the commissioner must issue a correction order
124.7 for the violation of Minnesota law or rule identified in the fix-it ticket according to section
124.8 142B.16.

124.9 **EFFECTIVE DATE.** This section is effective January 15, 2027.

124.10 Sec. 4. Minnesota Statutes 2025 Supplement, section 142B.171, subdivision 2, is amended
124.11 to read:

124.12 Subd. 2. **Documented technical assistance.** (a) In lieu of a correction order under section
124.13 142B.16, the commissioner shall provide documented technical assistance to a family child
124.14 care or child care center license holder if the commissioner finds that:

124.15 (1) the license holder has failed to comply with a requirement in this chapter or Minnesota
124.16 Rules, chapter 9502 or 9503, that the commissioner determines to be low risk as determined
124.17 by the child care weighted risk system;

124.18 (2) the noncompliance does not imminently endanger the health, safety, or rights of the
124.19 persons served by the program; and

124.20 (3) the license holder did not receive documented technical assistance or a correction
124.21 order for the same violation at the license holder's most recent annual licensing inspection.

124.22 (b) Documented technical assistance must include communication from the commissioner
124.23 to the license holder that:

124.24 (1) states the conditions that constitute a violation of a law or rule;

124.25 (2) identifies whether the conditions were self-reported by the license holder;

124.26 ~~(2)~~ (3) references the specific law or rule violated; and

124.27 ~~(3)~~ (4) explains remedies for correcting the violation.

124.28 **EFFECTIVE DATE.** This section is effective January 15, 2027.

125.1 Sec. 5. Minnesota Statutes 2024, section 142B.18, is amended by adding a subdivision to
125.2 read:

125.3 Subd. 6a. **Indication of self-report.** (a) For an order of license suspension, temporary
125.4 immediate suspension, a fine, or revocation issued by the commissioner to a licensed family
125.5 child care provider or child care center under this section, the order must indicate whether
125.6 the conditions that constitute the violation of law or rule were self-reported by the license
125.7 holder.

125.8 (b) If the commissioner posts on the department's website an order of license suspension,
125.9 temporary immediate suspension, a fine, or revocation for a licensed family child care
125.10 provider or child care center, then the summary information posted for the order must
125.11 include, at a minimum, whether the license holder self-reported the conditions that constitute
125.12 the violation of law or rule cited in the order.

125.13 **EFFECTIVE DATE.** This section is effective January 15, 2027.

125.14 Sec. 6. Minnesota Statutes 2024, section 142B.61, is amended by adding a subdivision to
125.15 read:

125.16 Subd. 3. **Education on recognizing physical abuse.** (a) Upon a child's enrollment, a
125.17 licensed child care center and family child care provider must provide parents and caregivers
125.18 with written materials approved by the commissioner according to paragraph (c) on how to
125.19 recognize the signs of physical abuse and neglect in infants and children and how to report
125.20 suspected physical abuse or neglect. The parent or caregiver enrolling the child must sign
125.21 an attestation that they received the written materials.

125.22 (b) A licensed child care center and family child care provider must post and maintain
125.23 a poster approved by the commissioner according to paragraph (c). The poster must be
125.24 posted in a place that is visible to the people receiving services and all visitors to the facility.

125.25 (c) The commissioner, in consultation with the commissioner of health, must:

125.26 (1) approve written materials to educate parents and caregivers on how to recognize the
125.27 signs of physical abuse and neglect in infants and children and how to report suspected
125.28 physical abuse or neglect. At a minimum, the materials must be available in English and
125.29 the three most commonly spoken non-English languages in the state as determined by the
125.30 state demographer for the previous calendar year;

125.31 (2) approve a poster to educate parents and caregivers on how to recognize the signs of
125.32 physical abuse and neglect in infants and children and how to report suspected physical
125.33 abuse or neglect; and

126.1 (3) review and update the written materials and poster every five years.

126.2 **EFFECTIVE DATE.** This section is effective January 15, 2027.

126.3 Sec. 7. Minnesota Statutes 2024, section 142C.12, subdivision 3, is amended to read:

126.4 Subd. 3. **Abusive head trauma.** A certified center that cares for a child under school
126.5 age must ensure that the director and all staff persons, including substitutes and unsupervised
126.6 volunteers, receive training on abusive head trauma before assisting in the care of a child
126.7 under school age. The training must be interactive and must not consist only of reading or
126.8 viewing information.

126.9 **EFFECTIVE DATE.** This section is effective January 1, 2027.

126.10

ARTICLE 9

126.11

CHILD PROTECTION AND WELFARE

126.12 Section 1. Minnesota Statutes 2024, section 124D.19, is amended by adding a subdivision
126.13 to read:

126.14 Subd. 13a. **School-age care programs; priority for children in foster care.** Each
126.15 district operating a school-age care, youth after-school enrichment, or other before- and
126.16 after-school community education program under this section must ensure that children in
126.17 foster care, as defined under section 260C.007, subdivision 18, or in a voluntary or
126.18 involuntary foster care placement under the Minnesota Indian Family Preservation Act
126.19 receive priority for enrollment in community education programs. In order to give a child
126.20 priority under this paragraph, the district may require a letter or other documentation from
126.21 a responsible social services agency or child-placing agency verifying that the child is in
126.22 foster care. The district must process a verification letter or other documentation within five
126.23 business days of receiving the letter or documentation.

126.24 Sec. 2. Minnesota Statutes 2024, section 142B.30, is amended by adding a subdivision to
126.25 read:

126.26 Subd. 9a. **Child foster care licensing agency information to applicants.** In addition
126.27 to the requirements in Minnesota Rules, part 9543.0040, subpart 1, the licensing agency
126.28 must provide information to child foster care license applicants on the background study
126.29 process and the procedure for reconsideration of a background study disqualification.

127.1 Sec. 3. Minnesota Statutes 2024, section 142D.05, subdivision 8, is amended to read:

127.2 Subd. 8. **Eligibility.** (a) A child is eligible to participate in a school readiness program
127.3 if the child:

127.4 (1) is at least three years old on September 1;

127.5 (2) has completed health and developmental screening within 90 days of program
127.6 enrollment under sections 142D.09 to 142D.093; and

127.7 (3) has one or more of the following risk factors:

127.8 (i) qualifies for free or reduced-price meals;

127.9 (ii) is an English learner;

127.10 (iii) is homeless;

127.11 (iv) has an individualized education program (IEP) or standardized written plan;

127.12 (v) is identified, through health and developmental screenings under sections 142D.09
127.13 to 142D.093, with a potential risk factor that may influence learning; ~~or~~

127.14 (vi) is in foster care; or

127.15 (vii) is defined as at risk by the school district.

127.16 (b) The commissioner may require a letter or other documentation from a responsible
127.17 social services agency or child-placing agency for a child eligible under paragraph (a),
127.18 clause (3), item (vi), verifying that the child is in foster care, as defined in section 260C.007,
127.19 subdivision 18, or in a voluntary or involuntary foster care placement under the Minnesota
127.20 Indian Family Preservation Act. The commissioner must process a verification letter or
127.21 other documentation within five business days of receiving the letter or documentation.

127.22 Sec. 4. Minnesota Statutes 2024, section 142D.25, subdivision 3, is amended to read:

127.23 Subd. 3. **Applications; priorities.** (a) The commissioner shall establish application
127.24 timelines and determine the schedule for awarding scholarships that meet the operational
127.25 needs of eligible families and programs.

127.26 (b) The commissioner must give ~~highest~~ equal priority to applications from children
127.27 who:

127.28 (1) are not yet four years of age;

127.29 (2) have a parent under age 21 who is pursuing a high school diploma or a course of
127.30 study for a high school equivalency test;

- 128.1 (3) are in foster care;
- 128.2 (4) have been referred as in need of child protection services;
- 128.3 (5) have an incarcerated parent;
- 128.4 (6) are in or have a parent in a substance use treatment program;
- 128.5 (7) are in or have a parent in a mental health treatment program;
- 128.6 (8) have experienced domestic violence;
- 128.7 (9) have an individualized education program or individualized family service plan; or
- 128.8 (10) have experienced homelessness in the last 24 months, as defined under the federal
- 128.9 McKinney-Vento Homeless Assistance Act, United States Code, title 42, section 1143a.

128.10 (c) Notwithstanding paragraph (b), beginning July 1, 2025, the commissioner must give

128.11 highest priority to applications from children in families with income equal to or less than

128.12 the rate specified under subdivision 2, paragraph (a), clause (1), item (i), and within this

128.13 group must prioritize children who meet one or more of the criteria listed in paragraph (b).

128.14 (d) The commissioner may prioritize applications on additional factors, including but

128.15 not limited to availability of funding, family income, geographic location, and whether the

128.16 child's family is on a waiting list for a publicly funded program providing early education

128.17 or child care services.

128.18 (e) The commissioner may require a letter or other documentation from a responsible

128.19 social services agency or child-placing agency for a child receiving priority as a child in

128.20 foster care verifying that the child is in foster care, as defined in section 260C.007,

128.21 subdivision 18, or in a voluntary or involuntary foster care placement under the Minnesota

128.22 Indian Family Preservation Act. The commissioner must process a verification letter or

128.23 other documentation within five business days of receiving the letter or documentation.

128.24 Sec. 5. Minnesota Statutes 2024, section 142E.04, subdivision 4, is amended to read:

128.25 Subd. 4. **Funding priorities.** (a) In the event that inadequate funding necessitates the

128.26 use of waiting lists, priority for child care assistance under the basic sliding fee assistance

128.27 program shall be determined according to this subdivision.

128.28 (b) First priority must be given to eligible non-MFIP families who do not have a high

128.29 school diploma or commissioner of education-selected high school equivalency certification

128.30 or who need remedial and basic skill courses in order to pursue employment or to pursue

128.31 education leading to employment and who need child care assistance to participate in the

129.1 education program. This includes student parents as defined under section 142E.01,
129.2 subdivision 26. Within this priority, the following subpriorities must be used:

129.3 (1) child care needs of minor parents;

129.4 (2) child care needs of parents under 21 years of age; and

129.5 (3) child care needs of other parents within the priority group described in this paragraph.

129.6 (c) Second priority must be given to families in which at least one parent is a veteran,
129.7 as defined under section 197.447.

129.8 (d) Third priority must be given to eligible foster parents providing care to a child placed
129.9 in a family foster home under section 260C.007, subdivision 16b; eligible relative custodians
129.10 to whom permanent legal and physical custody of a child has been transferred pursuant to
129.11 section 260C.515, subdivision 4; or eligible individuals with whom an Indian child has been
129.12 placed under section 260.773.

129.13 (e) Fourth priority must be given to eligible families who do not meet the specifications
129.14 of paragraph (b), (c), ~~(e)~~ (d), (f), or ~~(f)~~ (g).

129.15 ~~(e)~~ Fourth ~~(f)~~ Fifth priority must be given to families who are eligible for portable basic
129.16 sliding fee assistance through the portability pool under subdivision 10.

129.17 ~~(f)~~ Fifth ~~(g)~~ Sixth priority must be given to eligible families receiving services under
129.18 section 142E.01, subdivision 27, if the parents have completed their MFIP transition year.

129.19 ~~(g)~~ (h) Families under paragraph ~~(f)~~ (g) must be added to the basic sliding fee waiting
129.20 list on the date they complete their transition year under section 142E.01, subdivision 28.

129.21 **EFFECTIVE DATE.** This section is effective January 1, 2027.

129.22 Sec. 6. Minnesota Statutes 2024, section 256B.055, subdivision 17, is amended to read:

129.23 Subd. 17. **Adults who were in foster care at the age of 18, 19, or 20.** (a) Medical
129.24 assistance may be paid for a person under 26 years of age who was in foster care under the
129.25 commissioner's responsibility on the date of attaining 18, 19, or 20 years of age; or receiving
129.26 foster care benefits past 18 years of age under section 260C.451 and who was enrolled in
129.27 medical assistance under the state plan or a waiver of the plan while in foster care, in
129.28 accordance with section 2004 of the Affordable Care Act.

129.29 (b) Medical assistance may be paid for a person under 26 years of age who was in foster
129.30 care and enrolled in any state's Medicaid program as provided by Public Law 115-271,
129.31 section 1002.

130.1 (c) The commissioner shall seek federal waiver approval under United States Code, title
130.2 42, section 1315, to include youth who were in a state's foster care program and who turned
130.3 age 18 prior to January 1, 2023, without regard to potential eligibility under a Medicaid
130.4 mandatory group.

130.5 Sec. 7. Minnesota Statutes 2024, section 260C.212, subdivision 1, is amended to read:

130.6 Subdivision 1. **Out-of-home placement; plan.** (a) An out-of-home placement plan shall
130.7 be prepared within 30 days after any child is placed in foster care by court order or a
130.8 voluntary placement agreement between the responsible social services agency and the
130.9 child's parent pursuant to section 260C.227 or chapter 260D.

130.10 (b) An out-of-home placement plan means a written document individualized to the
130.11 needs of the child and the child's parents or guardians that is prepared by the responsible
130.12 social services agency jointly with the child's parents or guardians and in consultation with
130.13 the child's guardian ad litem; the child's tribe, if the child is an Indian child; the child's foster
130.14 parent or representative of the foster care facility; and, when appropriate, the child. When
130.15 a child is age 14 or older, the child may include two other individuals on the team preparing
130.16 the child's out-of-home placement plan. The child may select one member of the case
130.17 planning team to be designated as the child's advisor and to advocate with respect to the
130.18 application of the reasonable and prudent parenting standards. The responsible social services
130.19 agency may reject an individual selected by the child if the agency has good cause to believe
130.20 that the individual would not act in the best interest of the child. For a child in voluntary
130.21 foster care for treatment under chapter 260D, preparation of the out-of-home placement
130.22 plan shall additionally include the child's mental health treatment provider. For a child 18
130.23 years of age or older, the responsible social services agency shall involve the child and the
130.24 child's parents as appropriate. As appropriate, the plan shall be:

130.25 (1) submitted to the court for approval under section 260C.178, subdivision 7;

130.26 (2) ordered by the court, either as presented or modified after hearing, under section
130.27 260C.178, subdivision 7, or 260C.201, subdivision 6; and

130.28 (3) signed by the parent or parents or guardian of the child, the child's guardian ad litem,
130.29 a representative of the child's tribe, the responsible social services agency, and, if possible,
130.30 the child.

130.31 (c) The out-of-home placement plan shall be explained by the responsible social services
130.32 agency to all persons involved in the plan's implementation, including the child who has
130.33 signed the plan, and shall set forth:

131.1 (1) a description of the foster care home or facility selected, including how the
131.2 out-of-home placement plan is designed to achieve a safe placement for the child in the
131.3 least restrictive, most family-like setting available that is in close proximity to the home of
131.4 the child's parents or guardians when the case plan goal is reunification; and how the
131.5 placement is consistent with the best interests and special needs of the child according to
131.6 the factors under subdivision 2, paragraph (b);

131.7 (2) the specific reasons for the placement of the child in foster care, and when
131.8 reunification is the plan, a description of the problems or conditions in the home of the
131.9 parent or parents that necessitated removal of the child from home and the changes the
131.10 parent or parents must make for the child to safely return home;

131.11 (3) a description of the services offered and provided to prevent removal of the child
131.12 from the home and to reunify the family including:

131.13 (i) the specific actions to be taken by the parent or parents of the child to eliminate or
131.14 correct the problems or conditions identified in clause (2), and the time period during which
131.15 the actions are to be taken; and

131.16 (ii) the reasonable efforts, or in the case of an Indian child, active efforts to be made to
131.17 achieve a safe and stable home for the child including social and other supportive services
131.18 to be provided or offered to the parent or parents or guardian of the child, the child, and the
131.19 residential facility during the period the child is in the residential facility;

131.20 (4) a description of any services or resources that were requested by the child or the
131.21 child's parent, guardian, foster parent, or custodian since the date of the child's placement
131.22 in the residential facility, and whether those services or resources were provided and if not,
131.23 the basis for the denial of the services or resources;

131.24 (5) the visitation plan for the parent or parents or guardian, other relatives as defined in
131.25 section 260C.007, subdivision 26b or 27, and siblings of the child if the siblings are not
131.26 placed together in foster care, and whether visitation is consistent with the best interest of
131.27 the child, during the period the child is in foster care;

131.28 (6) when a child cannot return to or be in the care of either parent, documentation of
131.29 steps to finalize adoption as the permanency plan for the child through reasonable efforts
131.30 to place the child for adoption pursuant to section 260C.605. At a minimum, the
131.31 documentation must include consideration of whether adoption is in the best interests of
131.32 the child and child-specific recruitment efforts such as a relative search, consideration of
131.33 relatives for adoptive placement, and the use of state, regional, and national adoption
131.34 exchanges to facilitate orderly and timely placements in and outside of the state. A copy of

132.1 this documentation shall be provided to the court in the review required under section
132.2 260C.317, subdivision 3, paragraph (b);

132.3 (7) when a child cannot return to or be in the care of either parent, documentation of
132.4 steps to finalize the transfer of permanent legal and physical custody to a relative as the
132.5 permanency plan for the child. This documentation must support the requirements of the
132.6 kinship placement agreement under section 142A.605 and must include the reasonable
132.7 efforts used to determine that it is not appropriate for the child to return home or be adopted,
132.8 and reasons why permanent placement with a relative through a Northstar kinship assistance
132.9 arrangement is in the child's best interest; how the child meets the eligibility requirements
132.10 for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's
132.11 relative foster parent and reasons why the relative foster parent chose not to pursue adoption,
132.12 if applicable; and agency efforts to discuss with the child's parent or parents the permanent
132.13 transfer of permanent legal and physical custody or the reasons why these efforts were not
132.14 made;

132.15 (8) efforts to ensure the child's educational stability while in foster care for a child ~~who~~
132.16 ~~attained the minimum age for~~ subject to compulsory school attendance under state law
132.17 section 120A.22 and is enrolled full time in elementary or secondary school, or instructed
132.18 in elementary or secondary education at home, or instructed in an independent study
132.19 elementary or secondary program, or incapable of attending school on a full-time basis due
132.20 to a medical condition that is documented and supported by regularly updated information
132.21 in the child's case plan. Educational stability efforts include:

132.22 (i) efforts to ensure that the child remains in the same school in which the child was
132.23 enrolled prior to placement or upon the child's move from one placement to another, including
132.24 efforts to work with the local education authorities to ensure the child's educational stability
132.25 and attendance; or

132.26 (ii) if it is not in the child's best interest to remain in the same school that the child was
132.27 enrolled in prior to placement or move from one placement to another, efforts to ensure
132.28 immediate and appropriate enrollment for the child in a new school;

132.29 (9) for a child not yet subject to compulsory school attendance under section 120A.22,
132.30 efforts to ensure the child's educational stability while in foster care if the child is enrolled
132.31 in an early childhood education or child care program. If enrollment in an early childhood
132.32 education or child care program is not feasible or not in the child's best interest, the
132.33 out-of-home placement plan must state specific reasons for discontinuing the child's

133.1 enrollment in the same program or not seeking enrollment in a similar program. Early
133.2 childhood education or child care stability efforts include:

133.3 (i) efforts to ensure that the child remains in the same program in which the child was
133.4 enrolled prior to placement or upon the child's move from one placement to another, if in
133.5 the child's best interest, including efforts to work with the program to ensure the child's
133.6 educational stability and attendance; or

133.7 (ii) if it is not feasible or not in the child's best interest for the child to remain in the same
133.8 program that the child was enrolled in prior to placement or to a move from one placement
133.9 to another, efforts to ensure enrollment for the child in a similar program;

133.10 ~~(9)~~ (10) the educational, child care, or early childhood education program records of the
133.11 child including the most recent information available regarding:

133.12 (i) the names and addresses of the child's educational providers;

133.13 (ii) the child's grade level performance, if applicable;

133.14 (iii) the child's school or program record;

133.15 (iv) a statement about how the child's placement in foster care takes into account
133.16 proximity to the school or program in which the child is enrolled at the time of placement;
133.17 and

133.18 (v) any other relevant educational information;

133.19 ~~(10)~~ (11) the efforts by the responsible social services agency to ensure the oversight
133.20 and continuity of health care services for the foster child, including:

133.21 (i) the plan to schedule the child's initial health screens;

133.22 (ii) how the child's known medical problems and identified needs from the screens,
133.23 including any known communicable diseases, as defined in section 144.4172, subdivision
133.24 2, shall be monitored and treated while the child is in foster care;

133.25 (iii) how the child's medical information shall be updated and shared, including the
133.26 child's immunizations;

133.27 (iv) who is responsible to coordinate and respond to the child's health care needs,
133.28 including the role of the parent, the agency, and the foster parent;

133.29 (v) who is responsible for oversight of the child's prescription medications;

- 134.1 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
134.2 consulted and involved in assessing the health and well-being of the child and determine
134.3 the appropriate medical treatment for the child; and
- 134.4 (vii) the responsibility to ensure that the child has access to medical care through either
134.5 medical insurance or medical assistance;
- 134.6 ~~(11)~~ (12) the health records of the child including information available regarding:
- 134.7 (i) the names and addresses of the child's health care and dental care providers;
- 134.8 (ii) a record of the child's immunizations;
- 134.9 (iii) the child's known medical problems, including any known communicable diseases
134.10 as defined in section 144.4172, subdivision 2;
- 134.11 (iv) the child's medications; and
- 134.12 (v) any other relevant health care information such as the child's eligibility for medical
134.13 insurance or medical assistance;
- 134.14 ~~(12)~~ (13) an independent living plan for a child 14 years of age or older, developed in
134.15 consultation with the child. The child may select one member of the case planning team to
134.16 be designated as the child's advisor and to advocate with respect to the application of the
134.17 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
134.18 not be limited to, the following objectives:
- 134.19 (i) educational, vocational, or employment planning;
- 134.20 (ii) health care planning and medical coverage;
- 134.21 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
134.22 license;
- 134.23 (iv) money management, including the responsibility of the responsible social services
134.24 agency to ensure that the child annually receives, at no cost to the child, a consumer report
134.25 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
134.26 in the report;
- 134.27 (v) planning for housing;
- 134.28 (vi) social and recreational skills;
- 134.29 (vii) establishing and maintaining connections with the child's family and community;
134.30 and

135.1 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
135.2 activities typical for the child's age group, taking into consideration the capacities of the
135.3 individual child;

135.4 ~~(13)~~ (14) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
135.5 and assessment information, specific services relating to meeting the mental health care
135.6 needs of the child, and treatment outcomes;

135.7 ~~(14)~~ (15) for a child 14 years of age or older, a signed acknowledgment that describes
135.8 the child's rights regarding education, health care, visitation, safety and protection from
135.9 exploitation, and court participation; receipt of the documents identified in section 260C.452;
135.10 and receipt of an annual credit report. The acknowledgment shall state that the rights were
135.11 explained in an age-appropriate manner to the child; and

135.12 ~~(15)~~ (16) for a child placed in a qualified residential treatment program, the plan must
135.13 include the requirements in section 260C.708.

135.14 (d) The parent or parents or guardian and the child each shall have the right to legal
135.15 counsel in the preparation of the case plan and shall be informed of the right at the time of
135.16 placement of the child. The child shall also have the right to a guardian ad litem. If unable
135.17 to employ counsel from their own resources, the court shall appoint counsel upon the request
135.18 of the parent or parents or the child or the child's legal guardian. The parent or parents may
135.19 also receive assistance from any person or social services agency in preparation of the case
135.20 plan.

135.21 (e) Before an out-of-home placement plan is signed by the parent or parents or guardian
135.22 of the child, the responsible social services agency must provide the parent or parents or
135.23 guardian with a one- to two-page summary of the plan using a form developed by the
135.24 commissioner. The out-of-home placement plan summary must clearly summarize the plan's
135.25 contents under paragraph (c) and list the requirements and responsibilities for the parent or
135.26 parents or guardian using plain language. The summary must be updated and provided to
135.27 the parent or parents or guardian when the out-of-home placement plan is updated under
135.28 subdivision 1a.

135.29 (f) After the plan has been agreed upon by the parties involved or approved or ordered
135.30 by the court, the foster parents shall be fully informed of the provisions of the case plan and
135.31 shall be provided a copy of the plan.

135.32 (g) Upon the child's discharge from foster care, the responsible social services agency
135.33 must provide the child's parent, adoptive parent, or permanent legal and physical custodian,
135.34 and the child, if the child is 14 years of age or older, with a current copy of the child's health

136.1 and education record. If a child meets the conditions in subdivision 15, paragraph (b), the
136.2 agency must also provide the child with the child's social and medical history. The responsible
136.3 social services agency may give a copy of the child's health and education record and social
136.4 and medical history to a child who is younger than 14 years of age, if it is appropriate and
136.5 if subdivision 15, paragraph (b), applies.

136.6 Sec. 8. Minnesota Statutes 2024, section 260C.215, is amended by adding a subdivision
136.7 to read:

136.8 **Subd. 6a. Information on early childhood education and child care for children in**
136.9 **foster care.** For a child not yet subject to compulsory school attendance under section
136.10 120A.22, the responsible social services agency must provide information to the foster
136.11 parent about:

136.12 (1) early childhood education and child care program options in the foster parent's
136.13 geographic area;

136.14 (2) the Northstar foster care benefits child care allowance;

136.15 (3) eligibility requirements for the child care assistance program and early learning
136.16 scholarships; and

136.17 (4) application processes for the child care assistance program and early learning
136.18 scholarships.

136.19 Sec. 9. Minnesota Statutes 2024, section 260C.451, subdivision 2, is amended to read:

136.20 **Subd. 2. Independent living plan.** ~~Upon the request of (a)~~ For any child in foster care
136.21 who is 14 years of age or older, the responsible social services agency must, in conjunction
136.22 with the child and other appropriate parties, develop and update the child's independent
136.23 living plan required under section 260C.212, subdivision 1, paragraph (c), clause (12).

136.24 (b) For any child in foster care immediately prior to the child's 18th birthday ~~and who~~
136.25 ~~is in foster care at the time of the request,~~ the responsible social services agency shall, in
136.26 conjunction with the child and other appropriate parties, update the child's independent
136.27 living plan required under section 260C.212, subdivision 1, paragraph (c), clause (12),
136.28 related to the child's employment, vocational, educational, social, or maturational needs and
136.29 submit it to the court as part of the required review under section 260C.202, subdivision 3.

136.30 The agency shall provide continued services and foster care for the child including those
136.31 services that are necessary to implement the independent living plan.

137.1 Sec. 10. Minnesota Statutes 2024, section 260C.451, subdivision 3, is amended to read:

137.2 Subd. 3. **Eligibility to continue in foster care.** A child in foster care immediately prior
137.3 to the child's 18th birthday may continue in foster care past age 18 unless:

137.4 (1) the child can safely return home; or

137.5 ~~(2) the child is in placement pursuant to the agency's duties under section 256B.092 and~~
137.6 ~~Minnesota Rules, parts 9525.0004 to 9525.0016, to meet the child's needs due to a~~
137.7 ~~developmental disability or related condition, and the child will be served as an adult under~~
137.8 ~~section 256B.092 and Minnesota Rules, parts 9525.0004 to 9525.0016; or~~

137.9 ~~(3)~~ (2) the child can be adopted or have permanent legal and physical custody transferred
137.10 to a relative prior to the child's 18th birthday.

137.11 Sec. 11. Minnesota Statutes 2024, section 260C.451, subdivision 3a, is amended to read:

137.12 Subd. 3a. **Eligibility criteria.** The child must meet at least one of the following conditions
137.13 to be considered eligible to continue in or return to foster care and remain there to age 21.
137.14 The child must be:

137.15 (1) completing secondary education or a program leading to an equivalent credential,
137.16 including transition programs through a public or private school;

137.17 (2) enrolled in an institution that provides postsecondary or vocational education;

137.18 (3) participating in a program or activity designed to promote or remove barriers to
137.19 employment;

137.20 (4) employed for at least 80 hours per month, including receiving benefits under chapter
137.21 268B; or

137.22 (5) incapable of doing any of the activities described in clauses (1) to (4) due to a medical
137.23 condition.

137.24 Sec. 12. Minnesota Statutes 2025 Supplement, section 260C.451, subdivision 8, is amended
137.25 to read:

137.26 Subd. 8. **Notice of termination of foster care.** When a child in foster care between the
137.27 ages of 18 and 21 ceases to meet one of the eligibility criteria of subdivision 3a, the
137.28 responsible social services agency shall give the child written notice that foster care will
137.29 terminate 30 days from the date the notice is sent. The agency must send a copy of the
137.30 written notice to the commissioner of children, youth, and families. The child or the child's
137.31 guardian ad litem may file a motion asking the court to review the agency's determination

138.1 within 15 days of receiving the notice. The child shall not be discharged from foster care
138.2 until the motion is heard. The agency shall ~~work~~ engage with the child to develop a transition
138.3 ~~out of foster care~~ plan as required under section 260C.452, subdivision 4, paragraph (d),
138.4 that addresses the goals listed in section 260C.203, subdivision 4, clause (2). The written
138.5 notice of termination of benefits shall be on a form prescribed by the commissioner and
138.6 shall also give notice of the right to have the agency's determination reviewed by the court
138.7 in the proceeding where the court conducts the reviews required under section 260C.203,
138.8 260C.317, or 260C.515, subdivision 5 or 6. A copy of the termination notice shall be sent
138.9 to the child ~~and~~; the child's attorney, if any; the foster care provider; the child's guardian
138.10 ad litem; the commissioner of children, youth, and families; and the court. The agency is
138.11 not responsible for paying foster care benefits for any period of time after the child actually
138.12 leaves foster care.

138.13 Sec. 13. Minnesota Statutes 2024, section 518A.44, is amended to read:

138.14 **518A.44 NOTICE TO PUBLIC AUTHORITY.**

138.15 The petitioner shall notify the public authority of all proceedings for dissolution with
138.16 children, legal separation with children, determination of parentage, or for the custody of
138.17 a child, if either party is receiving public assistance or applies for it subsequent to the
138.18 commencement of the proceeding. The notice must contain the full names of the parties to
138.19 the proceeding, their Social Security account numbers, and their birth dates. After receipt
138.20 of the notice, the court shall set child support as provided in section 518A.35. The court
138.21 may order either or both parents owing a duty of support to a child of the marriage to pay
138.22 an amount reasonable or necessary for the child's support, without regard to marital
138.23 misconduct. The court shall approve a child support stipulation of the parties if each party
138.24 is represented by independent counsel, unless the stipulation does not meet the conditions
138.25 of section 518A.35. In other cases the court shall determine and order child support in a
138.26 specific dollar amount in accordance with the guidelines and the other factors set forth in
138.27 section 518A.43 and any departure therefrom. The court may also order the obligor to pay
138.28 child support in the form of a percentage share of the obligor's net bonuses, commissions,
138.29 or other forms of compensation, in addition to, or if the obligor receives no base pay, in lieu
138.30 of, an order for a specific dollar amount.

138.31 Sec. 14. Laws 2024, chapter 115, article 12, section 30, subdivision 6, is amended to read:

138.32 Subd. 6. **Reports.** By July 15, 2025, the Supreme Court Council on Child Protection
138.33 must submit a progress report on the council's duties under subdivision 5 to the governor,

139.1 the chief justice of the supreme court, and the chairs and ranking minority members of the
 139.2 legislative committees with jurisdiction over child protection. By ~~January~~ December 15,
 139.3 2026, the council must submit its final report to the governor, the chief justice of the supreme
 139.4 court, and the chairs and ranking minority members of the legislative committees with
 139.5 jurisdiction over child protection, detailing the comprehensive blueprint developed under
 139.6 subdivision 5.

139.7 Sec. 15. Laws 2024, chapter 115, article 12, section 30, subdivision 7, is amended to read:

139.8 Subd. 7. **Expiration.** The Supreme Court Council on Child Protection expires ~~upon the~~
 139.9 ~~submission of its final report under subdivision 6~~ on June 30, 2027."

139.10 Page 68, after line 16, insert:

139.11 **"ARTICLE 14**

139.12 **DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES APPROPRIATIONS**

139.13 Section 1. **CHILDREN, YOUTH, AND FAMILIES APPROPRIATIONS.**

139.14 The dollar amounts shown in the columns marked "Appropriations" are added to or, if
 139.15 shown in parentheses, are subtracted from the appropriations in Laws 2025, First Special
 139.16 Session chapter 3, article 22, from the general fund or any fund named for the purposes
 139.17 specified in this article, to be available for the fiscal year indicated for each purpose. The
 139.18 figures "2026" and "2027" used in this article mean that the appropriations listed under them
 139.19 are available for the fiscal years ending June 30, 2026, or June 30, 2027, respectively. "The
 139.20 biennium" is fiscal years 2026 and 2027.

		<u>APPROPRIATIONS</u>	
		<u>Available for the Year</u>	
		<u>Ending June 30</u>	
		<u>2026</u>	<u>2027</u>
139.25	<u>Sec. 2. COMMISSIONER OF CHILDREN,</u>		
139.26	<u>YOUTH, AND FAMILIES</u>	<u>\$</u>	<u>-0-</u> <u>\$</u> <u>4,056,000</u>

139.27 The amounts that may be spent for each
 139.28 purpose are specified in the following sections.
 139.29 Appropriations are from the general fund
 139.30 unless otherwise noted.

139.31 **Sec. 3. OPERATIONS AND**
 139.32 **ADMINISTRATION; AGENCY-WIDE**
 139.33 **SUPPORTS**

139.34	<u>Subdivision 1. Total Appropriation</u>	<u>\$</u>	<u>-0-</u> <u>\$</u> <u>2,602,000</u>
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140.1 **Subd. 2. Child Care Licensing Modernization**

140.2 \$2,602,000 in fiscal year 2027 is to implement
 140.3 new child care licensing requirements for child
 140.4 care centers and family child care. The base
 140.5 for this appropriation is \$837,000 in fiscal year
 140.6 2028 and \$837,000 in fiscal year 2029.

140.7 **Sec. 4. GRANT PROGRAMS; CHILD CARE**
 140.8 **DEVELOPMENT GRANTS**

\$

-0- \$450,000

140.9 \$450,000 in fiscal year 2027 is for a training
 140.10 contract related to implementing child care
 140.11 regulations. The base for this appropriation is
 140.12 \$338,000 in fiscal year 2028 and \$338,000 in
 140.13 fiscal year 2029.

140.14 **Sec. 5. FORENSIC INTERVIEW TRAINING**
 140.15 **SCHOLARSHIPS**

\$

-0- \$250,000

140.16 \$250,000 in fiscal year 2027 is for grants to
 140.17 provide training scholarships for recipients to
 140.18 attend nationally recognized forensic interview
 140.19 protocol training. Eligible grantees must award
 140.20 scholarships for recipients to attend basic
 140.21 forensic interview training, advanced forensic
 140.22 interview training, and specialized interview
 140.23 topics training. Scholarship recipients may
 140.24 include individuals in law enforcement, child
 140.25 protection, and prosecution; health
 140.26 professionals investigating, treating, and
 140.27 managing child maltreatment cases in
 140.28 Minnesota; advocates working with a
 140.29 multidisciplinary team; and forensic
 140.30 interviewers at children's advocacy centers.
 140.31 This is a onetime appropriation.

140.32 **Sec. 6. PARENT SUPPORT OUTREACH**
 140.33 **PROGRAM**

\$

-0- \$310,000

140.34 \$1,000,000 in fiscal year 2027 is for the parent
 140.35 support outreach program to provide voluntary

