



Child Care Regulation Modernization

Report to the Legislature

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Introduction and Background

In 2021, the Minnesota legislature directed the Department of Human Services (DHS) to collaborate with the National Association for Regulatory Administration (NARA) in developing the components of the Child Care Regulation Modernization Project, including a Weighted Risk System, key indicators for abbreviated inspections, and revised licensing standards for both Child Care Centers (CCC) and Family Child Care (FCC) service types ([Laws of Minnesota 2021, 1st Special Session, chapter 7, article 2, sections 75 and 81](#)). The law authorizing the project required that these efforts “be grounded in national regulatory best practices” and “must protect the health and safety of children and be child-centered, family-friendly, and fair to providers.”

During the 2025 legislative session, the Family Child Care Regulation Modernization language was amended to repeal the requirement for “national regulatory best practices” for the Weighted Risk System and expand the provisions related to engagement and language requirements ([Laws of Minnesota 2025, 1st Special Session, chapter 3, article 13, section 15](#)). In June 2025, the project responsibility transitioned to the Department of Children, Youth, and Families (DCYF).

Any changes to child care licensing must align with federal and state requirements that serve as guardrails. At the federal level, the [Child Care and Development Fund \(CCDF\)](#) establishes baseline health and safety standards that states must meet to receive federal child care funding. These include requirements related to training, health and safety practices, and monitoring processes. At the state level, Minnesota statutes also set specific expectations that must be reflected in the revised standards. For example, the Minnesota State Fire Code applies to residential and commercial facilities, and the facility provisions under both the FCC and CCC proposals reference this Fire Code.

This report addresses all three components of the Child Care Regulation Modernization project: the revised licensing standards, the Weighted Risk System, and abbreviated inspections. For each component, the report describes the component, summarizes the stakeholder engagement and overall work that has been completed for that component, and explains what is required for implementation.

Section 1: Revised Licensing Standards

The proposed revised licensing standards would repeal Minnesota Rules, [chapter 9502](#); Minnesota Rules, [chapter 9503](#); and applicable portions of Minnesota Statutes, [chapter 142B](#) and consolidate them into two proposed statutory chapters - one for family child care and one for child care centers. The proposed licensing standards update core health and safety protections, align standards with the increased understanding of child development, and seek to streamline duplicative or outdated provisions so providers, licensors, and families can more easily find and apply each standard.

For child care centers, the proposed standards introduce greater flexibility in the education and experience needed to qualify to work in a child care center, while also requiring a new foundational training for all program staff. For family child care providers, the proposal introduces expanded license classes with additional capacity

to serve younger age groups, with added safeguards to ensure children's health and safety. See the "Summary of Notable Proposed Changes in Licensing Requirements" section starting on page 4 for a full list of changes.

Stakeholder Engagement

In October 2022, DHS launched the first [stakeholder survey](#) to inform Minnesota's revised licensing standards. NARA delivered an initial draft of licensing standards in March 2023, which was refined in collaboration with state agencies, licensors, and subject matter experts. In April 2024, DHS held two online information sessions attended by more than 900 stakeholders, followed by the release of the first public draft.

Between April and August 2024, stakeholder engagement included 23 listening sessions across the state with over 950 participants, generating 2,498 pieces of feedback, and more than 300 email submissions. DHS also partnered with Wilder Research to conduct an anonymous statewide survey, which drew responses from over 1,600 participants, and to complete in-depth interviews with a randomized selection of family child care providers. In addition, six county licensor focus groups were convened in June 2024 to provide targeted feedback on priority areas. To read more about these engagement efforts and key findings, please refer to the key themes reports for [family child care](#) and [child care centers](#).

In February 2025, DHS released the second public draft of the revised licensing standards. From February through June 2025, stakeholder engagement included more than 50 in-person and virtual events held across Minnesota. DHS also conducted a statewide anonymous survey that included a dedicated section for parents to provide input. In addition, the project team hosted twelve licensor focus groups (six for county-based family child care licensors, six for child care centers licensors) to gather their input on the standards.

Key Feedback Themes

During the stakeholder engagement process several recurring themes were identified related to the Child Care Centers and Family Child Care licensing standards.

Feedback Theme 1: Child care center staff qualifications should be more flexible.

When DHS first surveyed child care center providers on what areas of the Rules were most in need of updates, "staff qualifications" was the number one response by a wide margin. Stakeholders expressed that staff qualifications are too stringent, that hiring qualified staff is a barrier for licensed programs, and that they wanted an increased ability for child care center leadership to develop their staff over time.

Provider comments were consistent with state data that showed over 4,000 variances were issued in 2024 related to staff qualifications. The provider comments and data demonstrate a mismatch between the current staff qualifications in Minnesota Rules 9503 and the prevailing qualification levels of Minnesota's early childhood workforce.

In response, the proposed standards provide more flexibility for the education and experience requirements for qualifying as a Teacher and Assistant Teacher in a child care center, while slightly increasing the Director

qualifications and adding a required “Child Care Licensing Basics” training for new staff. The intent is to create a career ladder that is easier to get started on and grow into.

Feedback Theme 2: Child care center equipment requirements are too prescriptive and rigid.

Stakeholders shared that listing specific equipment needed for each age group is too prescriptive and prevents experimentation with different developmentally appropriate ways to meet children’s needs.

Recognizing this, the proposed standards focus on the number of choices available to children, instead of a set number of equipment that is required in each classroom. The proposed Furnishings, Equipment, Materials, and Supplies section eliminates the list of specific items and instead requires that providers meet the broader “interest area” categories (e.g., dramatic play, building and construction) to ensure that children have a variety of choices. The new structure is intended to be simpler and more flexible.

Feedback Theme 3: Family child care capacity and ratios should be adjusted to allow more children under school-age to attend programs.

When DHS first surveyed providers on what areas of the rules were most in need of updates, “program capacity and ratios” was the number one response from family child care providers by a wide margin. Additional stakeholder engagement further demonstrated the desire for more flexible ratios was particularly needed for children under school-age.

In response, the proposed standards increase licensed capacity and child-to-caregiver ratios for most family child care license classes and created an additional class with a capacity of 18. These changes particularly increase the number of children under school age that a program may serve, reflecting the needs providers shared during engagement. DHS and DCYF collaborated closely with the State Fire Marshal’s Office to ensure all adjustments meet fire code and safety requirements, such as emergency evacuations

Feedback Theme 4: Family child care training requirements are confusing and repetitive.

Providers shared that current training requirements are repetitive, confusing, and challenging to access—especially for those in rural areas with limited in-person or virtual training opportunities. Many noted that the organization of required courses makes it difficult to determine which trainings apply to each caregiver role.

In response, the proposed standards reorganize training requirements to be easier to navigate by caregiver type rather than by training topic, clarifying expectations for applicants, primary providers of care, second adult caregivers, substitutes, intermittent caregivers, and helpers. The total number of annual training hours for primary providers of care and second adult caregivers is proposed to be reduced from 16 hours to 10 hours. A new fire safety training is proposed to be added and required once every five years to strengthen emergency preparedness. For helpers, the initial training requirement was reduced from six hours to four hours before assisting in care. In addition, applicants would now be able to count completed training from the past 24 months—an expansion from the previous 12-month window—to provide greater flexibility for compliance, particularly benefiting those in rural areas.

Feedback Theme 5 – There is too much paperwork and administrative burden.

Both family child care providers and child care centers shared that there was too much paperwork and administrative burden on their operations.

For centers, this is proposed to be addressed by streamlining existing documentation requirements, for instance by allowing for documentation of children's temporary physical needs such as braces or casts to be met with a simplified form without requiring the creation of an Individual Child Care Program Plan (i.e., a plan specifying how children's disabilities or special health care needs will be met). The proposed standards also reduced how often health consultant visits are required for programs serving infants from monthly to quarterly in an effort to reduce administrative burden. Both family child care and child care center providers will also see reduced administrative burden from proposed changes where forms needed for compliance, such as the radon testing notification form, would be made available by DCYF.

Feedback Theme 6 – The relationship with licensing feels punitive and not collaborative between providers and licensors.

Providers from both license types shared that they felt the relationship with state and county licensing made them feel unsupported, and that particular areas of the current regulations contain unclear or “gray areas” of language that contribute to this problem. Throughout both proposals, there has been language added to clear up gray areas. Both proposals have added more specifics about what constitutes a “hazardous object” in the Facility section. For child care centers, the Behavior Guidance section more clearly defines “separation” versus “redirection.” For family child care, the proposed standards seek to clarify well-balanced meals and snacks, and the safe handling of breastmilk and formula.

A balanced approach is important to licensing child care programs—one that promotes consistency and accountability while fostering mutual trust and collaboration. As changes are implemented, close work and collaboration between providers and licensing staff to support a cooperative, solutions-focused approach will be critical to addressing this feedback.

Summary of Notable Proposed Changes in Licensing Requirements

The proposed licensing standards modernize Minnesota’s regulatory framework for child care centers and family child care by consolidating the existing rules and statutes and aligning them with current health, safety, and best practice requirements. While many foundational protections remain, the proposal introduces several key changes intended to strengthen safeguards, improve clarity, and simplify compliance.

Child Care Center Proposed Changes

Definitions

The proposed standards merge definitions from Minnesota Rules, chapter 9503 and Minnesota Statutes, chapter 142B into a single set of definitions, and suggests several changes:

Supervision: Remove the exceptions to supervision by “sight and hearing” from the definitions section and moved into the Supervision and Risk Reduction section. This would move substantive policy requirements outside of the definitions, to ensure that the definition of supervision is clear.

Disinfect: Update the definition of “disinfect” to be more general instead of having a specific formula.

Healthcare provider: Expand the types of professionals that qualify as a “healthcare provider.”

Health consultant: Define a “health consultant,” with reference to the healthcare provider definition.

Medication: Update the definition of “medication” to clarify that medication “includes medication that is over the counter, or prescribed by a physician, physician assistant, dentist, or advance practice registered nurse certified to prescribe medication, and permitted by the parent for administration or application.” And that, “This term applies to medication taken internally or applied externally.”

School-age: Modify the definition of “school age” to clarify that, “a child who becomes 13 during the school year may continue to be defined as a school-age child through the end of that same year.”

Qualifications of Applicants and Staff

The most significant proposed update to this section is in the definition of postsecondary education. Postsecondary education is proposed to be defined as, “coursework in any field of study from an accredited postsecondary institution.” This is a departure from the current Minnesota Rules, chapter 9503 definition which only allows specific coursework related to broadly child-centered fields of study. This proposed definition is even broader than the language passed in the 2025 legislative session which allowed general coursework such as math and science to count. Now all accredited coursework will count towards qualifying an individual.

Director Qualifications

The proposal increases the required experience and education needed to serve as a Director of a child care center and requires that there always be a Director or the Director’s designee on site (although the designee doesn’t need to meet the Director qualifications).

The director would be required to have:

- 12 semester credits in accredited coursework in postsecondary child development education, supervision, management, administration, or leadership; OR
- 120 hours of training earned in the topics of child development, supervision, management, administration, or leadership.

The current Minnesota Rules, chapter 9503 requirement is for:

- 9 quarter credits (6 semester credits) OR
- 90 hours of training in staff supervision, human relations, and child development.

In addition, a director is proposed to be at least 21 years old (up from 18 years old in current Minnesota Rules, chapter 9503) and have at least 1040 hours of staff supervision experience (the same as current Minnesota Rules, chapter 9503 requirements).

The intent with strengthening the qualifications is to ensure that a Director is well-qualified to train and oversee staff. Existing Directors would be exempt under the proposed standards while they are still working in their current child care center. All newly hired Directors or existing Directors hired by a different child care center after July 1, 2027, would have to meet the new qualifications.

It is also proposed that a Director may serve as a Teacher regardless of having met Teacher qualifications to ensure that Directors are able to fill in for Teachers as needed without adding to the paperwork burden.

Teacher Qualifications

Understanding that staff qualifications were the area where child care providers most called for changes in the regulations, there are several proposed updates to the Teacher qualifications in the proposal. The amount of experience and education would significantly change to align the staff qualifications with what DCYF currently generally accepts for qualifications via the variance process. The table below summarizes how the proposed Teacher qualifications compare with the existing Teacher qualifications under Minnesota Rules, part 9503.0032:

Current Qualification	Comparable Qualification in Proposed Standards
<i>Teachers must be at least 18 years old and must meet one of the qualification options below.</i>	<i>A Teacher must be at least 18 years old, have a high school diploma, and meet one of the qualification options below.</i>
High School Diploma + at least 4160 hours experience + 16 semester credits	(A) At least 12 postsecondary semester credits + 480 hours of experience
“Track 2” Variance (as allowed under Minnesota Statutes 2025, section 142B.10, subdivision 16(b)): 1040 experience hours (640 at the current center) with 100 education hours of Commissioner-approved training OR 4160 experience hours (640 at the current center) with 50 education hours of Commissioner-approved training	(B) At least 100 hours of Commissioner-approved training within the previous five years and 480 hours of experience. A Teacher that qualifies with this option must fulfill at least 50% of their required in-service training from Commissioner-approved training hours

Current Qualification	Comparable Qualification in Proposed Standards
<p>Montessori diploma or credential + 2080 hours of experience + 8 semester credits</p> <p>OR</p> <p>Montessori diploma or credential + 1040 hours of experience + a bachelor's degree</p>	<p>(C) A credential or diploma from the American Montessori Society, Association Montessori International, or an institution accredited by the Montessori Accreditation Council for Teacher Education (Montessori diploma or credential)</p>
<p>Technical institute certificate as Child Development Assistant (CDA) (accredited certificate) + 2080 hours of experience + 4 semester credits</p>	<p>(D) An accredited certificate in child development or early childhood education from a post-secondary institution</p>
<p>CDA credential + 1560 hours experience</p>	<p>(F) A Child Development Associate (CDA) credential</p>
<p>Minnesota Department of Education (MDE) PreK Associate or associate's degree in early childhood + 1040 hours experience + 4 semester credits</p>	<p>(E) An accredited diploma, Associate's degree, or Bachelor's degree in child development or early childhood education from a post-secondary institution</p>
<p>Bachelor's degree in any field + 1040 hours experience + 12 semester credits</p>	<p>No equivalent. Any person who meets qualification option (A) for 12 semester credits + 480 hours of experience will have already qualified.</p>
<p>MDE Teaching license without Kindergarten endorsement AND 520 hours of experience + 4 semester credits within 1 year of employment</p>	<p>No equivalent. Any person who meets qualification option (A) for 12 semester credits + 480 hours of experience will have already qualified.</p>
<p>MDE Teaching license for PreK or elementary education with a Kindergarten endorsement</p>	<p>No equivalent. Any person who meets qualification option (A) for 12 semester credits + 480 hours of experience will have already qualified.</p>

Assistant Teacher Qualifications

The proposed Assistant Teacher qualifications are intended to be simpler than the current requirements under Minnesota Rules, chapter 9503. The intent is to allow for an easier on-ramp into the responsibilities of working as an Assistant Teacher, so that someone can more easily gain experience and become Teacher-qualified. The

proposed Assistant Teacher education and experience qualifications specify that, in addition to the requirements to have a high school diploma and be 18 years old, an individual must have:

- at least 6 postsecondary semester credits; or
- at least 50 hours of Commissioner-approved training within the previous five years. An Assistant Teacher that qualifies with this option must fulfill at least 50% of their required in-service training from Commissioner-approved training hours; or
- at least 160 hours of experience and be making progress towards the achievement of any of the Teacher qualification options. An individual is defined as making progress towards these credentials if they: 1) can provide documentation of current enrollment, and; 2) can provide evidence that they are working towards the successful completion of their credential.

Currently, an Assistant Teacher under Minnesota Rules, chapter 9503 would need a high school diploma, 2080 hours of experience, and 12 quarter credits (8 semester credits) to meet the first qualification option for working as an Assistant Teacher.

Aide, volunteer, and substitute qualifications

Aides

The proposed standards include the language passed in the 2025 legislative session allowing for aides to be substituted for Teacher and Assistant Teachers during morning arrival and afternoon departure, up to 25% of a center's operating hours.

With the additional flexibility on how aides can be used from the 2025 legislative change, and the proposed changes to the assistant teacher qualifications, the experienced aide option under [Minnesota Statutes 2025, 142B.41, subdivision 7](#) is duplicative of existing qualification pathways and is no longer needed. Given these factors, the experienced aide requirements under this section, are proposed to be eliminated.

Substitutes

The proposed standards include a simplified formula for the use of unqualified substitutes, allowing for them to be used up to "60 hours multiplied by the number of the center's classrooms." This is a departure from the previous formula which involved a more complicated calculation based on the number of full-time Teachers and Assistant Teachers that were required for a center to meet staff distribution, multiplied by 40 hours. The intent is to simplify the formula while still allowing for a comparable number of substitute hours.

Training and Orientation

The Training section in the proposed standards retains the title and the general structure of [Minnesota Statutes 2025, section 142B.65](#), but suggests several changes:

Orientation reorganized and may now count towards in-service hours

The list of orientation topics in Minnesota Statutes 2025, chapter 142B (program philosophy, behavior guidance, drug and alcohol policy, etc.) are not proposed to change. However, some topics (i.e., handling and disposal of bodily fluids) may appear to be “new” because they are being pulled in from other federally required trainings currently outlined in [Minnesota Statutes 2025, section 142B.66](#), on health and safety requirements. The intent is to consolidate these requirements in one section, improving transparency and ease of use.

A new “research, cameras, and social media participation procedures” topic has been added to orientation, to ensure staff are trained on this increasingly important area as camera and social media use are more common.

Any hours spent doing orientation is proposed to count towards in-service training hours. This is to acknowledge how important these hours are for onboarding new staff, and the difficulty in fitting it in on top of other trainings.

New Child Care Licensing Basics training is required; may count towards in-service hours

Child Care Licensing Basics is a proposed new required training that would apply to all Directors, program staff persons, substitutes, and unsupervised volunteers who are hired after the suggested effective date of July 1, 2027.

The Child Care Licensing Basics training is anticipated to be 2-3 hours in length and would count towards in-service training hours.

This proposed new requirement intends to ensure that all staff working with children in a licensed child care center have a foundational understanding of what it means to work in a licensed setting in Minnesota, including topics such as Licensing 101, supervision, behavior guidance, and mandated maltreatment of minors reporting. Funding would be required for the training to be available free of charge to all child care center staff required to complete it.

Training on behavior guidance and supervision added to required in-service training each calendar year

Two new requirements have been added to the list of in-service training requirements that program staff must complete every year: training on the center policies and procedures for behavior guidance, and on the center policies and procedures for supervision. This is to ensure staff are trained regularly on these important areas for child safety.

In-service training hours reduced

The requirement for in-service training hours is proposed to be reduced to 20 hours of training each calendar year for those who work more than 20 hours per week, and 10 hours of training each calendar year for those who work fewer than 20 hours per week. The current requirement is 24 hours and 12 hours, respectively.

Child Care Program Plan

- **Teachers or Directors may develop child care program plans:** In the proposal, a Teacher or Director at a child care center would be able to annually develop and evaluate the child care program plan. Currently, only a Teacher-qualified staff person may develop and evaluate a child care program plan.
- **Interest areas moved:** The requirement for providing children with interest areas (e.g., dramatic play, building and construction) is proposed to move out of the Child Care Program Plan and into the Furnishings, Equipment, Materials, and Supplies section. These interest areas are also proposed to align with current child development practices. See the Furnishings, Equipment, Materials, and Supplies section below for full details.
- **Outdoor activity guidelines specified:** There is a proposed new section which specifies that programs “must include daily outdoor activities when weather conditions allow,” and would require them to create their own policies and procedures for outdoor activities using local, state, or national guidance. The policies would also need to meet a set of defined minimum standards. For instance, under the recommended legislation a center’s policy would be required to specify that temperature in excess of 100 degrees Fahrenheit accounting for heat index and cold less than 15 degrees Fahrenheit accounting for wind chill are circumstances where outdoor play poses a health and safety risk and define precautions that will be taken if they choose to take children outside in those conditions.

Behavior Guidance

A proposed new behavior guidance section aims to create clearer expectations for providers and align behavior guidance more closely with a positive behavior supports approach by:

- Clearly defining terms such as “redirection,” “separation,” and “persistent unacceptable behavior” in ways that align closely with current child care center practices;
- Adding to the list of prohibited actions to be more comprehensive;
- Describing more clearly what persistent unacceptable behavior is, what documentation is needed when it occurs, and what information should be included in a behavior plan for a child who is demonstrating this kind of behavior; and
- Prohibiting separations/time-outs for infants and toddlers which differs from the current requirement which only prohibits time-outs for children under 16 months.

Furnishings, Equipment, Materials, and Supplies

This section in the proposed licensing standards represents a different approach for what equipment and materials are required for children in a child care center. Whereas Minnesota Rules, chapter 9503 has a prescriptive list of what is needed for each age category, the proposed standards instead would require that there be a minimum number of choices of activities available for children.

In addition, the proposed standards suggest updating the interest area topics (which formerly were in the Child Care Program Plan section) and requires that child care centers offer equipment covering each interest area to ensure a variety of developmentally appropriate materials are available. There are nine interest areas, with examples including “creative arts and crafts” and “early math and science.”

Finally, the proposed standards would allow for equipment to be rotated so long as the required minimum number of choices are available to children.

Special Health Care Needs

Proposed changes to this section include:

- A new requirement that all activities must be designed to include all children unless medically contraindicated or excluded by a child’s Individual Child Care Program Plan (ICCPP),
- Embedding allergy prevention and response requirements into this section (currently in [Minnesota Statutes 2025, section 142B.66](#)), and making them more clearly tied to the ICCPP, and
- A new provision for “temporary physical needs” to allow for license holders to obtain and maintain documentation about temporary needs such as a brace, cast, or helmet with a simplified documentation requirement that does not require the creation of a full ICCPP. The intent is to simplify documentation for these temporary needs.

Exclusion of Sick Children

The proposed exclusion of sick children requirements moves from a fixed set of symptoms or conditions to a more dynamic approach of pointing towards public health guidance from the Minnesota Department of Health (MDH). Specifically, the proposal references the list of MDH reportable disease rules and the MDH guidelines on infectious diseases in child care settings, as the set of illnesses where children must be excluded.

In addition, this section proposes a specific framework for notifications when a child is sick, including parental notification to the center when their child is sick, and center notification to parents when cases of illness arise in the center. Additionally, the proposed language suggests explicit “return to center” criteria.

Health

Changes in this section are intended to reduce administrative burden while retaining core health protections. Changes include:

- **Health consultant visits quarterly:** Health consultant visits would now be required quarterly instead of monthly, with every other visit allowed to be virtual.
- **Clarified expectations for administering external ointments and non-medication products:** The proposed standards modify expectations for items that are applied externally such as sun block or bug spray. Parent permission would still be required to be obtained prior to applying these items, however a

license holder would no longer need to track every time they are applied like they would do with prescription medicine and ingested non-prescription medicine.

- **Documentation of reexamination no longer required.** The requirement for a license holder to obtain an updated report of physical examination at least once each calendar year is proposed to be eliminated.

Attendance Records

The proposed standards would expand the current attendance records requirements for programs that serve children in publicly funded programs under [Minnesota Statutes 2025, section 142B.41, subdivision 10](#), to all licensed child care center programs. Additional attendance tracking at the classroom level is also proposed.

The intent is to improve safety and staff awareness of where children are by knowing which child is in which classroom, particularly if an emergency situation arises.

Cleaning, Sanitizing, and Disinfecting

This section proposes retaining the current definition of clean (free from dirt or other contaminants that can be detected by sight, smell, or touch) and adding:

- Definitions for “sanitizing” and “disinfecting” based on public health guidance, and
- Specific cleaning frequencies for food preparation areas, items that are mouthed or come into contact with bodily fluids, sleeping equipment, toileting areas, and garbage cans and diaper receptacles.

Facility

Proposed changes to this section include:

Fire inspections every 5 years: Currently the state fire marshal is only required to inspect a center for fire safety once prior to initial licensure and upon significant remodeling or changes to the program. To improve fire safety for children and staff in these buildings, the proposed standards now also require license holders to receive fire inspections every 5 years.

An upper limit on room temperature: The proposed standards would require an indoor temperature between 68- and 82-degrees Fahrenheit. The upper limit of 82 degrees would be a new addition to ensure comfortable and safe room temperatures for children.

Greater clarity on outdoor play area safety standards, including new fall zone requirements: The proposed standards include more specificity related to safety for outdoor play areas. They propose that outdoor equipment must have an energy-absorbing fall surface under climbing equipment, swings, and slides. For programs utilizing natural features for outdoor play, any hazardous objects would be required to be removed from the area.

More specific parameters on hazardous objects and equipment condition: There are two new subdivisions proposed which aim to provide greater clarity for a safe program environment: “hazardous objects” provides more parameters on what types of items are considered hazardous objects, and “condition of equipment and furniture” provides parameters on what aspects of furniture or equipment make it unsafe. The aim of these subdivisions is to clarify for licensors and providers when equipment is unsafe or hazardous.

New animals and pest control provisions: There are proposed new subdivisions related to keeping animals in the program and pest control. The proposed animal provisions would require that animals are vaccinated when appropriate, and that parents be notified of animals’ presence in the program and if a child has their skin broken by an animal bite or scratch. The proposed pest control provisions would require that a license holder take steps to eliminate pests if they are found and provides parameters on what kinds of steps must be taken and when parents must be notified.

Environmental Health

To ensure parents have information on potential risks, a new requirement is proposed that would require providers to notify parents if radon testing has been conducted in the program, either at the time of enrollment or within 30 days after any testing is completed. Programs would still be able to choose whether or not to conduct radon testing; however, all license holders would be required to inform parents of their decision using a form prescribed by the commissioner. The form must include information from MDH explaining what radon is and the potential risks associated with radon exposure.

Other changes

Other proposed changes for child care centers not previously described are listed below.

Staff distribution and ratios

- Add language clarifying staff distribution flexibility during nap times for toddlers and preschoolers.

Naps and Rest

- Add more specificity on how to supervise napping infants, including how often to check on them and requirements on the use of baby monitors.
- Add more specific requirements for the use of baby monitors.
- Add language to the “confinement limitation” section to clarify the intent.

Supervision and Risk Reduction

- Add supervision definitions to this section, formerly in the Definitions section.

Children’s Records

- Remove the requirement to collect information about a child’s source of dental care.

- Require only one emergency contact person (other than the child's parent) on file. There is also currently a separate requirement for having additional authorized pick-up contacts, which is distinct from emergency contacts, and not proposed to change.

Food, Drinking Water, and Nutrition

- Update requirements for when food is catered in, such as by requiring the license holder to notify caterers of any child food allergies and requiring catering contracts to be kept on file.
- Update the "prescribed diets" requirement to clarify the distinction between medically prescribed diet procedures (consistent with other special needs using the ICCPP), and cultural/religious diet requests (with written parent instructions).
- Add more specific parameters for infant feeding practices, such as requiring that a provider must ensure infants are held or fed sitting up for bottle feedings.

Transportation

- Add more specific requirements on field trips.
- Clarify the minimum number of staff required when children are being transported by the program. Currently only ratios for transportation provided during field trips is detailed in rule.

Other minor changes

The sections listed below include minor proposed changes. The changes range from technical changes, such as updating cross-references to point to the correct sections within the document, to minor substantive changes. For instance, within the Information for Parents section, there are proposed new requirements to share a nap and rest policy, a use of technology and screen time policy, and an evacuation procedures policy with parents. Such recommendations are aligned with more substantive changes described elsewhere in this report.

The sections with proposed minor changes from existing requirements are:

- Applicability and licensing process
- Options for Child Care Programs
- Night Care Programs
- Drop-in and School-age Care Programs
- Sick Care Programs
- Information for Parents
- Parent Visitation
- Center Administrative Records
- Personnel Records
- Reporting Requirements
- Crib Safety (currently located in Minnesota Statutes, section 142B.45)
- Infant Safe Sleep (currently located in Minnesota Statutes, section 142B.46)

- Maltreatment of Minors Internal Review (currently located in Minnesota Statutes, section 142B.54, subdivision 1)
- Video Security Cameras in Child Care Centers (currently located in Minnesota Statutes, section 142B.68)

Family Child Care Proposed Changes

Definitions

The proposed standards merge definitions from Minnesota Rules, chapter 9502 and Minnesota Statutes, chapter 142B into a single set of definitions, and suggest several changes:

Clarified Definitions: Revise existing definitions to provide greater clarity and consistency.

Updated Terminology: Update some definition titles to reflect current and widely accepted terminology such as “day care” being changed to “child care.”

Relocated Definitions: Consolidate definitions that previously appeared within specific sections into the general definitions section for easier reference and accessibility. For example, the definition of emergency replacement currently appears in [Minnesota Statutes 2025, section 142B.74, subdivision 2](#), but is proposed to move into the definitions section for easier navigation.

New Definitions: Add new definitions to improve clarity and consistency. These include terms that were already used in existing standards without definition, new terms introduced in the proposed language, and commonly used child care terms that benefit from formal definition. For example, “clean” and “disinfect” are commonly used terms within the field that are proposed to have official definitions; “accessible to children” and “inaccessible to children” are phrases used throughout the standards that are proposed to have formal definitions; and “radon testing” is a proposed new term.

Licensing Process

Ineligibility factors

The proposed standards include additional language to address behavior that could pose a risk to children being served in the program. This would give the licensing agency authority to request assessments or documentation to evaluate fitness to provide care — closing a gap in the current rule where certain concerning behaviors might not clearly fall under existing disqualification criteria.

Variances

Variances are proposed to be reviewed and approved by DCYF rather than at the county level, ensuring greater consistency and equity across all 87 counties. With clearer standards and increased licensed capacity and ratios, it is anticipated that fewer variances will be needed under the proposed licensing framework.

Admissions; License Holder Records; Reporting

Parental access

New proposed provisions would explicitly guarantee parents access to their child and the licensed space at any time while their child is in care unless restricted by court order or other legal documentation.

Policies

The list of required written policies is proposed to be simplified and reorganized into three distinct policies: program operations, health and safety, and program environment. Each policy would be required to contain certain criteria listed within each policy. Outdated hard-copy requirements would be removed and replaced with digital access options, reducing paperwork and modernizing compliance.

Social media and image sharing

A new proposed subdivision would establish clear limits on photo, video, and social media use to protect children's privacy, requiring written parental consent, and restricting posting to program-controlled accounts.

Attendance records

The proposed standards would expand the current attendance records requirements for programs that serve children in publicly funded programs under [Minnesota Statutes 2025, section 142B.41, subdivision 10](#), to all family child care programs. All programs would be required to document each child's attendance, including the child's first and last name and the times of drop-off and pick-up. This requirement enhances child safety and provides greater clarity and accountability during agency reviews or investigations.

Licensed Capacity and Ratios

Overnight Care

The proposed standards would establish requirements for programs that provide care overnight, ensuring consistency and safety for children in extended-hour settings.

License Classes

The license class framework is proposed to be modernized to increase flexibility, align terminology, and expand capacity options for family child care programs.

- **Terminology:** References to "group family child care" would be removed to clarify distinctions among license classes and to standardize the term "family child care."
- **Fire code requirement:** the program would need to operate at a level of exit discharge if there are 6 or more children present under the age of 30 months. For C4 license class, the program would always need to operate at the level of exit discharge.
- **Class A:** Requirements would remain unchanged from current rule.

- **Class B:** Would be removed due to expanded capacity options within Class C.
- **Class D:** Would be removed due to expanded capacity options within Class C.
- **Class C:** See chart below.

License Class	Minnesota Rules, chapter 9502	Proposed language	Key change
C1	10 total / 8 under school age / 3 infants & toddlers (max 2 infants) Requires 1 adult caregiver	10 total / 8 under school age / 4 infants & toddlers (max 2 infants) Requires 1 adult caregiver	Allows 1 more infant/toddler
C2	12 total / 10 under school age / 2 infants & toddlers (max 1 infant) Requires 1 adult caregiver	12 total / 10 under school age / 3 infants & toddlers (max 1 infant) Requires 1 adult caregiver	Allows 1 more infant/toddler
C3	14 total / 10 under school age / 4 infants & toddlers (max 3 infants) Requires 2 adult caregivers	14 total / 10 under school age / 6 infants & toddlers (max 4 infants) Requires 2 adult caregivers	Allows 2 more infants/toddlers, 1 more infant maximum
C4 (new)	Non-existent	18 total / 12 under school age / 5 infants & toddlers (max 2 infants) Requires 2 adult caregivers	Adds new highest-capacity class

Caregiver Qualifications

Physical and Behavioral Health

The proposed standards would expand the health requirement from “physically able” to “physically and mentally able” to care for children. Providers would be able to obtain required health documentation from a Physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant (PA), improving access and reducing delays, particularly in rural areas.

Education

The proposed standards would update the list of acceptable credentials that a provider can count towards educational requirements:

- Child Development Associate (CDA) certification,

- Montessori certification from a recognized organization, and
- Bachelor's degree or higher in early childhood education.

Class C4 Additional Requirements

The proposed standards would require all caregivers to complete an additional large-group training developed by the commissioner.

Training Requirements

Organization

The proposed standards would reorganize training requirements into three sections based on caregiver type rather than by training topic. The current structure has caused confusion about which requirements and timelines apply to each role. Based on stakeholder feedback, the proposed organization clarifies expectations by outlining training for:

- applicants, primary providers of care, and second adult caregivers;
- substitute and intermittent caregivers; and
- helpers.

Initial Training Timeline

Caregivers would have up to 24 months, rather than 12 months, to complete initial training before providing care under the proposed standards.

Annual Training Hours

For primary providers of care and second adult caregivers, the annual training requirement is proposed to be reduced from 16 hours to 10 hours.

Helpers Initial Training

The initial training requirement for helpers is proposed to be reduced from six hours to four hours before assisting in care.

Fire Safety Training

The proposed standards would add a new requirement for primary providers of care and second adult caregivers to complete a fire safety training course developed by the State Fire Marshal once every five years.

Behavior Guidance

Written Behavior Policy

The proposed standards would require all programs to develop and implement a written behavior guidance policy and procedures in an effort to promote consistency, accountability, and transparency for both parents

and licensors. Under current rule, programs are only required to discuss behavior guidance methods with parents.

Positive Behavior Promotion

The proposed standards would expand and clarify what constitutes constructive and positive behavior guidance, shifting toward social-emotional skill building and preventive approaches. Programs would be required to include:

- Positive role modeling by caregivers;
- Guidance tailored to each child's developmental level;
- Teaching conflict resolution and coping skills; and
- Use of redirection, now formally defined in statute.

Prohibited Actions

The proposed standards would strengthen and clarify prohibited practices to align with modern child safety and trauma-informed care principles. The newly defined or expanded prohibitions include:

- Forcing a child to maintain an uncomfortable position or repeat movements;
- Punishing a child for not resting, toileting accidents, refusing food, or not completing activities;
- Forcing food or drink upon a child;
- Using mechanical restraints (e.g., tying, or confining a child to equipment such as swings or highchairs);
- Using prone restraint or any unnecessary physical restraint except when necessary to protect a child from harm;
- Administering non-prescribed substances to control behavior; and
- Punishing a child for a parent's actions, such as unpaid fees or lack of materials.

Separation Time

The proposed standards seek to provide clearer direction on when and how separation from the group may be used. The language emphasizes developmentally appropriate, supportive, and non-punitive approaches:

- Children under three may not be separated as a behavior guidance method; and
- Any separation must be brief, supervised, supportive, and never humiliating.

Physical Space Requirements

Fencing

The proposed standards would allow the use of natural barriers or safety plans instead of only permitting fencing if equivalent safety is ensured for children in care.

Water Play

The proposed standards would combine all water-related provisions into one location with clear supervision, parental consent, and safety requirements.

Cleaning, Sanitizing, and Disinfecting

The proposed standards would consolidate and clarify cleaning, sanitizing, and disinfecting requirements through a framework that differentiates between program areas. Providers would be required to follow manufacturer directions and MDH guidance rather than fixed bleach concentrations or rigid procedures. The proposed standards focus on visible or known contamination and high-hazard bodily fluids, creating a more practical, risk-based approach that prioritizes health outcomes over fixed schedules.

Environmental Health

To ensure parents have information on potential risks, a new requirement for providers to notify parents whether radon testing has been conducted in the program, either at the time of enrollment or within 30 days after any testing is completed, is proposed. Programs may choose whether or not to conduct radon testing; however, all license holders must inform parents of their decision using a form prescribed by the commissioner. The form must include information from MDH explaining what radon is and the potential risks associated with radon exposure.

Activities and Equipment

Tummy Time

The proposed standards introduce supervised tummy time while the newborn or infant is awake in an effort to ensure caregivers are supporting newborn and infant development.

Equipment

The proposed standards would clarify required activities and equipment for each age group while offering flexibility for programs to meet children's developmental and cultural needs in creative ways.

Infant Sleep and Crib Requirements

The proposed standards would require caregivers to conduct in-person checks every 20 minutes for infants who are younger than 6 months old once they have been placed in a crib. This is intended to establish clear health, safety, and supervision requirements that reduce the risk of Sudden Unexpected Infant Death, consistent with current requirements under [Minnesota Statutes 2025, section 142B.46](#).

Health Policies and Safety Requirements

Transportation

The proposed standards would expand and clarify the requirements for transporting children. While the current language only requires compliance with seat belt and child passenger restraint laws, the proposed standards specify the types of vehicles that may be used, limiting transportation to permanently enclosed motor vehicles capable of using car seats or buses operated by a common carrier. The proposed language also outlines explicit safety and administrative requirements, including proper use of age and weight appropriate restraints, compliance with manufacturer instructions, use of properly licensed vehicles and drivers, retention of driver's license documentation, written parental permission prior to transport, and a prohibition on leaving children unattended in vehicles. Collectively, these changes would provide clearer expectations for providers and strengthen child safety during transportation.

Pets and Animals

The proposed standards clarify and simplify which pets and animals may be permitted within the program or accessible to children. They would require that all interactions between children and animals be directly supervised by an adult caregiver who remains in close physical proximity and can immediately intervene if a child or animal shows distress, aggression, or inappropriate behavior. The proposed standards also clarify reporting requirements to parents, local authorities, and the licensing agency. Clarification and increased reporting on this topic is in response to an influx in animal bites within family child care settings.

Pest Control

The proposed standards would establish clear pest control requirements emphasizing both prevention measures and appropriate action following the identification of pests.

Firearms

The proposed standards would add a requirement that license holders must notify parents of the presence of firearms. This requirement would not compel license holders to share the type of firearms present, provide access codes, or disclose where firearms are stored—only to inform parents of their presence. The intent of this proposed provision is to ensure transparency so parents can make informed decisions about their child's care environment.

Food and Nutrition

Breastmilk

The proposed licensing standards introduce and clarify requirements for the safe handling and use of breast milk and formula, including requiring proper thawing techniques to maintain nutritional integrity and clear instructions for the storage and disposal of unused thawed milk.

Milk Alternatives

The proposed standards would allow for the use of milk alternatives for children who require them, providing flexibility to accommodate individual dietary needs.

Balanced Meals

The proposed licensing standards clarify what constitutes “well-balanced meals and snacks.” All providers would be required to meet the same [nutritional standards](#) used by the Child and Adult Care Food Program (CACFP), ensuring consistency in meal quality regardless of program participation. Meals and snacks brought from home would continue to be required to be labeled with the child’s name.

Special Health Care Needs or Disabilities

The proposed standards would expand and clarify requirements to better support children with disabilities or special health care needs. The language proposes modernizing terminology, shifting from “children with disabilities” to a more inclusive framework that recognizes medical, behavioral, and developmental needs. It introduces expectations that all program activities be inclusive unless a specific medical contraindication exists and would require caregivers to demonstrate how each child’s needs are being met. New provisions would also establish clear allergy management procedures, including required documentation on a commissioner-prescribed form, annual review, and emergency response steps when epinephrine is administered. These updates would improve clarity, health coordination, and consistency with current child health and safety practices.

Community-based Family Child Care

Formerly named “special family child care,” the proposed standards would update the name and simplify requirements for nonresidential family child care programs. These programs would be able to serve up to 18 children (currently they are able to serve 14 children) while following family child care standards that preserve a home-like environment. The proposed standards combine several complex provisions into one clear section, making it easier for employers, nonprofits, and community organizations to operate community-based family child care programs.

Programs operating longer hours would be able to designate multiple primary providers, and training and background study requirements would be consistent for all caregivers. A new commissioner-developed program plan would replace multiple existing documentation requirements, reducing paperwork and improving consistency.

Sections with no significant changes

- Licensing of Facilities
- Agency Records
- Reporting to Agency
- Substitute Caregivers and Replacements

Implementation

An effective date of no earlier than July 1, 2027, is recommended for implementation of the proposed standards. This timeline reflects the significant amount of effort required to prepare state systems, providers, licensors, and families for the transition.

Implementation would include the development of interpretive guidance for both child care centers and family child care to ensure consistent understanding and application of new standards. In parallel, DCYF must prepare providers, licensors, and county partners through targeted training and communication that is accessible and user-friendly.

Forms, documents, and training materials—translated into multiple languages where appropriate— must also be updated to ensure accessibility for all providers and families. This would include the development of a new Child Care Licensing Basics training that would be required for all new child care center program staff.

Additionally, information technology systems and business practices will need to be updated to support new requirements. The technologies which underlie the state’s child care licensing system will need to be updated to align with any new requirements, including any new functionality that needs to be developed. On the business side, new processes will need to be established within DCYF to align with the new requirements and interpretive guidance. This will include coordinating with the State Fire Marshal to implement the new fire safety provisions, and coordinating with MDH to support implementation of the radon testing disclosure requirements.

Section 2: Weighted Risk System

The Child Care Weighted Risk System was passed into law during the 2024 legislative session ([Laws of Minnesota 2024, 1st Regular Session, chapter 115, article 15, section 1](#)). During the 2025 legislative session, the Legislature directed that implementation of the family child care Weighted Risk System could not begin any earlier than January 1, 2027 ([Laws of Minnesota 2025, 1st Special Session, chapter 3, article 13, section 15](#)).

DCYF intends to implement the Weighted Risk System in conjunction with the revised licensing standards if they are adopted. However, the Weighted Risk System may also be implemented using the current licensing standards, once the necessary information technology infrastructure is in place. The Weighted Risk System will guide how licensors document items of non-compliance and how those non-compliances are communicated to families, either as documented technical assistance (low-risk), a correction order (medium-risk), or a possible licensing action above a correction order (high-risk) violation.

The Weighted Risk System assigns a numerical score, or weight, to each licensing regulation for both child care centers and family child care. Weights range from 1.00-10.00, where 1 represents “almost no risk” and 10 represents “certain risk.” By assigning weights, a quantifiable, objective, and stakeholder-supported method to measure the potential impact on children if a regulation is violated has been developed.

The Weighted Risk System creates a clear and consistent framework for providers, licensors, and parents across Minnesota in understanding how violations are categorized and how they can be addressed.

Stakeholder Engagement

Stakeholder engagement for this system began in summer of 2022. DHS and National Association for Regulatory Administration (NARA) staff held engagement opportunities that took place over a period of eight weeks with 13 separate sessions presented. Each two-hour session began with background on child care licensing in Minnesota and the modernization effort. Participants were then asked to consider two questions:

1. What are the most important standards for protecting the health and safety of children being served?
2. What factors should we consider when determining the severity of a violation?

During these sessions, providers and licensing staff generally agreed on which rules pose the greatest risk to children if not followed. These included standards ensuring that caregivers are safe and well trained, environments are free of hazards with safe equipment, and supervision is adequate and active. Participants also agreed that violations with the potential to cause serious physical harm should be treated more severely than those unlikely to directly harm a child.

Providers emphasized that the intent behind a violation should also be considered—distinguishing between intentional harm and accidental noncompliance that still resulted in injury. Additional findings and analysis are available in the [Risk-Based Violation System Report](#).

In spring 2023, NARA and DHS conducted an online assessment to assign numerical weights to each licensing standard. Child care providers, licensors, parents, and early childhood organizations participated, with 1,295 FCC respondents and 999 CCC respondents. More detail on respondent demographics and regulation distribution is available in the [FCC Weighted Risk System Quick Facts](#) and [CCC Weighted Risk System Quick Facts](#) documents.

Work Completed

Based on the engagement completed in 2022 and 2023, each licensing standard has been assigned a weight between 1.0 and 10.0. In general:

- **Low-risk** violations will be weights that fall below 5.0. These will be recorded in the Electronic Licensing Inspection Checklist Information (ELICI) tool as documented technical assistance. These may result in correction orders but will appear on Licensing Information Lookup (LIL) as required by the federal regulation [45 CFR 98.33](#). Repeat violations within two years may not be eligible for documented technical assistance to discourage chronic non-compliance with “low-risk” licensing standards.
- **Medium-risk** violations will result in correction orders. For CCC, this range is 5.00–8.4; for FCC, 5.00–7.99.

- **High-risk** violations may result in additional licensing actions such as fines, conditional licenses, temporary immediate suspensions, suspensions, or revocations. These standards represent the top 10 percent of highest-weighted regulations for each service type. For CCC, this range is 8.5–10.00; for FCC, 8.00–10.00.

The Weighted Risk System will also:

- Replace the current “fix-it ticket” process with documented technical assistance, increasing the number of regulations eligible for this process from 15 to 44 for CCC and from 28 to 63 for FCC.
- Identify additional regulations to be measured during abbreviated inspections. In addition to the regulations most closely associated with overall compliance, compliance with the “high-risk” regulations will also be measured during abbreviated inspections. This will provide another layer of protection for children in care.
- Inform decisions about licensing actions. When one or more licensing violations are identified, DCYF must consider the “nature, chronicity, or severity” of the violation(s) when determining what action is most appropriate. When regulations are not weighted, decisions about licensing actions are dependent on experience and past practices in similar situations. The Weighted Risk System would establish a consistent and equitable approach to such decisions while still respecting the fact that the circumstances surrounding any noncompliance are unique.

Implementation

It is recommended that the Weighted Risk System be implemented alongside any changes to licensing standards so that providers, licensors, and families experience one aligned system rather than two different systems in sequence. In addition, during the 2025 legislative session, the Family Child Care Regulation Modernization law was amended to state that the Weighted Risk System “must not be implemented any earlier than January 1, 2027” for FCC ([Laws of Minnesota 2025, 1st Special Session, chapter 3, article 13, section 15](#)).

Implementation of the Weighted Risk System requires:

- **Embedding weights into licensing practice.** New weights would need to be assigned to the new licensing standards once they are adopted. The weights assigned to each standard will be integrated into inspection tools, including the ELICI tool. Licensors will document violations using the categories of low, medium, and high-risk, which would drive whether the appropriate response is documented technical assistance, a correction order, or a higher-level licensing action.
- **Public communication to families.** Licensing Information Lookup (LIL) will display violations using this shared risk language. Families will not only see that a violation occurred; they will also be able to understand whether it was low, medium, or high-risk based on the potential impact to children’s health and safety.
- **Training and guidance.** Prior to the effective date of changes to the licensing standards, training and technical assistance will be provided to licensors, providers, and other stakeholders on how the

weighting works and how it will affect inspection outcomes, corrective actions, and enforcement decisions.

Section 3: Abbreviated Inspections

Abbreviated inspections are shortened licensing inspections that review a subset of licensing standards, organized into four categories:

- **Key indicators** – Standards that statistically predict compliance with the full set of regulations, identified through analysis of prior annual licensing inspections in Minnesota.
- **High-risk rules** – Standards that, if violated, pose increased risk of harm to children. These were identified through stakeholder input by the Weighted Risk System assessment which was completed in Spring 2023.
- **Supplementary rules** – Standards that must be monitored annually to fulfill federal requirements.
- **Random rules** – A set of five standards randomly generated for each inspection that do not fall within the other categories.

This framework for abbreviated inspections was developed in collaboration with NARA, which pioneered the “key indicator” statistical methodology.

Providers must meet specific eligibility criteria to qualify for an abbreviated inspection. These criteria were shaped by stakeholder input and remain under development. Categories under consideration include compliance history with key indicators and “high-risk” rules, substantiated maltreatment findings, years licensed, and past licensing actions. DCYF aims for more than 50% of child care center and family child care programs to be eligible for abbreviated inspections. To see a summary of stakeholder input and the types of criteria being considered, see the [Eligibility Criteria Stakeholder Report](#).

Stakeholder Engagement

Five engagement sessions were held in Fall 2022: four with community stakeholders—including providers, county licensors, parents, guardians, and early childhood representatives—and one with DHS licensing staff. Sessions included background on key indicator systems and abbreviated inspections, followed by a survey to gather feedback on potential eligibility criteria.

Two criteria consistently ranked as most important across all stakeholder groups: noncompliance with key indicators or high-risk rules during the past year or most recent inspection; and whether a provider is under investigation by an enforcement authority. Conversely, two criteria consistently ranked as low priority: continuity of program operations and years at the current location. Other criteria showed differences in prioritization depending on stakeholder group. For example, some ranked higher among those working with child care centers, while others were more strongly supported among family child care stakeholders. Additional detail is available in the [Eligibility Criteria Stakeholder Report](#).

Work Completed

Through the Weighted Risk System engagement process, the “high-risk” rules for CCC and FCC were identified. In partnership with NARA, the key indicators for both service types were also determined. Policy and procedure development has been initiated but is currently paused while the revised licensing standards are prioritized.

Implementation

Abbreviated inspections will be implemented after any licensing standards changes and the Weighted Risk System are fully implemented. This approach allows license holders time to adapt to the new licensing standards and weighted risk model, and for the key indicators to be re-generated, since they are determined based on a statistical analysis of historical licensing inspection data. If new changes to licensing standards are adopted, more data would need to be generated over time before the key indicators can be established. Once new key indicators are determined, DCYF would need to communicate these changes and train licensors and providers on the inspection process.

Conclusion

The Child Care Regulation Modernization project has made substantial progress in developing three core components: the proposed revised licensing standards, the Weighted Risk System, and abbreviated inspections. This work has been guided by the requirement in law that the recommendations be child-centered, family-friendly, fair to providers, and protect the health and safety of children. Each recommendation was shaped by extensive stakeholder input, informed by current research, national industry standards, and grounded in health and safety.

The proposed licensing standards promote more child-centered environments through updated behavior guidance requirements that emphasize developmentally appropriate, positive behavior supports that reflect what is now known about healthy child development. Family-friendly requirements, such as disclosure of radon testing and results, help parents make informed decisions about their child’s care. The proposed standards also seek to balance these elements with fairness to providers. Some requirements have been strengthened—such as adding fire safety training for family child care providers—while others have been made more flexible—such as expanding capacity for infants and toddlers in certain license classes.

The Weighted Risk System and abbreviated inspections components of the project complement these updates by improving oversight efficiency and consistency. The Weighted Risk System assigns each licensing standard a category of low, medium, or high-risk, ensuring that violations are addressed proportionally and consistently across licensors and programs. Abbreviated inspections will allow for shorter visits for providers in good standing, reducing administrative burden while maintaining necessary oversight and accountability.

Together, these initiatives create a modern, coherent, and transparent licensing system. With extensive statewide engagement and collaboration as its foundation, the recommendations in this report are intended to strengthen child safety, support provider success, and enhance family trust in Minnesota's child care programs.

Appendix A – Proposed child care center licensing standards

Section 1. [142H.01] Definitions

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

Subd. 2. **Accessible to children.** "Accessible to children" means capable of being reached or utilized by a child.

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

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

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

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

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

Subd. 5. **Applicant.** "Applicant" has the meaning given in section 142B.01, subdivision 4.

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

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

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

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

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

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

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

Subd. 13. **Commissioner.** "Commissioner" means the commissioner of children, youth, and families.

Subd. 14. **Department.** "Department" means the Department of Children, Youth, and Families.

Subd. 15. **Direct contact.** "Direct contact" has the meaning given in section 245C.02, subdivision 11.

Subd. 16. **Disinfected.** "Disinfected" means the chemical process to kill most germs and viruses on surfaces and objects after they have been cleaned.

Subd. 17. **Drop-in child care program.** "Drop-in child care program" means a nonresidential program of child care in which children participate on a onetime only or occasional basis up to a maximum of 90 hours per child, per month.

Subd. 18. **Experience.** "Experience" means paid or unpaid employment:

- (1) caring for children as a teacher, assistant teacher, aide, or student intern:
 - (i) in a licensed child care center, a licensed family child care program, or a Tribally licensed child care program in any United States state or territory; or
 - (ii) in a public or nonpublic school;
- (2) caring for children as a staff person or unsupervised volunteer in a certified license-exempt child care center under chapter 142C; or
- (3) providing direct contact services in a home or residential facility serving children with disabilities that requires a background study under section 245C.03.

Subd. 19. **Facility.** "Facility" means the indoor and outdoor space where a child care program is provided.

Subd. 20. **Fire marshal.** "Fire marshal" means the person designated by section 299F.011 to administer and enforce the State Fire Code or the fire marshal's authorized representative.

Subd. 21. **Health consultant.** "Health consultant" means a registered nurse, a public health nurse, or a health care provider as defined in subdivision 22 who performs health consultation services for a child care center pursuant to section 142H.29, subdivision 2.

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

Subd. 23. **Inaccessible to children.** "Inaccessible to children" means unable to be reached or used by a child without adult assistance.

Subd. 24. **License.** "License" has the meaning given in section 142B.01, subdivision 16.

Subd. 25. **License holder.** "License holder" has the meaning given in section 142B.01, subdivision 17.

Subd. 26. **Licensed capacity.** "Licensed capacity" means the maximum number of children permitted at any one time in the program for which the license holder is licensed to operate.

Subd. 27. **Medication.** "Medication" means any substance or preparation that is used to prevent or treat a wound, injury, infection, and disease; maintain health; heal; or relieve pain. This includes medication that is over the counter, or prescribed by a physician, physician assistant, dentist, or advance practice registered nurse certified to prescribe medication, and permitted by the parent for administration or application. This term applies to medication taken internally or applied externally.

Subd. 28. **Parent.** "Parent" means the person or persons who has the legal responsibility for a child such as the child's mother, father, or legally appointed guardian.

Subd. 29. **Program staff person.** "Program staff person" means an employee of the child care center who carries out the child care program plan and has direct contact with children. This includes unsupervised volunteers and substitutes.

Subd. 30. **Staff supervision.** "Staff supervision" means responsibility to hire, train, assign duties, and direct staff in day-to-day activities and evaluate staff performance. A "supervisor" is a person with staff supervision responsibility.

Subd. 31. **State Building Code.** "State Building Code" means the codes and regulations adopted by the commissioner of the administration according to section 326B.101, and contained in Minnesota Rules, chapter 1300.

Subd. 32. **State Fire Code.** "State Fire Code" means the codes and regulations adopted by the state fire marshal pursuant to section 299F.011, and contained in Minnesota Rules, chapter 7511.

Subd. 33. **Student intern.** "Student intern" means a student of a postsecondary institution assigned by that institution for a supervised experience with children. The experience must be in a licensed center, an elementary school operated by the commissioner of education or a legally constituted local school board, or a private school approved under rules administered by the commissioner of education. Student intern includes a person who is practicing teaching, student teaching, or carrying out a practicum or internship.

Subd. 34. **Substitute.** "Substitute" means a person who is temporarily filling a position as a director, teacher, assistant teacher, or aide in a licensed child care center for less than 500 hours total in a calendar year due to the absence of a regularly employed program staff person.

Subd. 35. **Supervision of children.** "Supervision of children" means when a program staff person:

- (1) is accountable for the child's care;
- (2) is able to intervene to protect the health and safety of the child; and

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

Subd. 36. Variance. "Variance" means written permission by the commissioner for a license holder or applicant to depart from the provisions of a requirement in this chapter pursuant to section 142B.10, subdivision 16.

Subd. 37. Volunteer. "Volunteer" means an individual who assists in the care of a child and is not employed by the child care center.

Sec. 2. [142H.02] Applicability and licensing process

- (a) No child care center, as defined in section 142H.01, subdivision 8, may operate in Minnesota without a license pursuant to this chapter and chapter 142B. An applicant for a license and the license holder shall be governed by, and must comply with, the general requirements in this chapter and chapters 142B, 245C, and 260E.
- (b) The department may grant variances to the requirements in this chapter if the conditions in section 142B.10, subdivision 16, are met.

Sec. 3. [142H.03] Operating options

Subdivision 1. Program type. A license holder must operate a day program, drop-in child care program, night care program, sick child care program, or a combination of two or more kinds of programs.

Subd. 2. Definitions. (a) For the purposes of this section, the terms in this subdivision have the meanings given.

- (b) "Day program" means a nonresidential child care program that operates during waking hours and does not provide overnight care.
- (c) "Drop-in child care program" has the meaning given in section 142H.01, subdivision 17. Drop-in child care is subject to the requirements in section 142H.17.
- (d) "Night care program" means a nonresidential child care program that provides overnight care to children during sleeping hours, approximately 11:00 p.m. to 5:00 a.m. Night care is subject to the requirements in section 142H.16.
- (e) "Sick care program" means a nonresidential child care program that exclusively cares for sick children. Sick child care is subject to the requirements in section 142H.19.

Sec. 4. [142H.04] Policies and procedures for program administration

- (a) The license holder shall maintain and enforce program policies and procedures necessary to comply with licensing requirements under Minnesota Statutes and Minnesota Rules.
- (b) The license holder shall:

- (1) provide training to employees and volunteers related to their duties in implementing the program's policies and procedures developed under paragraph (a);
- (2) document the provision of this training; and
- (3) monitor implementation of policies and procedures by employees and volunteers.

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

Sec. 5. [142H.05] Directors

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

- (b) A director must:
 - (1) be at least 21 years old;
 - (2) be a graduate of a high school or hold an equivalent diploma attained through successful completion of the commissioner of education-selected high school equivalency test pursuant to section 124D.549;
 - (3) have at least 1,040 hours of paid or unpaid staff supervision experience; and
 - (4) have at least 12 semester credits in accredited coursework in postsecondary child development education, supervision, management, administration, or leadership or 120 hours of training earned in the topics of child development, supervision, management, administration, or leadership.
- (c) Paragraph (b), clauses (3) and (4), are satisfied if an individual has completed a Minnesota Association for the Education of Young Children early childhood director's credential; Child Care Aware Minnesota director's credential; Montessori administrator credential; or diploma issued by the American Montessori Society, Association Montessori International, or an institution accredited by the Montessori Accreditation Council for Teacher Education.

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

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

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

Sec. 6. [142H.06] Teachers

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

- (1) be at least 18 years old; and
- (2) be a graduate of a high school or hold an equivalent diploma attained through successful completion of the commissioner of education-selected high school equivalency test.

Subd. 2. **Teacher education and experience requirements.** In addition to the general requirements in subdivision 1, a teacher must have:

- (1) at least 12 postsecondary semester credits and 480 hours of experience;
- (2) attended at least 100 hours of commissioner-approved training within the previous five years and 480 hours of experience. After initial qualification, a teacher qualified under this clause must fulfill at least 50 percent of in-service training requirements under section 142H.09, subdivision 10, with commissioner-approved trainings;
- (3) a credential or diploma from the American Montessori Society, Association Montessori International, or an institution accredited by the Montessori Accreditation Council for Teacher Education;
- (4) an accredited certificate in child development or early childhood education from a postsecondary institution;
- (5) an accredited diploma, associate's degree, or bachelor's degree in child development or early childhood education from a postsecondary institution; or
- (6) a Child Development Associate (CDA) credential.

Sec. 7. [142H.07] Assistant teachers

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

- (1) at least 18 years old; and
- (2) a graduate of a high school or hold an equivalent diploma attained through successful completion of the commissioner of education-selected high school equivalency test.

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

- (1) at least six postsecondary semester credits;

- (2) attended at least 50 hours of commissioner-approved training within the previous five years. After initial qualification, an assistant teacher qualified under this clause must fulfill at least 50 percent of in-service training requirements under section 142H.09, subdivision 10, with commissioner-approved trainings; or
- (3) at least 160 hours of experience and be making progress toward any of the teacher qualifications in section 142H.06, subdivision 2, clauses (3) to (6). An individual qualified under this clause must be able to provide:
 - (i) documentation of current enrollment; and
 - (ii) evidence of working toward the successful completion of the credential.

Sec. 8. [142H.08] Aides, volunteers, and substitutes

Subdivision 1. Aide qualifications. (a) An aide must work under the supervision of a teacher or assistant teacher, except when performing the tasks in paragraph (b). An aide must be used pursuant to the staff distribution requirements in section 142H.10, subdivision 2.

- (b) An aide may work without being supervised by a teacher or assistant teacher when they are assisting with the supervision of sleeping children; assisting children with washing, toileting, and diapering; or accompanying children to and from the bus stop.
- (c) An aide must be at least 16 years old.

Subd. 2. Volunteers. (a) A volunteer who is included in the staff-to-child ratio must meet the requirements for the assigned staff position in subdivision 1 and sections 142H.06 and 142H.07.

- (b) The license holder must maintain a list of all volunteers with relevant information, including first and last name, whether the volunteer must be supervised at all times or may occasionally be unsupervised, and the first date of direct contact with children.
- (c) Unsupervised volunteers must successfully complete training as required in section 142H.09.
- (d) Supervised volunteers must successfully complete the training required in section 142H.09, subdivision 7.

Subd. 3. Substitutes. (a) A substitute must meet the requirements for the assigned staff position in subdivision 1 or section 142H.06 or 142H.07, or may be designated as an unqualified substitute if:

- (1) a qualified teacher is continuously on site, except as provided in section 142H.10, subdivision 2, paragraph (d);
- (2) when substituting as a teacher or assistant teacher, the unqualified substitute is aware of their designated staffing position; and

- (3) the unqualified substitute is at least 18 years of age.
- (b) All substitutes must successfully complete the required training under section 142H.09.

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

- (b) In a calendar year, a license holder must not use unqualified substitutes more than 60 hours multiplied by the number of the center's classrooms.
- (c) A license holder must maintain a log of the use of unqualified substitutes in the center administrative record for review by the commissioner. The log must be on a form prescribed by the commissioner.

Sec. 9. [142H.09] Staff orientation and training

Subdivision 1. Orientation and child care licensing basics training. (a) Program staff persons must complete orientation training before providing direct contact services to a child.

(b) Any program staff person hired after July 1, 2027, must complete child care licensing basics training within 90 days after the first date of direct contact with a child, unless the person has completed the training within the previous two years.

Subd. 2. Orientation training content. (a) The orientation training must include the following topics:

- (1) abusive head trauma for staff working with a child under school age pursuant to subdivision 8;
- (2) the center's policy on administration of medication pursuant to section 142H.29, subdivision 5;
- (3) the center's policy on allergy prevention and response pursuant to section 142H.15, subdivision 5;
- (4) the center's policy on behavior guidance pursuant to section 142H.13;
- (5) child passenger restraint systems pursuant to subdivision 9;
- (6) the center's child care program plan pursuant to section 142H.11;
- (7) the center's policy on cleaning, sanitizing, and disinfecting pursuant to section 142H.31;
- (8) the center's emergency preparedness plan and procedures pursuant to section 142H.23, subdivision 1;
- (9) procedures for the handling and disposal of bodily fluids pursuant to section 142H.29, subdivision 10;
- (10) the center's emergency and accident policies pursuant to section 142H.23, subdivision 2;
- (11) the center's health policies pursuant to section 142H.29;

- (12) individual child care program plan or plans pursuant to section 142H.15, if applicable;
- (13) job responsibilities specific to the individual's position at the center;
- (14) prevention and control of infectious diseases pursuant to section 142H.18;
- (15) the center's policy on research, cameras, and social media participation procedures pursuant to section 142H.22;
- (16) the center's policy on the use of alcohol, drugs, and tobacco products pursuant to section 142B.10, subdivision 1, paragraph (c);
- (17) recognition and reporting of maltreatment, abuse and neglect pursuant to chapter 260E;
- (18) the center's risk reduction plan pursuant to section 142H.24;
- (19) reduction of risk of sudden unexpected infant death pursuant to the requirements of subdivision 7 and section 142B.46; and
- (20) transportation and field trip safety procedures pursuant to section 142H.33.

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

Subd. 3. Child care basics training content. Child care basics training covers information on effectively working in a child care center setting in Minnesota. Child care basics training must be developed and updated by the commissioner. Child care basics training may be used to meet in-service training requirements.

Subd. 4. Child development and learning training. (a) Program staff persons must complete at least two hours of child development and learning training within 90 days after the first date of direct contact with a child and every two calendar years thereafter. For the purposes of this subdivision, "child development and learning training" means any training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community.

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

- (1) has taken a three-credit college course on early childhood development within the past five years;
- (2) has received a bachelor's or master's degree in early childhood education or school-age child care within the past five years;
- (3) is licensed in Minnesota as a prekindergarten teacher, an early childhood educator, a kindergarten to sixth grade teacher with a prekindergarten specialty, an early childhood special education teacher, or an elementary teacher with a kindergarten endorsement; or
- (4) has received a bachelor's degree with a Montessori certificate or diploma issued by American Montessori Society, Association Montessori International, or an institution accredited by the Montessori Accreditation Council for Teacher Education within the past five years.

Subd. 5. Pediatric first aid. (a) Before caring for a child, a program staff person must satisfactorily complete pediatric first aid. Pediatric first aid training completed within the previous two calendar years meets this requirement.

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

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

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

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

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

Subd. 6. Pediatric cardiopulmonary resuscitation. (a) Before caring for a child, a program staff person must satisfactorily complete pediatric cardiopulmonary resuscitation (CPR) training, including CPR techniques for infants and children and the treatment of obstructed airways. Pediatric CPR training completed within the previous two calendar years meets this requirement.

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

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

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

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

- (2) using nationally recognized, evidence-based guidelines for pediatric CPR training.
- (e) Pediatric CPR training must not be used to meet in-service training requirements under subdivision 10.

Subd. 7. Sudden unexpected infant death training. (a) Before caring for infants, program staff persons and volunteers must receive training on the standards under section 142B.46 and on reducing the risk of sudden unexpected infant death during orientation and each calendar year thereafter.

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

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

Subd. 8. Abusive head trauma training. (a) Before caring for children under school age, a program staff person must receive training on the risk of abusive head trauma during orientation and each calendar year thereafter.

(b) Abusive head trauma training under this subdivision must be at least one-half hour in length and include at minimum the risk factors related to shaking infants and young children, methods of reducing the risk of abusive head trauma in child care, and license holder communication with parents regarding reducing the risk of abusive head trauma.

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

Subd. 9. Child passenger restraint systems; training requirement. (a) Before a license holder transports a child or children under age nine in a motor vehicle, the person placing the child or children in a passenger restraint must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles.

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

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

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

Subd. 10. In-service training requirements. (a) A license holder must ensure that program staff persons complete in-service training.

- (b) In-service training completed within the past 12 months by a program staff person that is not specific to a child care center is transferable upon the program staff person's change in employment to another child care program. The program staff person must provide documentation of the completed training to the new child care program.
- (c) All program staff persons, except substitutes and unsupervised volunteers, who work more than 20 hours per week must complete at least 20 hours of in-service training each calendar year.
- (d) All program staff persons, except substitutes and unsupervised volunteers, who work 20 hours or less per week must complete at least ten hours of in-service training each calendar year.
- (e) Substitutes and unsupervised volunteers must complete a minimum of two hours of training each calendar year and the training must include the topics identified under subdivision 11.
- (f) The number of in-service training hours may be prorated for center directors and program staff persons not employed for an entire year.
- (g) Pediatric first aid and pediatric CPR training must not be used to meet in-service training requirements.

Subd. 11. In-service content. (a) Each calendar year, in-service training must include the following:

- (1) abusive head trauma training of at least one-half hour duration for individuals working with a child under school age pursuant to subdivision 8;
- (2) the center policies and procedures for maintaining health and safety, including:
 - (i) allergy prevention and response training pursuant to section 142H.15, subdivision 5;
 - (ii) emergency preparedness and procedures pursuant to section 142H.23, subdivision 1;
 - (iii) handling emergencies, accidents, incidents, and injuries pursuant to section 142H.23, subdivision 2; and
 - (iv) handling and disposal of bodily fluids pursuant to section 142H.29, subdivision 10;
- (3) maltreatment, abuse, and neglect reporting pursuant to chapter 260E;
- (4) reduction of risk of sudden unexpected infant death training of at least one-half hour duration for individuals working with infants pursuant to the requirements of subdivision 7 and section 142B.46;
- (5) a risk reduction plan pursuant to section 142H.24;
- (6) the center policies and procedures on behavior guidance pursuant to section 142H.13; and
- (7) the center policies and procedures on supervision pursuant to section 142H.24.

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

- (1) child development and learning pursuant to subdivision 4;
- (2) at least one hour on cultural awareness and inclusion;
- (3) pediatric first aid that meets the requirements of subdivision 5;
- (4) pediatric cardiopulmonary resuscitation training that meets the requirements of subdivision 5; and
- (5) at least one hour on identifying and supporting children with special needs.

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

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

Subd. 12. Documentation required. (a) The license holder must document completed training for program staff persons in a manner prescribed by the commissioner.

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

Sec. 10. [142H.10] Staff ratios, group size, and staff distribution

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

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

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

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

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

(b) Only a program staff person can be included in meeting the staff-to-child ratios in this section.

(c) An aide must not work alone with a child unless the aide is performing certain duties as specified in section 142H.08, subdivision 1, paragraph (b).

(d) An assistant teacher or an aide may be substituted for a teacher during arrival and departure times if the total arrival and departure time does not exceed 25 percent of the center's daily hours of operation. For an aide to be substituted for a teacher under this subdivision, the aide must:

- (1) be 18 years of age or older;
- (2) have been employed by the child care center for a minimum of 30 days; and
- (3) have completed the training required under section 142H.09, including orientation and the training required within the first 90 days of the first date of direct contact with a child.

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

- (1) the first staff member needed to meet the required staff child ratio must be a teacher;
- (2) The second staff member must have at least the qualifications of an aide;
- (3) the third staff member must have at least the qualifications of an assistant teacher; and
- (4) the fourth staff member must have at least the qualifications of an aide.

(f) A volunteer who is included in the staff-to-child ratio must meet the requirements for the assigned staff position in sections 142H.06 to 142H.08.

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

Subd. 3. Age category grouping. (a) Each center must specify arrival and departure times of the day in their program's policies. Children in different age categories may be grouped according to paragraphs (b) and (c).

(b) During arrival and departure times, not to exceed 25 percent of the licensed hours of operation for the center, children in different age categories may be grouped together if:

- (1) the staff-to-child ratio, group size, and staff distribution applied are for the age category of the youngest child present; and
- (2) the group is divided when the number of children present reaches the maximum group size of the youngest child present.

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

- (1) infants are not grouped with children of other age categories;
- (2) there is no more than a 36-month range in age among children in a group, unless all children in the group are school age; and
- (3) the staff-to-child ratios, group size, and staff distribution applied are for the youngest child present.

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

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

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

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

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

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

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

(c) When a transitioning child is with their new class, the staff-to-child ratios for the age group of that class apply and are not changed by the transitioning child.

Sec. 11. [142H.11] Child care program plan and activities

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

- (1) include a statement mandating that children are supervised at all times as defined in section 142H.01, subdivision 35, and pursuant to the requirements of section 142H.24, subdivision 1;
- (2) specify the age categories and number of children to be served by the program;
- (3) specify the days and hours of operation of the program;
- (4) describe the general educational methods to be used by the program and the religious, political, or philosophical basis, if any;
- (5) be developed and evaluated in writing each calendar year by a program staff person qualified as a teacher or director under sections 142H.05 and 142H.06. Documentation of the evaluation, the date of the evaluation, and the signature of the teacher or director completing the evaluation must be maintained in the center administrative records;
- (6) specify planned activities designed to support and nurture the whole child in all areas of the development and learning of the child, including but not limited to the following: intellectual, social, emotional, and physical development. The activities must be in a manner consistent with the cultural and ethnic backgrounds of a child, as feasible;
- (7) specify that the intellectual, social, emotional, and physical development of each child be documented in the record of the child and conveyed to the parent during the conferences specified under section 142H.20, subdivision 2;
- (8) include a daily schedule of planned indoor and outdoor activities for each age category served;
- (9) specify activities that are both quiet and active, teacher directed and child initiated;
- (10) specify a variety of activities that require the use of varied equipment and materials;
- (11) include a schedule if equipment is rotated between groups of children;
- (12) describe use of technology and screen time for each age category; and
- (13) be available to a parent for review upon request.

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

(b) The applicant must develop a written outdoor weather and activity policy. The license holder must ensure that the policies and procedures are carried out. The policies and procedures must incorporate guidance from national, state, or local authorities in public health and at a minimum require the provider to consider the following conditions when determining if outdoor play poses a health and safety risk:

- (1) heat in excess of 100 degrees Fahrenheit accounting for heat index, or pursuant to advice of the local authority;
- (2) cold less than 15 degrees Fahrenheit accounting for wind chill, or pursuant to advice of the local authority;
- (3) extreme weather, including but not limited to a lightning storm, blizzard, tornado, or flooding;
- (4) an air quality emergency order by a local or state authority on air quality or public health; or
- (5) a lockdown notification ordered by a public safety authority.

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

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

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

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

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

Sec. 12. [142H.12] Naps and rest

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

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

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

- (b) Nap and rest time must be in accordance with the developmental needs of the child.
- (c) Nap and rest areas must be lighted to allow for visual supervision of all children at all times.
- (d) Evacuation routes must not be blocked by resting or napping children. Each child must have a free and direct means of escape, and the staff must have a clear path to each resting child, including full access to at least one long side of a crib, cot, or mat.
- (e) A crib that meets the safety requirements of section 142B.45 must be provided for each infant for whom the center is licensed to provide care.
- (f) The license holder must follow the infant safe sleep requirements under section 142B.46.
- (g) Cribs, cots, and mats must be placed directly on the floor and must not be stacked when in use.

Subd. 4. **Monitoring napping infants.** (a) An infant must be supervised as defined in section 142H.01, subdivision 35, and pursuant to section 142H.24, subdivision 1, paragraph (b).

- (b) Staff must conduct in-person checks of the sleeping infant every 15 minutes.
- (c) When a baby monitor or other mechanical equipment is used to hear or see infants during sleep, the monitoring equipment must be:
 - (1) able to pick up the sounds of all infants in the separate room;
 - (2) actively monitored by program staff at all times; and
 - (3) checked daily prior to use to ensure it is working correctly. If equipment is malfunctioning, a program staff person must put in place an alternate means of supervision until the equipment can be fixed.

Subd. 5. **Confinement limitation.** A child who has completed a nap or rested quietly for 30 minutes must not be required to remain on a cot, mat, or in a crib. Any child who does not fall asleep during a designated nap time must have the opportunity to engage in quiet activities.

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

Sec. 13. [142H.13] Behavior guidance

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

- (b) "Behavior guidance" means an ongoing process where a program staff person offers constructive, positive, and developmentally appropriate guidance to a child to help manage the child's behavior in a socially acceptable manner.
- (c) "Persistent unacceptable behavior" means when a child:

- (1) exhibits behaviors that present a serious safety risk for the child or others and the program is not able to reduce or eliminate the safety concern; or
- (2) significantly disrupts the learning environment and requires an increased amount of staff guidance and time to address the child's behavior. Significantly disruptive behavior may include physical aggression, verbal threats, or repetitive behaviors that have been addressed through standard behavior guidance techniques without improvement.

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

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

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

- (1) methods of promoting positive behavior as specified under subdivision 3;
- (2) prohibited actions as specified under subdivision 4;
- (3) addressing persistent unacceptable behavior as specified under subdivision 6; and
- (4) separation from the group as specified in subdivision 7.

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

- (1) ensuring that each child is provided with a positive model of acceptable behavior;
- (2) tailoring methods of promoting positive behavior to the developmental level of the children the center is licensed to serve;
- (3) ensuring redirection is used, as appropriate in addressing the behavior of a child, to guide a child away from potential problems and toward constructive activity or to talk with a child to help them calm down and self-regulate;
- (4) teaching children how to use acceptable alternatives to problem behavior to reduce conflict;
- (5) protecting the safety and well-being of children, employees, and volunteers; and
- (6) providing immediate and directly related consequences for the unacceptable behavior of a child.

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

- (1) subjecting a child to corporal or physical punishment, including but not limited to rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, spitting, hitting, or spanking;
- (2) subjecting a child to name calling, ostracism, shaming, derogatory remarks about the child or the child's family, cultural or racial slurs, yelling, or profane language that threatens, humiliates, or frightens the child;
- (3) forcing a child to maintain an uncomfortable position or to continuously repeat physical movements;
- (4) utilizing group punishments for the behavior of an individual child;
- (5) separation of a child from the group except as provided in subdivision 7;
- (6) punishment for not resting, napping, or sleeping; toileting accidents; failing to eat all or part of meals or snacks; or failing to complete an activity;
- (7) denial of food or drink or forcing food or drink upon a child;
- (8) denial of light, warmth, clothing, or medical care as a punishment for unacceptable behavior;
- (9) the use of physical restraint other than to physically hold a child when containment is necessary to protect the child or others from harm;
- (10) the use of mechanical restraints, including tying a child up, or any device or equipment intended to restrict or prevent movement as a means of discipline or convenience by staff, including but not limited to confinement to a swing, high chair, infant carrier, walker, or crib;
- (11) the use of prone or contraindicated restraints as prohibited in section 245A.211;
- (12) the use of any substance given to a child to subdue or restrict movement or behavior;
- (13) discipline and punishment must not be delegated to another child; and
- (14) punishing or shaming a child for the actions of a parent, including but not limited to failure to pay fees, failure to provide appropriate clothing, failure to provide materials for an activity, or any conflict between the license holder or staff and the parent.

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

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

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

- (1) information on where the child was, what activity the child was doing, and the employees or volunteers present when the incident occurred; and
- (2) staff actions, including the positive guidance techniques that were tried.

(b) When persistent unacceptable behavior as defined in subdivision 1, paragraph (c), occurs, a behavior plan must be developed to address the behavior documented in paragraph

- (a) in consultation with the child's parent, the program staff, and other professionals involved in the care and treatment of the child, as appropriate. The behavior plan must include but is not limited to the following:
 - (1) a description of the specific behavior;
 - (2) the planned behavior management method to be used in response to the behavior pursuant to subdivision 3 or any other previously approved methods; and
 - (3) an area to document the effectiveness of the plan and progress of the child.

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

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

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

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

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

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

- (2) the duration of separation of the child must be documented, including the beginning and end time of the separation;
- (3) infants and toddlers must not be separated from the group as a means of behavior guidance. Positive behavior guidance techniques such as redirection may be used with toddlers; and
- (4) the child must be supervised as defined under section 142H.01, subdivision 35, while separated.

Sec. 14. [142H.14] Furnishings, equipment, materials and supplies

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

- (b) Equipment and furniture must be durable, in good repair, structurally sound, stable, and free of sharp edges, dangerous protrusions, points where extremities of a child could be pinched or crushed, and openings or angles that could trap part of a child.
- (c) License holders and program staff must ensure equipment and furnishings are not hazardous objects as specified in section 142H.34, subdivision 17.
- (d) Equipment must be appropriate to the age and size of children and used in accordance with the manufacturer's instructions.

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

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

Subd. 4. Interest areas. The license holder must have equipment and materials in each of the following developmental and interest areas to support a child's learning and growth:

- (1) creative arts and crafts;
- (2) construction and building;
- (3) social interaction, dramatic play, or practical life activities;
- (4) math and science;

- (5) music;
- (6) fine motor skills;
- (7) physical and movement activities;
- (8) sensory exploration activities; and
- (9) language and literacy.

Subd. 5. Equipment rotation and accessibility. Equipment may be rotated throughout the day as specified in the child care program plan if the number of choices required in subdivisions 2 and 3 is available for each child in attendance. Equipment and materials from each interest area must be accessible to children at least once per day.

Subd. 6. Furnishings. The license holder must ensure that each child has access to furniture that is developmentally appropriate and the appropriate size, including at a minimum:

- (1) one diaper changing table for every 12 infants or 14 toddlers. The same table may not be counted to fulfill the requirement under this clause for both infants and toddlers;
- (2) one hands-free covered diaper container per diaper changing table;
- (3) one crib and waterproof mattress per infant, including enough cribs with wheels to evacuate the number of infants the program is licensed to serve;
- (4) one cot or mat per toddler and preschool child. This clause does not apply to programs operating for less than five hours per day if rest is not indicated as part of the center's child care program;
- (5) for infants, one nonfolding seating option per child based on licensed capacity; and
- (6) for toddlers, preschoolers, and school-age children, one nonfolding seating option per child based on licensed capacity, with a corresponding amount of table space to allow the child to do table work or eat a meal while seated.

Subd. 7. Supplies. (a) The license holder must maintain enough diapers, disposable paper for the diaper changing table, facial tissues, liquid hand soap, and single-service towels to maintain cleanliness and sanitation for children in care.

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

Sec. 15. [142H.15] Children with special health care needs or disabilities

Subdivision 1. Child with special health care needs or disabilities. For the purposes of this section, "child with special health care needs or disabilities" means a child at least six weeks old but younger than 13 years old who:

- (1) has developmental disabilities or is otherwise eligible for case management pursuant to Minnesota Rules, parts 9525.0004 to 9525.0036;
- (2) has been identified by the local school district as a child with a disability as defined in section 125A.02, subdivision 1; or
- (3) has been determined by a health care provider as defined in section 142H.01, subdivision 22; licensed psychiatrist; licensed psychologist; or licensed consulting psychologist as having a special health care need or disability relating to physical, social, or emotional development.

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

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

- (b) When developing or updating the ICCPP, the license holder must obtain relevant information from the child's parent and program staff who work directly with the child.
- (c) For a child who meets the criteria in subdivision 1, clause (1), the ICCPP must be coordinated with the child's individual service plan (ISP).
- (d) For a child who meets the criteria in subdivision 1, clause (2), the ICCPP must be coordinated with the child's individualized educational plan (IEP).
- (e) For a child who meets the criteria in subdivision 1, clause (3), the ICCPP must be coordinated with the child's health care provider or other necessary medical professionals.
- (f) The license holder must ensure that all program staff who work directly with the child are trained on the ICCPP prior to working with the child. Documentation of staff training must be maintained on file.
- (g) Before the ICCPP is implemented, the parent and the director of the center must sign and date the form. The ICCPP must be kept in the child's record.
- (h) The ICCPP must be reviewed and updated at least once each calendar year and more frequently if needed. The ICCPP must be signed and dated by the parent and the director of the center upon their yearly review.
- (i) The most recent ICCPP must be available at all times to program staff when the child is in care.

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

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

- (b) Before admitting a child for care, the license holder must obtain documentation of any known allergy from the child's parent or the child's health care provider.
- (c) If a child has a known allergy, the license holder must maintain current information about the allergy in the child's record and develop an ICCPP pursuant to subdivision 3, including:
 - (1) a description of the allergy;
 - (2) specific triggers and avoidance techniques;
 - (3) symptoms of an allergic reaction;
 - (4) procedures for responding to an allergic reaction, including medication to be administered in an emergency situation and dosages; and
 - (5) the child's health care provider contact information.
- (d) If a child has an ICCPP related to a food allergy, the ICCPP must be readily available to the person in the area where food is prepared and served to the child. If food is prepared off site, the center must notify the person or entity preparing the food of any food allergies of children in their care. Food allergy information for all children in care shall be readily available to staff in the classroom and wherever food is served.
- (e) The license holder must contact the parent of the child immediately after any instance of exposure or allergic reaction.
- (f) The license holder must call 911 when epinephrine is administered to a child in care.

Subd. 6. Temporary physical needs. If a child has a temporary physical need as identified by their health care provider, including but not limited to a brace, cast, or helmet, the license holder must maintain current documentation about the temporary physical need from the child's health care provider and any necessary accommodations in the child's record. The license holder must ensure staff who work with the child are aware of the child's temporary physical need and follow the identified necessary accommodations.

Sec. 16. [142H.16] Night care program

Subdivision 1. Applicability. A license holder providing overnight care must comply with this section. Night care is provided when children are in attendance anytime between the hours of 11:00 p.m. and 5:00 a.m.

Subd. 2. Furnishings. Each child enrolled in a night care program must be provided with a crib or bed, as described below.

- (1) A crib that meets the requirements under section 142B.45 and two sets of sheets must be provided for each infant and meet the requirements under section 142H.14.
- (2) An individual age-appropriate bed with two sets of sheets and a blanket or quilt must be provided for each toddler, preschooler, or school-age child.
- (3) Each bed must have a waterproof mattress or mattress pad that can be cleaned and disinfected.
- (4) Bedding and sleeping equipment must be cleaned and disinfected as specified in section 142H.31, subdivision 4, clause (3).
- (5) Separate bedding must be provided and stored separately for each child in care.

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

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

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

Subd. 6. Staffing. At least two program staff persons, one of whom must qualify as a teacher under section 142H.06, must be present in the center at all times during the hours the night program is in operation. When more than 80 percent of the children present are asleep, the remaining program staff persons needed to meet the required staff-to-child ratio must have at least the qualifications of a child care aide. Program staff must be awake, dressed, and provide supervision as specified in sections 142H.01, subdivision 35, and 142H.12 to children who are sleeping.

Subd. 7. Hygiene assistance. The license holder must ensure that children have the opportunity to wash up and brush their teeth before bedtime. Program staff must assist children during washing and changing clothes according to the developmental needs of the child.

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

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

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

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

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

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

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

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

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

Sec. 17. [142H.17] Drop-in child care programs

Subdivision 1. **Drop-in child care programs.** If a license holder chooses to operate as a drop-in child care program as defined in section 142H.01, subdivision 17, the license holder must comply with the requirements specified by this section and all other applicable sections of this chapter. A drop-in child care program must meet one of the following requirements to qualify for the exemptions specified in subdivision 2:

- (1) the drop-in child care program operates in a child care center that houses no child care program except the drop-in child care program;
- (2) the drop-in child care program operates in the same child care center but not during the same hours as a regularly scheduled ongoing child care program with a stable enrollment; or
- (3) the drop-in child care program operates in a child care center at the same time as a regularly scheduled ongoing child care program with a stable enrollment, but activities, except for bathroom use and outdoor play, are conducted separately from each other.

Subd. 2. **Exemptions.** Drop-in child care programs are exempt from the following requirements:

- (1) sections 142H.10 and 142H.11, subdivision 1, clauses (6) and (7); and
- (2) section 142H.12, subdivisions 3 and 5, except for infants and toddlers.

Subd. 3. Staffing requirements. (a) A drop-in child care program must have at least two program staff persons on site whenever the program is operating: the director or a designee under section 142H.05 and a program staff member who is qualified as a teacher under section 142H.06.

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

(c) Whenever there is a total of 20 children or more at a drop-in child care center, children that are younger than age 2-1/2 must be cared for in a separate group. The group may contain children up to 60 months old. The group must be cared for in an area that is physically separated from older children.

(d) In drop-in care programs that serve both infants and older children, children up to age 2-1/2 may be supervised by assistant teachers as long as other staff are present in appropriate ratios.

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

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

- (1) for infants ages six weeks to 16 months, one program staff person for every four infants;
- (2) for toddler children ages 17 to 33 months, one program staff person for every seven children;
- (3) for preschool children ages 34 months up to school age, one program staff person for every ten children; and
- (4) for school-age children, one program staff person for every 15 children.

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

- (1) the first staff member needed to meet the required staff-to-child ratio must be a teacher;
- (2) the second and third staff members must have at least the qualifications of a child care aide; and
- (3) the fourth staff member must have at least the qualifications of an assistant teacher.

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

Sec. 18. [142H.18] Exclusion of sick children

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

- (1) the requirements on reportable diseases in Minnesota Rules, parts 4605.7040, 4605.7070, and 4605.7080; and
- (2) guidelines from the commissioner of health on infectious diseases in child care settings.

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

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

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

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

Sec. 19. [142H.19] Sick care program

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

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

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

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

(d) The license holder operating a sick care program must ensure that the program's health policies and practices required under this section are reviewed quarterly by a health consultant. The center must keep documentation of the quarterly reviews in the center's administrative records.

Subd. 3. Evaluation of a sick child. (a) A license holder that operates a sick care program must provide for the evaluation of the condition of a sick child before admitting the child to the center.

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

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

- (1) a parent must describe the child's symptoms over the phone;
- (2) a health care provider as defined in section 142H.01, subdivision 22, affiliated with the center must tell the parent whether the parent may bring the child to the center for further evaluation; and
- (3) the health care provider must conduct a physical assessment of the child and obtain a health history from the parent at the center.

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

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

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

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

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

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

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

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

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

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

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

- (1) a room or rooms that are exclusively used to care for sick children and that are not used at any time for any other child care purpose; and
- (2) toilets and hand sinks that are within or immediately adjacent to the room or rooms used for sick care and are not used by well children in care.

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

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

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

- (1) a crib and crib sheets pursuant to the requirements of section 142B.45, cot, mat, or bed, depending on the age of the child;
- (2) a pillow, except if the child is an infant;
- (3) a pillowcase, except if the child is an infant; and
- (4) a blanket or quilt, except if the child is an infant.

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

Sec. 20. [142H.20] Information to parents.

Subdivision 1. **Policies provided to parents.** At the time of a child's enrollment, the parent must be provided with written notification of the:

- (1) ages and numbers of children the center is licensed to serve;
- (2) hours and days of operation;
- (3) child care program options the center is licensed to operate, including a description of the program's educational methods; the program's religious, political, or philosophical basis, if any; and how parents may review the center's child care program plan;
- (4) policy on parent conferences and notification to a parent of a child's intellectual, physical, social, and emotional development;
- (5) policy requiring a health care summary and immunization record of a child;
- (6) policies and procedures for the care of children who become sick at the center and parent notification practices for the onset of or exposure to a contagious illness or condition pursuant to section 142H.18 or when there is an emergency or injury requiring medical attention;
- (7) policies and procedures for administering first aid and sources of care to be used in case of emergencies;
- (8) policies on the administration of medicine;
- (9) procedures for obtaining written parental permission for transportation of children and field trips as required in section 142H.33, subdivision 4, paragraph (d);
- (10) procedures for obtaining written parental consent for research, cameras, and social media participation pursuant to section 142H.22;
- (11) policies on transitioning a child to the next age group, pursuant to section 142H.10;
- (12) policies on the provision of meals and snacks;
- (13) behavior guidance policies and procedures;
- (14) presence of pets;
- (15) policy that parents of enrolled children must be allowed access to their child at any time while the child is in care unless a court order or other legal documentation restricts access pursuant to section 142H.21;
- (16) policy on the prohibition of smoking, use of tobacco products, vaping, electronic cigarettes, alcohol, and drugs on the premises of the program pursuant to section 142H.29, subdivision 11;

- (17) policy on use of technology and screen time pursuant to section 142H.11, subdivision 1, clause (12);
- (18) telephone number of the Department of Children, Youth, and Families, Division of Licensing;
- (19) policy on naps and rest pursuant to section 142H.12; and
- (20) procedures for notifying parents of an evacuation, including procedures for reunification with families.

Subd. 2. Parent conferences. The license holder must inform the parent of a child's progress and:

- (1) complete individual assessments of each child's intellectual, physical, social, and emotional development at least twice a year. Individual assessments for school-age children must be completed at least once a year;
- (2) plan and offer parent conferences by program staff at least twice a year to review and discuss the child's assessment. Parent conferences for school-age children must be planned and offered at least once a year; and
- (3) maintain documentation of the child's assessment and that individual parent conferences were planned and offered in each child's record.

Subd. 3. Daily reports for infants and toddlers. Daily written individualized reports must be provided to the parent of an infant or toddler about the child's food intake, elimination, sleeping patterns, and general behavior.

Sec. 21. [142H.21] Parent visitation and access to program

- (a) The center must have a parent visitation and access policy that meets the requirements of this section at a minimum.
- (b) An enrolled child's parent must be allowed access to their child at any time while the child is in care unless a legal restriction or court order restricts access.
- (c) A copy of the order or other legal restriction in paragraph (b) must be kept in the child's record.

Sec. 22. [142H.22] Consent for research, cameras, and social media participation.

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

- (1) procedures for obtaining written consent from parents for release of photos and videos of children for promotional or publicity purposes; and
- (2) a statement prohibiting any employee or volunteer from posting content of children in care or enrolled families on a personal social media account or public digital platform, including photos, videos, or personal identifying information of the children.

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

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

Sec. 23. [142H.23] Emergency and accident policies and records.

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

- (1) procedures for an evacuation, including building evacuation routes and identification of primary and secondary exits;
- (2) procedures for relocation, including a designated relocation site;
- (3) procedures for sheltering in place and lockdown;
- (4) procedures for notifying a child's parent of an evacuation, relocation, sheltering in place, or lockdown, including procedures for reunification with families;
- (5) accommodations for a child with a disability or a chronic medical condition;
- (6) accommodations for infants and toddlers;
- (7) procedures for storing a child's medically necessary medicine that facilitates easy removal during an evacuation or relocation;
- (8) procedures for continuing operations in the period during and after a crisis; and
- (9) procedures for communicating with local emergency management officials, law enforcement officials, or other appropriate state or local authorities.

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

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

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

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

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

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

- (1) procedures for administering first aid;
- (2) procedures for the daily inspection of potential hazards;
- (3) procedures for fire prevention and procedures to follow in the event of a fire, including the phone number of the fire department, persons responsible for the evacuation of children and areas for which they are responsible, instruction on how to use a fire extinguisher, and instructions on how to close off the fire area;
- (4) procedures to follow when a child is missing, including when a school-age child does not arrive at the center when expected after school;
- (5) procedures to follow if a person who is unknown, unauthorized, incapacitated, or suspected of abuse attempts to pick up a child or if no one comes to pick up a child. The procedure must include a practice for verifying a person's identity;
- (6) sources of emergency medical care; and
- (7) procedures for recording emergencies, accidents, incidents, and injuries involving a child enrolled in the center. The written record must include:
 - (i) the name and age of the child involved;
 - (ii) the name of employees or volunteers present;
 - (iii) the date, time, and place of the emergency, accident, incident, or injury;
 - (iv) the type of injury;
 - (v) actions taken by staff; and
 - (vi) to whom the emergency, accident, incident, or injury was reported.

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

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

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

- (1) identification of primary and secondary exits;
- (2) building evacuation routes;
- (3) identification of tornado shelter and other shelter-in-place locations;
- (4) identification of staff positions responsible for the evacuation or sheltering of children;
- (5) the name and address of the designated relocation site; and
- (6) phone numbers and sources of emergency medical services, the poison control center, the fire department, and the department's licensing division.

(e) The license holder must ensure program staff are trained on the emergency, accident, incident, and injury policies and procedures at orientation as required in section 142H.09 when changes are made to the policies and procedures and at least once each calendar year. Training must be documented and maintained on site.

Sec. 24. [142H.24] Supervision and risk reduction

Subdivision 1. Supervision; sight and hearing exceptions. (a) A child is still supervised as defined in section 142H.01, subdivision 35, when:

- (1) an infant is placed in a crib to sleep and a program staff person is within sight or hearing of the infant pursuant to section 142H.12, subdivision 4;
- (2) a single school-age child uses a restroom that is not available to the public when the child care center is operating and serving children and a program staff person has knowledge of the child's activity and location and checks on the child at least every five minutes. When services are provided away from the child care facility, including but not limited to field trips, a school-age child who uses a restroom that is available to the public must be accompanied by a program staff person;
- (3) a school-age child leaves the classroom but remains within the licensed child care center space to deliver or retrieve items from the child's personal storage space and a program staff person has knowledge of the child's activity and location and checks on the child at least every five minutes; or

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

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

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

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

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

(1) an assessment of the risks presented by the physical plant where the licensed services are provided, including an evaluation of:

- (i) the condition and design of the facility and its outdoor space, bathrooms, and storage areas;
- (ii) the accessibility of medications and cleaning products that are harmful to children; and
- (iii) the existence of areas that are difficult to supervise; and

(2) an assessment of the risks presented by the environment for each facility and for each site, including an evaluation of the type of grounds and terrain surrounding the building and the proximity to hazards, busy roads, and publicly accessed businesses.

(d) The risk reduction plan must include a statement of measures that will be taken to minimize the risk of harm presented to children for each risk identified in the assessment under paragraph (c) related to the physical plant and environment.

(e) In addition to any program-specific risks identified in paragraph (c), the plan must include specific policies and procedures that minimize the risk of harm or injury to children, including from:

- (1) closing children's fingers in doors, including cabinet doors;
- (2) leaving children in the community without supervision;
- (3) children leaving the facility without supervision;
- (4) dislocation of children's elbows by program staff pulling or lifting children by the hands or wrists or swinging by the arms;

- (5) burns, including from hot food or beverages, whether served to children or being consumed by program staff, and devices used to warm food and beverages;
- (6) injuries from equipment, such as scissors and glue guns;
- (7) sunburn;
- (8) feeding children foods to which they are allergic;
- (9) children falling from changing tables;
- (10) children accessing dangerous items or chemicals or coming into contact with residue from harmful cleaning products;
- (11) traffic and pedestrian accidents, including when walking with children on neighborhood walks, to an off-site outdoor play area, or in areas with heavy traffic or difficult terrain such as railroad tracks; and
- (12) children choking or suffocating.

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

(g) The plan must include specific policies and procedures to ensure adequate supervision of children at all times as defined in subdivision 1 and section 142H.01, subdivision 35, and pursuant to the staffing requirements of section 142H.10, subdivision 1, with particular emphasis on:

- (1) times when children are transitioned from one area within the facility to another, including the use of a name-to-face check during transition time;
- (2) nap-time supervision, including infant crib rooms;
- (3) child arrival and departure times, including when children arrive or depart from the center by bus;
- (4) supervision during outdoor play, outdoor learning activities, and community activities, including but not limited to field trips and neighborhood walks;
- (5) supervision of children in hallways;
- (6) supervision of preschool children when using an individual private restroom within the classroom; and
- (7) supervision of school-age children when using the restroom and visiting the child's personal storage space.

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

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

- (1) incidents covered by the assessment factors in subdivision 2;
- (2) the internal reviews conducted under section 142H.36, if any;
- (3) substantiated maltreatment findings, if any; and
- (4) any other incidents that caused injury or harm to a child.

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

Sec. 25. [142H.25] Center administrative records

For a center governed by this chapter, the record retention requirements in section 142B.03, subdivision 1, apply to:

- (1) a record of the information given to parents specified in section 142H.20;
- (2) the personnel records specified in section 142H.26;
- (3) the children's records specified in section 142H.27;
- (4) health consultant reviews of the center's health policies and practices as specified in section 142H.29, subdivision 2;
- (5) the child care program plan specified in section 142H.11;
- (6) the emergencies, accidents, incidents, and injuries records specified in section 142H.23, subdivision 2;
- (7) the child separation reports mandated in section 142H.13;
- (8) daily center and classroom attendance records specified in section 142H.30; and
- (9) staffing schedules.

Sec. 26. [142H.26] Personnel records

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

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

- (2) the program staff person's first date of direct contact and first date of unsupervised direct contact with a child;
- (3) documentation indicating that the program staff person meets the requirements of the staff person's job in sections 142H.05 to 142H.08; and
- (4) the program staff person's hire date and last day of employment.

Sec. 27. [142H.27] Children's records

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

- (1) the child's full name, date of birth, and current home address;
- (2) the child's date of enrollment in the program;
- (3) the name, address, and telephone number of the child's parent;
- (4) the name and telephone number of at least one emergency contact person who can be contacted if a parent cannot be reached in an emergency or when there is an injury requiring medical attention;
- (5) the names and telephone numbers of any additional persons authorized by the parent to pick up the child from the center;
- (6) the child's health and immunization information required by section 142H.29, subdivisions 3 and 4;
- (7) written authorization for the license holder to act in an emergency or when a parent or designee cannot be reached or is delayed;
- (8) the hours and days of the week the child will attend the center;
- (9) for infants and toddlers, a description of the child's eating, sleeping, toileting, and communication habits and effective methods for comforting the child;
- (10) documentation of any dietary or medical needs of the child;
- (11) documentation of a child's individual child care program plan as required by section 142H.15; and
- (12) the date of parent conferences and a summary of the information provided to the parent at the conferences.

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

Sec. 28. [142H.28] Reporting requirements

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

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

- (1) of the death or notification of the death of a child enrolled in the center as required under section 142B.10, subdivision 24;
- (2) of the occurrence or notification of any injury to a child in care in the program that required treatment by a dentist or health care provider as defined in section 142H.01, subdivision 22. Treatment does not include application of or recommendation to use nonprescription medication or diagnostic testing;
- (3) of the occurrence of structural damage to the building or a fire that requires the service of a fire department; and
- (4) of the provision of any emergency medical service to a child while in care.

Sec. 29. [142H.29] Health

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

Subd. 2. **Health consultation.** (a) The center must have a health consultant as defined in section 142H.01, subdivision 21, review the center's health policies and practices in person and certify that the policies and practices are adequate to protect the health of children in care.

- (b) The health consultant's review, including an on-site visit, must be done before initial licensure and must be repeated each calendar year.
- (c) For programs serving infants, an in-person review must be done before initial licensure and at least quarterly thereafter. At least every other quarter, a health consultant may conduct the health review visit virtually.
- (d) A health consultant must review the center's health policies and practices before implementing a change in the center's health policies or practices and after an outbreak of a contagious reportable illness as specified in Minnesota Rules, parts 4605.7040, 4605.7050, and 4605.7080.
- (e) The consultant must review and approve:
 - (1) the first aid and safety policies and procedures required by section 142H.23, subdivision 2;
 - (2) the diapering procedures and practices specified in subdivision 6;

- (3) the programs' cleaning and disinfecting products and procedures; and
- (4) the sanitation procedures and practices for food catered in or provided by the child's parent as specified in section 142H.32, subdivision 5, and for infants as specified in section 142H.32, subdivision 10.

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

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

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

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

- (1) get written permission from the child's parent before administering medication;
- (2) get written permission from the child's parent before administering items that may be applied externally, including but not limited to diapering products, sunscreen lotions, hand sanitizer, lip balm, body lotion, and insect repellents. Items under this clause must be administered according to the manufacturer's instructions unless a dentist or health care provider as defined in section 142H.01, subdivision 22, gives alternative written instructions;
- (3) get and follow written instructions from a dentist or a health care provider before administering each prescription. Medication with the child's name and current prescription information on the label constitutes instructions;
- (4) follow written dosage instructions from a child's parent or health care provider for over-the-counter medication that is intended to be ingested and does not include dosage information within the manufacturer's instructions;
- (5) keep all medication in its original container and have a legible label stating the child's first and last name. The medication must be given only to the child whose name is on the label, unless as described in paragraph (b);
- (6) not give medication after an expiration date on the label, return any unused portion to the child's parent if possible, and destroy any unused portion that cannot be returned;

- (7) document the administration of any ingested nonprescription medication and all prescription medication. The documentation must include the first and last name of the child, name of the medication or prescription number, date, time, dosage, and printed name and signature or initials of the person who administered the medication. This documentation must be available to the parent and maintained in the child's record;
- (8) store all medications, insect repellents, sunscreen lotions, and diaper rash control products according to directions on the original container and in a place inaccessible to children; and
- (9) not use herbal remedies and essential oils, unless prescribed or recommended by a dentist or a health care provider. If these are administered, they must be administered in compliance with the requirements of this subdivision.

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

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

- (1) make an adequate supply of clean diapers available for each child and store the diapers in a clean place;
- (2) change diapers following the diaper changing procedure reviewed and approved by the center's health consultant pursuant to subdivision 2, paragraph (e), clause (2);
- (3) post diaper changing procedures reviewed and certified by the center's health consultant in the diaper changing area;
- (4) keep children in diapers clean and dry. Diapers and clothing must be changed immediately or as soon as practicable when wet or soiled. Soiled clothing must be placed in a plastic bag and sent home with the parent daily;
- (5) use single-service wipes for cleaning a wet or soiled child;
- (6) clean and disinfect changing tables and changing pads between children;
- (7) use smooth, nonabsorbent surfaces for the diaper changing area and flooring;
- (8) require the program staff person to maintain a hand on the child at all times during diapering. Children must not be left unattended on the changing table;
- (9) clean and disinfect diaper changing areas, including but not limited to counters, sinks, and floors, daily or immediately when soiled;

- (10) keep a covered diaper disposal receptacle lined with a disposable plastic bag in the diaper changing area. Diapers cannot be disposed of in a kitchen disposal area;
- (11) empty, clean, and disinfect diaper receptacles daily or more often as needed; and
- (12) only change a diaper in the diaper changing area. The diaper changing area must be separate from areas used for food storage, food preparation, and eating.

Subd. 7. Hand washing; child. (a) A child's hands must be washed with soap and water after a diaper change, after use of a toilet or toilet training chair, and immediately before eating a meal or snack.

- (b) Program staff must monitor hand washing and assist a child who needs help.
- (c) The use of a common basin or a hand sink filled with standing water is prohibited.
- (d) Hands must be dried on a single-use towel or warm air hand dryer. The use of a common or shared cloth or towel is prohibited.
- (e) In sinks accessible to children, the water temperature must not exceed 120 degrees Fahrenheit to prevent children from scalding themselves while washing.
- (f) A hand sanitizer with at least 60 percent alcohol may be used to clean a child's hands when soap and water are unavailable.

Subd. 8. Hand washing; program staff. Program staff must wash their hands with soap and water after changing a child's diaper, after assisting a child on the toilet, after washing the diapering surface, after using toilet facilities, and before handling food or eating. Hands must be dried on a single-use towel or warm air hand dryer. The use of a common or shared cloth or towel is prohibited. Program staff may use a hand sanitizer with at least 60 percent alcohol when soap and water are unavailable.

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

- (1) adhesive bandages in assorted sizes and tape;
- (2) sterile compresses;
- (3) elastic bandage wrap;
- (4) scissors;
- (5) ice bag or cold pack;
- (6) digital thermometer;
- (7) mild liquid soap or hand sanitizer;
- (8) bottled water;

- (9) disposable powder-free, latex-free gloves;
- (10) face shield or protective barrier for giving CPR; and
- (11) first aid instructions.

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

- (1) surfaces that come in contact with urine, feces, vomit, and blood must be cleaned and disinfected;
- (2) blood-contaminated material must be disposed of in a plastic bag with a secure tie;
- (3) sharp items used for a child with special care needs must be disposed of in a sharps container. The sharps container must be stored out of reach of a child;
- (4) the license holder must have bodily fluid disposal supplies in the center, including disposable gloves, disposal bags, and eye protection; and
- (5) each employee and volunteer must follow universal precautions to reduce the risk of spreading infectious disease.

Subd. 11. Tobacco products, vaping, drugs, and alcohol use prohibitions. (a) A license holder must comply with the drug and alcohol policy requirements in section 142B.10, subdivision 1, paragraph (c), including ensuring that no employee, subcontractor, or volunteer is under the influence of a chemical that impairs the individual's ability to provide services or care.

- (b) The possession or use of marijuana, products containing THC, alcohol, and illegal drugs is prohibited on the premises of the program during operating hours, including all indoor and outdoor licensed program environments and in any vehicles used by the program.
- (c) The use of tobacco products, vaping devices, and electronic cigarettes is prohibited indoors, in vehicles used by the program, and in outdoor areas where children are present.
- (d) The license holder must post in a prominent location at the main entrance of the center a notice stating that smoking is prohibited inside the building and in outdoor areas where children are present.

Sec. 30. [142H.30] Attendance records

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

- (1) the first and last name of the child;
- (2) the time of day that the child was dropped off; and

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

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

- (b) Children must be tracked as they arrive in and depart from the classroom.
- (c) Tracking must include the first and last name of each child.
- (d) The classroom tracking documentation must remain with each group at all times throughout the day including outdoor play, emergency evacuations, field trips, and when groups are combined.

Sec. 31. [142H.31] Cleaning, sanitizing, and disinfecting

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

Subd. 2. Indoor and outdoor equipment. The indoor and outdoor space and equipment of the program must be clean as defined in section 142H.01, subdivision 12.

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

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

- (1) cleaning and sanitizing food preparation areas, tables, high chairs, and food service counters before and after each meal and snack. Sanitizing must be done by using an Environmental Protection Agency-registered sanitizer or a bleach solution or by heating to temperatures sufficient to destroy most germs, pursuant to guidelines from the commissioner of health on infectious diseases in child care settings;
- (2) cleaning and sanitizing items that have been inside a child's mouth or come into contact with bodily fluids prior to being used by another child;
- (3) cleaning sleeping equipment and bedding, including:
 - (i) washing bedding used by a child before being used by another child;
 - (ii) washing bedding used by the same child weekly or when soiled;
 - (iii) cleaning and disinfecting sleeping equipment used by a child before being used by another child; and
 - (iv) cleaning and disinfecting sleeping equipment used by the same child weekly or when soiled;
- (4) cleaning toileting areas daily, including:

- (i) emptying and disinfecting toilet training chairs after each use; and
- (ii) disinfecting toilets and seats when soiled or at least daily; and

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

Sec. 32. [142H.32] Food, drinking water, and nutrition

Subdivision 1. Food service license. (a) A license holder preparing, handling, and serving food and washing food, utensils, and equipment on site must comply with the requirements for food and beverage service establishments in chapter 157 and Minnesota Rules, chapter 4626, in addition to any applicable local health department requirements.

- (b) Meals or snacks may be provided by an off-site, licensed food and beverage service establishment.
- (c) The center shall maintain on file a copy of the off-site food and beverage service establishment's current license and the contract to provide food for the center.
- (d) If the caterer only provides the food and it is the responsibility of the center to serve the food, the center shall follow the requirements for food and beverage establishments in Minnesota Rules, chapter 4626, in addition to any applicable local health department requirements.

Subd. 2. Food. The license holder must ensure that meals and snacks are provided. The license holder must supplement food provided by the parent if it does not meet USDA Child and Adult Care Food Program (CACFP) nutritional requirements.

Subd. 3. Drinking water. (a) The center shall have a safe supply of drinking water pursuant to section 142H.35.

- (b) Drinking water must be available to children throughout the hours of operation and offered at frequent intervals. Drinking water for children must be provided in single-service drinking cups, in reusable water bottles, in reusable cups, or from drinking fountains accessible to children.
- (c) A license holder may provide drinking water to a child in a reusable water bottle or reusable cup if the center develops and ensures implementation of a written policy that at a minimum includes the following procedures:
 - (1) each day the water bottle or cup is used, the license holder shall clean the water bottle or cup or allow the child's parent to bring the water bottle or cup home to clean it;
 - (2) a water bottle or cup shall be assigned to a specific child and labeled with the child's first and last name;
 - (3) water bottles and cups shall be stored in a manner that reduces the risk of a child using the wrong water bottle or cup; and

- (4) a water bottle or cup shall be used only for water.

Subd. 4. Menus. The license holder must ensure:

- (1) meals and snacks prepared or provided by the license holder or catered by a licensed food and beverage caterer comply with the meal pattern and nutritional requirements contained in the most current edition of the CACFP standards in Code of Federal Regulations, title 7, section 226.20;
- (2) menus comply with the meal pattern and nutritional requirements contained in the most current edition of the CACFP standards in Code of Federal Regulations, title 7, section 226.20;
- (3) the current menu is posted or made readily available to parents; and
- (4) any food substitutions are noted on the menu at the time of the change.

Subd. 5. Sanitation. (a) Procedures for preparing, handling, storing, and serving food and washing food, utensils, and equipment must comply with the requirements for food and beverage establishments in Minnesota Rules, chapter 4626.

- (b) If the food is prepared off site by another facility or if food service is provided according to a contract with a food service provider, the facility or license holder must ensure that food is prepared in compliance with Minnesota Rules, chapter 4626.
- (c) The license holder must provide refrigeration for dairy products and other perishable foods, whether supplied by the license holder or supplied by the parent. The refrigeration must have a temperature of 41 degrees Fahrenheit or less.

Subd. 6. Meals and snacks. (a) The license holder must serve meals and snacks to children as follows:

- (1) one snack for a child in attendance for two to five hours;
- (2) one meal and two snacks or two meals and one snack for a child in attendance for five to ten hours;
- (3) a minimum of two meals and two snacks for a child in attendance for more than ten hours; and
- (4) a minimum of three meals and two snacks for a child in attendance for more than 14 hours.

(b) Centers licensed as Night Care Programs under section 142H.16 must have meals and snacks provided pursuant to section 142H.16, subdivision 5.

Subd. 7. Prescribed diet requirements. (a) If a child is unable to follow the CACFP meal pattern requirements due to a diet-related medical condition, a prescribed diet accommodation is required.

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

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

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

Subd. 8. Cultural or religious diet accommodations. (a) When special diets are requested for cultural or religious reasons, the center must obtain written, dated, and signed instructions from the child's parent on how to accommodate the diet.

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

Subd. 9. Food allergy information. Information about food allergies of the children in the center must follow the requirements in section 142H.15, subdivision 5.

Subd. 10. Infant food and feeding schedule. The diet and feeding schedule of an infant must be determined by the infant's parent. The license holder of a center serving infants must:

- (1) obtain written dietary instructions from the parent of the child that are used to develop the infant's feeding schedule and are updated as needed as the child's feeding needs change;
- (2) have each individual infant's feeding schedule available in the food preparation area;
- (3) offer the child formula or milk and nutritionally adequate solid foods in quantities at specified time intervals as determined by the parent;
- (4) ensure infants are held or fed sitting up for bottled feedings. A bottle must not be propped at any time for an infant or fed to an infant in a crib, infant seat, or playpen;
- (5) use sanitary procedures and practices to prepare, handle, and store formula, milk, breast milk, solid foods, and supplements, including having procedures to ensure bottles are matched to the correct infant. Procedures must be reviewed and certified by a health consultant;
- (6) not warm or heat bottles in a microwave;
- (7) not allow children access to bottle-warming devices; and
- (8) label all bottles, breast milk, or prepared parent-provided food with the child's first and last name and date of preparation. All formula must be refrigerated immediately after preparation or upon arrival if the formula is prepared by the parent.

Subd. 11. Additional requirements. (a) The center must serve food that is not a choking hazard and that is developmentally appropriate in size, amount, and texture.

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

Sec. 33. [142H.33] Transportation and field trip requirements

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

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

- (1) be at least 18 years old;
- (2) hold a current and valid driver's license appropriate to the vehicle used to transport children;
- (3) have a copy of the driver's current driver's license on file at the center;
- (4) be free from the influence of any substance that could impair driving abilities; and
- (5) follow seat belt and child passenger restraint system requirements under sections 169.685 and 169.686.

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

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

- (b) A two-way communication system and first aid kit must be present in the vehicle during transportation.
- (c) Once children have exited, the vehicle must be checked to ensure that no child has been left in the vehicle.
- (d) When the license holder provides transportation to and from the center, children must not be transported more than one hour per one-way trip.
- (e) When children board or exit the vehicle, the license holder must ensure that each child safely boards and exits the vehicle from the curb side of the street whenever physically possible and out of the path of moving vehicles.
- (f) Drop off or pick up must be conducted in a safe manner with supervision by the program staff responsible for the child.

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

- (b) Staff-to-child ratios must be maintained on all field trips.
- (c) Written permission must be obtained from each child's parent before taking a child on a field trip. The written permission form must be obtained before each field trip or on a form that yearly summarizes all field trips that will be taken. The permission forms must be kept on file at the center.
- (d) The parent's written permission form must include:
 - (1) the date and destination of the field trip;
 - (2) the times of departure from and return to the facility;
 - (3) the method of transportation; and
 - (4) if the method of transportation is walking, an estimated total distance of the walk.
- (e) Unscheduled neighborhood walks may be taken, provided the program has obtained advance written parental permission for the general plan for neighborhood walks.
- (f) When centers take children on a walk or field trip, program staff must bring:
 - (1) a first aid kit as required under section 142H.29, subdivision 9;
 - (2) a child's allergy information as required under section 142H.15, including the individual child care program plan;
 - (3) the name and telephone number of each child's parent and at least one emergency contact person;
 - (4) medication and supplies needed for a child who has a health condition that could need medication, special procedures, or precautions during the course of the trip; and
 - (5) a working cell phone or other means of immediate communication.

Sec. 34. [142H.34] Facility

Subdivision 1. Occupancy designation. (a) At initial licensure, an applicant must demonstrate compliance with the standards specified by the State Building Code and any applicable local building ordinances.

- (b) Prior to the child care facility being remodeled, substantially improved, renovated, or reconstructed, the license holder must verify whether approval from the applicable state or local building officials is needed. If needed, the license holder must obtain written verification of compliance with the State Building Code and any applicable local building ordinances.

Subd. 2. Fire inspection. (a) The center must be inspected by a fire marshal within 12 months prior to initial licensure. The commissioner must not grant an initial license until receiving written approval of compliance with the State Fire Code from the fire marshal with jurisdiction.

(b) The center must have a fire inspection at least once every five calendar years from the date of the last fire inspection report. The fire inspection must include written approval of compliance with the State Fire Code from the fire marshal with jurisdiction.

(c) Prior to the use of any areas of the structure not previously inspected and approved for child care use, the center must:

- (1) receive written confirmation from the state fire marshal that approval from the state fire marshal is not needed; or
- (2) conduct a fire inspection, which must include written approval of compliance with the State Fire Code from the fire marshal with jurisdiction.

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

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

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

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

- (1) the dimensions and location of all areas of the center designated for the provision of child care including planned use of each area; and
- (2) the size and location of areas used for outdoor activity.

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

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

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

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

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

Subd. 7. Outdoor learning environment and play space. (a) A center must provide or have available an outdoor activity area that complies with this subdivision in all child care centers unless licensed to exclusively provide night care as specified under section 142H.16, licensed to provide drop-in care as specified under section

142H.17, licensed to provide sick care as specified under section 142H.19, or operating for fewer than three hours a day.

- (b) A center must have an outdoor activity area of at least 1,500 square feet, and there must be at least 75 square feet of space per child within the outdoor play area at any given time during use.
- (c) The outdoor activity area must be enclosed if it is located adjacent to a hazard, including but not limited to traffic, rail, water, or machinery, unless the area is a public park or playground.
- (d) An outdoor activity area used daily by children under school age must be within 2,000 feet of the center or transportation must be provided by the license holder. In no case, however, shall the outdoor activity area be farther than one-half mile from the center.
- (e) The area must contain the outdoor equipment required under section 142H.14.
- (f) The play area must be free of potential hazards, including but not limited to broken glass, toxic materials, machinery, unlocked vehicles, feces, and sewage contaminants.
- (g) An energy-absorbing surface is required under climbing equipment, swings, and slides. An energy-absorbing surface can be loose sand, pea gravel, or mulch in a depth of at least nine inches; any material that meets ASTM F1292 specifications; or shredded rubber and poured energy-absorbing surfacing installed to manufacturer's specifications based on the height of the equipment. A fall zone is required around the equipment.
- (h) When a program utilizes natural features for outdoor play, program staff members must remove hazardous objects as specified in subdivision 17 and mitigate hazards whenever possible from the surrounding area where children might fall.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subd. 19. Condition of equipment and furniture. (a) The license holder and program staff must prevent children from accessing equipment, materials, and furnishings that are unsafe, such as items that:

- (1) are not developmentally appropriate for a child's age or size;
- (2) have sharp corners or points;
- (3) have openings that could entrap a child's body parts;
- (4) have small parts that may detach and be choking, breathing, or swallowing hazards;
- (5) have parts that can pinch, sheer, or crush body parts;
- (6) are improperly or loosely anchored to the ground, including playground equipment;
- (7) are a tripping hazard, such as curled, wrinkled, or unsecured rugs or electrical extension cords; or
- (8) are strangulation hazards, such as cords, straps, or strings.

(b) The license holder and program staff must remove or repair equipment, materials, and furnishings that are worn, damaged, or in poor condition, including but not limited to items with:

- (1) loose, rusty, or cracked parts;
- (2) rotted or split wood or plastic pieces that can cause splinters or other injuries;
- (3) protruding nails, bolts, or other components that could cause injury;
- (4) missing or damaged protective caps or plugs; and
- (5) flaking paint or paint that may have lead or other hazardous materials.

Subd. 20. Animals. A license holder must:

- (1) keep each animal housed in the program up to date on vaccines and maintain documentation of vaccinations;
- (2) notify parents prior to their child's enrollment of the presence of animals in the program, before new animals are housed, and prior to any animals visiting the program;
- (3) not let children handle animals without adult supervision; and
- (4) notify the parent of a child whose skin is broken by an animal bite or scratch or who is otherwise injured by an animal in writing of the injury.

Subd. 21. Pest control. (a) Effective measures must be taken to protect the center against rodents and insects. If rodents, insects, or other pests are found, the license holder must take steps to remove or exterminate them. Chemicals, baits, and traps for insect and rodent control must not be used in areas accessible to children when children are present and must be used according to the manufacturer's instructions.

(b) The use of chemicals to control weeds, rodents, insects, and other pests shall be implemented only after other means have been used for control, such as eliminating harborages, removing access to food, and sealing points of entry. These compounds shall be used according to labeled instructions. If chemicals are used, the license holder must notify the parents of enrolled children what pesticide will be applied and where it will be applied no less than 48 hours before application, unless in cases of emergency. Only approved, United States Environmental Protection Agency-registered insecticides, rodenticides, and herbicides may be used. Application must strictly follow all label instructions and must be authorized by the director.

Subd. 22. Posting license. A license holder must post the license in a clearly visible place within the child care center that is accessible to parents and guardians.

Sec. 35. [142H.35] Environmental health

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

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

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

- (1) the date of the most recent test;
- (2) the rooms or areas tested; and
- (3) the detected radon level or levels, stated in picocuries per liter.

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

Sec. 36. [142H.36] Maltreatment of minors internal review

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

- (1) establish and maintain policies and procedures to ensure that an internal review is completed within 30 calendar days and that corrective action is taken if necessary to protect the health and safety of children in care. The review must include an evaluation of whether:
 - (i) related policies and procedures were followed;
 - (ii) the policies and procedures were adequate;
 - (iii) there is a need for additional staff training;
 - (iv) the reported event is similar to past events with the children or the services involved; and
 - (v) there is a need for corrective action by the license holder to protect the health and safety of children in care;
- (2) develop, document, and implement a corrective action plan designed to correct any current lapses and prevent future lapses in performance by individuals or the license holder, based on the results of the review;
- (3) identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed. The secondary person must be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment; and
- (4) document and make internal reviews accessible to the commissioner immediately upon the commissioner's request. For the purposes of this section, the documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.

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

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

Sec. 38. Revisor instruction

- (a) The revisor of statutes must renumber Minnesota Statutes, section 142B.68, as Minnesota Statutes, section 142H.37.
- (b) The revisor of statutes must make any necessary changes to statutory cross-references to reflect the changes in this article.
- (c) The revisor of statutes shall replicate the statutory history for all sections and subdivisions repealed and reenacted in this article.

Sec. 39. Repealer

- (a) Minnesota Rules, parts 9503.0005; 9503.0010; 9503.0015; 9503.0030; 9503.0031; 9503.0032; 9503.0033; 9503.0034; 9503.0040; 9503.0045; 9503.0050; 9503.0055; 9503.0060; 9503.0065; 9503.0070; 9503.0075; 9503.0080; 9503.0085; 9503.0090; 9503.0095; 9503.0100; 9503.0105; 9503.0110; 9503.0115; 9503.0120; 9503.0125; 9503.0130; 9503.0140; 9503.0145; 9503.0150; 9503.0155; and 9503.0170, are repealed.
- (b) Minnesota Statutes 2024, sections 142B.01, subdivisions 11, 12, 25, 26, and 27; 142B.41, subdivisions 6, 7, 10, 11, 12, and 13; 142B.54, subdivisions 1, 2, and 3; 142B.65, subdivisions 1, 2, 3, 4, 5, 6, 7, and 10; and 142B.66, subdivisions 1, 2, 4, and 5, are repealed.
- (c) Minnesota Statutes 2025 Supplement, sections 142B.65, subdivisions 8 and 9; and 142B.66, subdivision 3, are repealed.

Sec. 40. Effective date

This article is effective July 1, 2027.

Appendix B – Proposed family child care licensing standards

Section 1. [142I.01] Definitions

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

Subd. 2. **Accessible to children.** "Accessible to children" means capable of being reached or used by a child.

Subd. 3. **Accredited.** "Accredited" means a postsecondary institution or technical college recognized and listed in the database of accredited postsecondary institutions and programs maintained by the federal Department of Education.

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

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

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

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

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

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

Subd. 6. **Agency.** "Agency" means a county or multicounty social or human services agency governed by a county board or a multicounty human services board.

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

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

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

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

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

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

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

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

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

- (1) has developmental disabilities or is otherwise eligible for case management as specified in Minnesota Rules, parts 9525.0004 to 9525.0036;
- (2) has been identified by the local school district as a child with a disability as specified in section 125A.02, subdivision 1; or
- (3) has been determined by a health care provider as defined in subdivision 25.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subd. 30. **License holder.** "License holder" has the meaning given in section 142B.01, subdivision 17, for a family child care program.

Subd. 31. **Licensed capacity.** "Licensed capacity" means the total number of children ten years of age or younger permitted at any one time on the premises of a family child care program. All children ten years of age or younger on the premises count toward the capacity of the family child care program.

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

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

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

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

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

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

Subd. 38. **Primary provider of care.** "Primary provider of care" means the person responsible for providing care to children during the hours of operation and operating a family child care program in compliance with all applicable laws and regulations under this chapter and chapters 142B and 245C. All individual license holders are primary providers of care, as are individuals designated under section 142I.22, paragraph (f).

Subd. 39. **Radon testing.** "Radon testing" means the measurement of radon gas levels in the indoor air of the building.

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

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

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

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

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

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

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

- (1) caregivers must be within sight or hearing of newborns, infants, toddlers, and preschoolers at all times and must intervene in an effort to protect the health and safety of the child. Electronic monitoring devices can only be used to monitor infants, toddlers, and preschoolers when they are asleep;
- (2) for a school-age child, a caregiver is available for assistance and care without the aid of a mechanical or electronic device so that the child's health and safety is protected; and
- (3) the caregiver has an awareness of and responsibility for the activity of each child and is near enough to respond and reach children immediately, including responding to the child's basic needs and intervening to protect them from harm.

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

Sec. 2. [142I.02] Licensing of programs

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

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

Sec. 3. [142I.03] Licensing process

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

- (b) License applicants must use the application issued by the department. The application must be made in the county where the family child care program will operate.
- (c) Applicants must be the proposed license holders of the family child care program.
- (d) An application for licensure is complete and ready for the agency's review after the applicant completes, signs, and submits all department forms and documentation needed for licensure to the agency and the agency receives all inspection, zoning, evaluation, and investigative reports, documentation, and information required to verify compliance with this chapter and applicable statutes, including a completed background study for individuals subject to a study, as required under chapter 245C.

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

- (b) If the commissioner determines a potentially hazardous condition exists due to noncompliance with this chapter or local ordinances, the applicant must obtain an inspection from a fire marshal, building official, or authorized community health board agent under section 145A.04 to verify the absence of hazard or identify needed corrections. Any condition cited as hazardous and creating an immediate danger of fire or threat to life or safety must be corrected, or a variance approved under subdivision 4, before a license is issued.
- (c) An applicant must undergo an initial inspection of the family child care program by a fire marshal to determine compliance with the State Fire Code and compliance with orders issued if the program:
 - (1) has freestanding solid-fuel-heating appliances;
 - (2) will operate in a manufactured or mobile home;
 - (3) will use a basement for child care;
 - (4) is located in mixed- or multiple-occupancy buildings. For the purposes of this clause, "mixed-occupancy building" means a structure that contains nonresidential occupancies, such as an

attached garage, and "multiple-occupancy building" means a structure with two or more residential dwelling units, such as a duplex, apartment building, or townhome; or

- (5) is located in a commercial space.

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

- (1) abuse prescribed or nonprescribed drugs or use alcohol or controlled substances specified in chapter 152 to the extent that the use or abuse has or may have a negative effect on the ability of the license holder or primary provider of care to give care or is apparent during the hours of operation. Caregivers who have abused prescribed or nonprescribed drugs or have been dependent on alcohol or controlled substances specified in chapter 152 such that the use, abuse, or dependency has had a negative effect on the ability to give care, was apparent during the hours of operation, or required treatment or therapy, must have 12 months of verified abstinence before licensure;
- (2) have had a child placed in foster care within the prior 12 months for reasons that the agency determines reflect on the ability of the license holder or the primary provider of care to safely provide family child care. This clause does not apply if the primary reason for the placement was due to a physical illness of the parent; due to a disability of the child, including developmental disability of the child; or for the temporary care of a newborn or infant being relinquished for adoption;
- (3) have had a child placed in a residential facility within the prior 12 months for reasons that the agency determines reflect on the ability of the license holder or the primary provider of care to safely provide family child care; or
- (4) exhibit behavior that could pose a risk to children being served in the family child care program. Additional assessments or documentation may be requested to determine the impact on the provider's ability to provide care.

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

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

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

- (1) relocating the family child care program;
- (2) changing the type of license from class A, C1, or C2 to C3 or C4;

- (3) changing the type of license from class C3 or C4 to A, C1, or C2;
- (4) changing from family child care to community-based family child care; or
- (5) changing from community-based family child care to family child care.

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

Subd. 8. **Access to program.** As required in section 142B.10, subdivision 12, caregivers must give authorized representatives of the commissioner access to the family child care program premises during the hours of operation.

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

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

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

Subd. 12. **Child care license holder insurance.** (a) The license holder must complete and provide to parents a form prescribed by the commissioner that includes information about the license holder's liability insurance status. The license holder must update the form and obtain each parent's signature whenever insurance coverage changes, a policy lapses, or a new policy takes effect.

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

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

Sec. 4. [142I.04] Agency records

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

- (1) a copy of the completed licensing application form signed by the applicant and the agency;
- (2) a physical health report on any adult caregiver that was submitted prior to giving care in the family child care program. The physical health report must verify that the adult caregiver is physically able to care for children;
- (3) any written reports from a fire marshal, building official, or agent of a community health board authorized under chapter 145A;

- (4) if the applicant has been licensed through another jurisdiction, a reference from the licensing authority in that jurisdiction;
- (5) the initial and annual inspection by the agency of the license holder. Any comments of the license holder about the inspections by the agency must also be noted in the agency record;
- (6) a copy of the notification to parents prior to admission of the presence of pets in the residence and documentation as required in section 142I.19, subdivision 4;
- (7) documentation of any variance requests and the approval or denial of the request in accordance with section 142I.03; and
- (8) the results of each background study required under chapter 245C.

Subd. 2. Data privacy. The agency, commissioner, and authorized agent as defined in section 142B.01, subdivision 5, must have access to license holder records on children in care to determine compliance with this chapter. The license holder and all caregivers must maintain the privacy of records on children by refraining from discussing or disclosing any records, including electronic records, or information on children in care to any persons other than the parent of the child, the agency, the commissioner, and medical or public safety persons if the information is necessary to protect the health and safety of the child.

Sec. 5. [142I.05] Reporting to agency

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

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

- (1) prior to anyone moving into the residence where family child care services are provided. A background study must be completed in accordance with section 245C.13, subdivision 2;
- (2) within ten calendar days after a household member has moved out of the residence where family child care services are provided;
- (3) before a new caregiver provides direct contact services for the first time, unless an individual is acting as an emergency replacement as defined in section 142I.01, subdivision 21, and according to section 142I.09, subdivision 2;
- (4) of any damage to the premises that may affect compliance with this chapter or any incident at the premises that results in the loss of utility services, within 24 hours after the occurrence;
- (5) within 24 hours after the occurrence of any serious injury, head injury, or hospitalization of a child in care. For the purposes of this clause, "serious injury" means an injury that reasonably requires the care of a health care provider or dentist; and

(6) of an animal bite within 24 hours of occurrence in accordance with section 142I.19, subdivision 4.

Sec. 6. [142I.06] Admissions; records; reporting

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

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

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

- (1) state that this chapter and chapter 142B govern the licensing of family child care programs;
- (2) specify the section headings contained in this chapter; and
- (3) state that a complete copy of this chapter can be found at the family child care program, agency, department, or State Law Library or through the revisor of statutes website.

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

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

- (1) the first and last name of the child;
- (2) the time of day that the child was dropped off; and
- (3) the time of day that the child was picked up.

Subd. 5. License holder policies. (a) The license holder shall follow and monitor implementation of the policies and procedures by all caregivers as required in section 142B.10, subdivision 21.

(b) The license holder must have the following written policies available for discussion with parents and the commissioner and provide an electronic or hard copy to the parent at the time of admission or upon request. The policies must include, at a minimum:

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

- (ix) firearms at the residence in accordance with section 142I.19, subdivision 7; and

(3) program environment policies, including:

- (i) behavior guidance and discipline;
- (ii) field trips, including by foot, and whether parent permission is required;
- (iii) the presence of pets in the family child care program, including notification prior to the introduction of a new pet to the program;
- (iv) the use of screen time; and
- (v) the use of social media, images, and video in accordance with subdivision 7.

Subd. 6. Records for each child. (a) The license holder must obtain the records in this subdivision from parents prior to the admission of a child. The license holder must keep this information up to date and on file for each child. The information must be reviewed at least annually by the parent and updated when information changes.

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

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

- (1) for an infant, every six months;
- (2) for a toddler, annually;
- (3) for a preschool child, every 18 months; and
- (4) for a school-age child, every three years.

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

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

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

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

Subd. 8. Nondiscrimination. A caregiver is prohibited from discriminating in relation to enrollment in their program based on race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, or familial status.

Sec. 7. [142I.07] Capacity and ratios

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

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

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

Class	Capacity	Minimum Adult Caregivers	Maximum Children Under School Age	Maximum Total Infants and Toddlers	Maximum Infants
A	10	1	6	3	2

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

Class	Capacity	Minimum Adult Caregivers	Maximum Children Under School Age	Maximum Total Infants and Toddlers	Maximum Infants
C1	10	1	8	4	2
C2	12	1	10	3	1
C3	14	2	10	6	4
C4	18	2	12	5	2

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

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

- (b) The use of a substitute caregiver must be in accordance with section 142I.09.
- (c) A caregiver must be within sight or hearing of newborns, infants, toddlers, and preschoolers at all times without the use of monitoring devices, except as provided in section 142I.18.

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

- (1) all caregivers must remain awake and available to respond to children's needs;
- (2) all awake children must be given the opportunity to engage in age-appropriate activities in a separate room away from sleeping children; and
- (3) the child care emergency plan must include a plan tailored to sleeping children.

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

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

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

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

- (2) is not a designated caregiver, helper, or substitute for the licensed family child care program at the time that they are supervising the license holder's own child;
- (3) is involved only in the care of the license holder's own child; and
- (4) does not have direct, unsupervised contact with any nonrelative children in care.

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

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

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

Sec. 8. [142I.08] Qualifications

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

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

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

Subd. 3. Additional class C3 and C4 license requirements. (a) An applicant or primary provider of care receiving a class C3 or C4 license must have at least one of:

- (1) a minimum of one year of substantial compliance with this chapter as a Minnesota-licensed family child care license holder, primary provider of care, or second adult caregiver and a minimum of 1500 hours of direct care in a licensed family child care program serving children;

(2) a minimum of six months of substantial compliance with this chapter as a licensed family child care license holder, primary provider of care, or second adult caregiver in Minnesota and:

- (i) a minimum of 520 hours of experience as an assistant teacher, student teacher, or intern in an elementary school, after-school program, or Minnesota-licensed child care center or as an adult caregiver in a Minnesota-licensed family child care program and 30 hours of child care, health, and nutrition training as specified in section 142I.10; or
- (ii) a minimum of 520 hours of experience as a licensed practical or registered nurse, and 30 hours of child development or early childhood education training, as specified in section 142I.10;

(3) certification or licensure indicating completion of one of the following:

- (i) a two-year child development or early childhood education associate or certificate program at an accredited college or university;
- (ii) a child development associate certification;
- (iii) a certification from a recognized Montessori organization;
- (iv) a bachelor's degree or higher in early childhood education from an accredited college or university; or
- (v) an elementary education degree from an accredited college or university that includes a minimum of 30 hours of child development training; or

(4) six months' experience as a full-time teacher at a Minnesota-licensed child care center.

(b) An applicant or primary provider of care must complete an additional large group training created by the commissioner as a condition of receiving a C4 license.

Sec. 9. [142I.09] Substitute caregivers and replacements

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

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

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

(c) When an emergency occurs:

- (1) the license holder or emergency replacement must contact the parents of the children attending the family child care program and inform them that the program is closing for the day and that the parents need to pick up their children as soon as practicable;
- (2) the license holder must not knowingly use a person as an emergency replacement who has committed an action or has been convicted of a crime that would cause the person to be disqualified from providing care to children if a background study was conducted under chapter 245C;
- (3) the license holder must make reasonable efforts to minimize the time the emergency replacement has unsupervised contact with the children in care not to exceed 12 hours per emergency incident;
- (4) the family child care program must be closed for the day once the last unrelated child has left the program; and
- (5) the license holder must notify the county licensing agency within seven days that an emergency replacement was used and specify the circumstances that led to the use of the emergency replacement.

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

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

Sec. 10. [142I.10] Applicant, primary provider of care, and second adult caregiver training requirements

Subdivision 1. Applicant, primary provider of care, and second adult caregiver initial training requirements.

(a) Before providing care, an applicant, a primary provider of care, and each second adult caregiver must have completed all required initial training within the prior 24 months.

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

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

- (2) a primary provider of care who relocates within the state has until the end of the calendar year to complete annual and ongoing training and is not required to repeat initial training previously completed; and
- (3) a primary provider of care who relocates to a new county must not be required by the new county to complete orientation or other training required for new applicants.

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

- (1) at least four hours of child development, learning, or behavior guidance training. An individual is exempt if the individual provides documentation verifying that the individual:
 - (i) has completed a three-credit early childhood development course within the past five years;
 - (ii) holds a baccalaureate or master's degree in early childhood education or school-age child care;
 - (iii) holds a Minnesota teaching license in early childhood education, kindergarten through grade 6, or special education; or
 - (iv) holds a bachelor's degree with a Montessori certificate;
- (2) the six-hour supervising for safety for family child care course developed by the commissioner;
- (3) pediatric first aid training provided by an instructor certified to teach pediatric first aid. Current training documentation must be maintained at the family child care program and made available upon request. Online training reviewed and approved by the county licensing agency satisfies this requirement;
- (4) pediatric cardiopulmonary resuscitation (CPR) training that:
 - (i) is instructor led or blended with a hands-on skills component. Online-only CPR courses without a hands-on component do not meet this requirement;
 - (ii) (A) is developed by the American Heart Association or the American Red Cross; or (B) uses nationally recognized, evidence-based guidelines for CPR training; and
 - (iii) is provided by an instructor approved by the commissioner to teach CPR;
- (5) training on reducing the risk of sudden unexpected infant death and abusive head trauma, which may be combined in a single commissioner-approved course. This training must, at a minimum, address the risk factors related to sudden unexpected infant death and abusive head trauma and the means of reducing the risk of each;

- (6) training on proper use and installation of child passenger restraint systems under section 169.685 of at least one hour in length that is provided by an instructor certified and approved by the Department of Public Safety. At a minimum, the training must address the proper use of child restraint systems based on the child's size, weight, and age and the proper installation of a car seat or booster seat in the motor vehicle used by the caregiver to transport the child or children. This requirement does not apply to family child care programs that transport only school-age children as defined in section 142I.01, subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e);
- (7) training on the child care emergency plan required under section 142I.19, subdivision 2;
- (8) training on allergy prevention and response required under section 142I.06, subdivision 5, paragraph (b);
- (9) training on the community-based family child care program plan required under section 142I.22, if applicable;
- (10) training on the family child care program policies and procedures required under section 142I.06;
- (11) training on reporting suspected maltreatment of children as required under chapter 260E; and
- (12) swimming pool training under section 142I.14, subdivision 6, if a pool at the family child care program is used by children in care.

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

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

- (1) at least two hours of child development, learning, or behavior guidance training. A three-credit early childhood development course completed within the calendar year meets this requirement;
- (2) a two-hour active supervision course developed or approved by the commissioner;
- (3) training on reducing the risk of sudden unexpected infant death if caring for infants and training on reducing the risk of abusive head trauma if caring for children under school age, which must:
 - (i) be completed in person or online at least once every two years; and
 - (ii) in alternating years, be completed through a commissioner-approved video not exceeding one hour in length; and
- (4) at least ten hours of ongoing training each calendar year that must include topics identified in the Minnesota knowledge and competency framework. Repeat of topical training requirements in subdivision 1 counts toward the annual ten-hour requirement.

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

- (1) the training is the first instance in which the caregiver delivers a particular content-specific training during each training year;
- (2) the caregiver is a Develop-approved active trainer; and
- (3) the hours counted as training instruction are approved through the Develop data system with attendance verified on the trainer's individual learning record and are in the knowledge and competency framework content areas VII A, establishing healthy practices, or B, ensuring safety.

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

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

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

- (1) pediatric cardiopulmonary resuscitation training that meets the requirements of subdivision 1, paragraph (c), clause (4), and is repeated every two years within 90 days of the second anniversary of the previous training. Documentation must be maintained at the family child care program or electronically and made available upon request;
- (2) pediatric first aid training by a certified instructor repeated every two years within 90 days of the second anniversary of the previous training. Documentation of the training must be maintained at the family child care program or electronically and made available upon request;
- (3) commissioner-developed Health and Safety I and Health and Safety II training at least once every five years. Completion of either course in a given year meets the annual active supervision training requirement in subdivision 2, paragraph (a), clause (2);
- (4) proper use and installation of child passenger restraint systems under section 169.685 that meets the requirements of subdivision 1, paragraph (c), clause (6), and is repeated at least once every five years. This requirement does not apply to family child care programs that transport only school-age children as defined in section 1421.01, subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e); and
- (5) fire safety training developed by the State Fire Marshal's Office that must be completed once every five years.

- (b) If a license holder changes any of the policies and procedures under section 142I.06, subdivision 5, the primary provider of care and each second adult caregiver must complete training on the revised policies and procedures within ten days of the change.
- (c) The license holder must maintain documentation of each training on the revised policies and procedures at the family child care program.

Sec. 11. [142I.11] Substitute and intermittent caregiver training requirements

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

- (1) the four-hour basics of licensed family child care for substitutes course developed by the commissioner;
- (2) pediatric first aid training provided by an instructor certified to teach pediatric first aid. Current training documentation must be maintained at the family child care program and made available upon request. Online training reviewed and approved by the county licensing agency satisfies this requirement;
- (3) pediatric cardiopulmonary resuscitation training that meets the requirements of section 142I.10, subdivision 1, paragraph (c), clause (4);
- (4) training on reducing the risk of sudden unexpected infant death and abusive head trauma, which may be combined in a single commissioner-approved course. This training must, at a minimum, address the risk factors related to sudden unexpected infant death and abusive head trauma and the means of reducing the risk of each;
- (5) training on proper use and installation of child passenger restraint systems under section 169.685 of at least one hour in length, provided by an instructor certified and approved by the Department of Public Safety. This requirement does not apply to family child care programs that transport only school-age children as defined in section 142I.01, subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e). At a minimum, the training must address the proper use of child restraint systems based on the child's size, weight, and age and the proper installation of a car seat or booster seat in the motor vehicle used by the caregiver to transport the child or children;
- (6) training on the child care emergency plan required under section 142I.19, subdivision 2;
- (7) training on allergy prevention and response required under section 142I.06, subdivision 5, paragraph (b);
- (8) training on the community-based family child care program plan required under section 142I.22, if applicable;

- (9) training on the family child care program policies and procedures required under section 142I.06;
- (10) training on reporting suspected maltreatment of children as required under chapter 260E; and
- (11) swimming pool training under section 142I.14, subdivision 6, if a pool at the family child care program is used by children in care.

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

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

(b) Each calendar year, a substitute or intermittent caregiver must receive training on reducing the risk of abusive head trauma from shaking infants and young children if caring for children under school age and reducing the risk of sudden unexpected infant death if caring for infants. A substitute must complete each applicable course at least once every two years either in person or online. In a year a substitute or intermittent caregiver is not completing an applicable course under this paragraph in person or online, the individual must watch a video on the respective topic of no more than one hour in length. The video must be developed or approved by the commissioner. A license holder must maintain documentation of compliance with this paragraph for each substitute and intermittent caregiver employed.

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

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

- (1) pediatric cardiopulmonary resuscitation training that meets the requirements of section 142I.10, subdivision 1, paragraph (c), clause (4), and is repeated every two years within 90 days of the second anniversary of the previous training. Documentation must be maintained at the family child care program or electronically and made available upon request;
- (2) pediatric first aid that is given by an instructor certified to provide pediatric first aid and is repeated every two years within 90 days of the second anniversary of the previous training. Documentation of the training must be maintained at the family child care program or electronically and made available upon request; and
- (3) proper use and installation of child passenger restraint systems under section 169.685 that meets the requirements of section 142I.10, subdivision 1, paragraph (c), clause (6), and is repeated at least once every five years. This requirement does not apply to family child care programs that transport only school-age children as defined in section 142I.01, subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e).

Sec. 12. [142I.12] Helper training requirements

Subdivision 1. **Helper initial training requirements.** A helper who assists with care must complete a minimum of four hours of training within the 12 months before assisting in care. The four hours must include courses on reducing the risk of sudden unexpected infant death, abusive head trauma, and reporting suspected maltreatment of children as required under chapter 260E. The trainings under this paragraph may be combined in a single commissioner-approved course. A license holder must maintain documentation showing each helper has complied with this paragraph.

Subd. 2. **Helper annual training requirements.** (a) Each calendar year, a helper who assists in the care must receive training on reducing the risk of sudden unexpected infant death and abusive head trauma. The trainings under this paragraph may be combined in a single commissioner-approved course and must, at a minimum, address risk factors, methods of risk reduction in child care, and communication with parents regarding risk reduction. A license holder must maintain documentation showing each helper has complied with this paragraph.

(b) County licensing staff must accept approved training on the helper's learning record in the Develop data system.

Sec. 13. [142I.13] Behavior guidance

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

- (1) methods of promoting positive behavior under subdivision 2;
- (2) prohibited actions under subdivision 3; and
- (3) separation from the group under subdivision 4.

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

- (1) positively role model acceptable behavior to each child;
- (2) tailor methods of promoting positive behavior to the developmental level of the children the family child care program is licensed to serve;
- (3) ensure redirection is used as appropriate in addressing a child's behavior, to guide a child away from potential challenges toward constructive activity. For the purposes of this clause, "redirection" means when a caregiver intervenes and guides a child toward constructive activity through positive techniques;
- (4) teach children how to use acceptable alternatives to reduce conflict; and
- (5) protect the safety and well-being of children and caregivers.

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

- (1) subjecting a child to corporal or physical punishment. This includes but is not limited to rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, spitting, hitting, and spanking;
- (2) subjecting a child to name calling, ostracism, shaming, making derogatory remarks about the child or the child's family, cultural or racial slurs, and yelling or using profane language that threatens, humiliates, or frightens the child;
- (3) forcing a child to maintain an uncomfortable position or to continuously repeat physical movements;
- (4) separating a child from the group except as provided in subdivision 4;
- (5) punishing a child for:
 - (i) not resting, napping, or sleeping;
 - (ii) toileting accidents;
 - (iii) failing to eat all or part of meals or snacks; or
 - (iv) failing to complete an activity;
- (5) denying a child food or drink or forcing food or drink upon a child;
- (6) denying light, warmth, clothing, or medical care as a punishment for unacceptable behavior;
- (7) the use of physical restraint other than to physically hold a child when containment is necessary to protect a child or others from harm. The use of prone restraint under section 245A.211 must always be prohibited;
- (8) the use of mechanical restraints, such as tying, or any device or equipment intended to restrict or prevent movement as a means of discipline or convenience by caregivers, including but not limited to confinement to a swing, high chair, infant carrier, walker, crib, or weighted item;
- (9) the use of any nonprescribed substance given to a child to subdue or restrict movement or behavior;
- (10) delegating discipline or punishment to another child; and
- (11) punishing or shaming a child for the actions of a parent. This includes but is not limited to failure to pay fees, failure to provide appropriate clothing, failure to provide materials for an activity, or any conflict between the license holder or caregiver and the parent.

Subd. 4. Separation time from the group. No child may be separated from the group unless the license holder has tried less intrusive methods of guiding the child's behavior that have been ineffective and the child's behavior threatens the well-being of the child or other children in the family child care program. Separation from the group must meet the following requirements:

- (1) children under the age of three must not be separated from the group as a means of behavior guidance;
- (2) the separation time or "time-out period" must be limited to the amount of time necessary for the child to gain self-control and rejoin the group while being supported by the provider;
- (3) the child must be supervised as defined under section 142I.01, subdivision 46;
- (4) no child shall be placed in a locked room to separate the child from the group; and
- (5) the caregiver must offer the child the time-out period in a nonhumiliating manner.

Sec. 14. [142I.14] Physical space requirements

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

- (b) Bathrooms, closets, space occupied by major appliances, and other space not used by children may not be counted as usable space. Space occupied by adult furniture, if it is used by children, may be counted as usable indoor space.
- (c) Usable indoor space may include a basement if it has been inspected and approved by a fire marshal, is free of hazards, and meets the requirements of subdivision 4.
- (d) All exits leading from indoor to outdoor space must be fully clear of obstruction.

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

- (b) Any room that has sleeping children must have an escape route separate from the main exit referenced in paragraph (a). This escape route must be a door or an egress window leading directly outside.
- (c) When the basement is used for care, the basement must have at least one escape route separate from the main exit under paragraph (a). This escape route must be a door or an egress window leading directly outside.
- (d) Required escape routes must not be obstructed and must be accessible and openable without special knowledge.

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

(b) During outdoor play:

- (1) the adult caregiver shall remain outdoors with infants, toddlers, and preschoolers at all times;
- (2) school-age children may be permitted in the approved outdoor play space at the family child care program without the license holder or caregiver if:
 - (i) the children are engaged in age-appropriate activities using age-appropriate equipment; and
 - (ii) the license holder or caregiver remains accessible to provide supervision when needed in accordance with section 142I.01, subdivision 46; and
- (3) when the outdoor play space is not at the family child care program, the license holder or caregiver shall accompany and supervise all children in transit and at the outdoor play space.

(c) Caregivers must prevent children from accessing hazardous materials.

(d) Outdoor play areas must be protected from traffic and nearby hazards. If traffic or other hazards are present, the family child care program must have:

- (1) a continuous fence in good condition with functioning gates or a continuous natural barrier or a combination of fence and naturally occurring or landscaping barrier. The fence or natural barrier must ensure that children are not able to leave the outdoor play area unsupervised; or
- (2) a supervision and safety plan if a fence is not used that includes alternative methods to ensure the health, safety, and protection of children in care.

(e) Electrical fences must be inaccessible to children in care.

(f) Providers must take measures to protect children from the dangers of sun exposure and extreme heat.

(g) Outdoor equipment, whether stationary or portable, must be safe, be in good repair, be assembled according to the manufacturer's guidelines, and meet the developmental needs of the age groups of children using the space.

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

- (1) have no openings between 3-1/2 inches and nine inches in size to prevent entrapment of the head or other body parts;

- (2) have guardrails or protective barriers on platforms that are 30 inches or higher. A protective barrier is a continuous structure surrounding the platform that is designed to prevent a person from falling or passing through, whether intentionally or accidentally; and
- (3) be assembled, installed, and utilized according to the manufacturer's guidelines.

Subd. 4. Conditions of the program. The licensed space must be maintained in a manner that protects the health and safety of children in care. The license holder must ensure that:

- (1) the family child care program space is free from conditions that endanger the health or safety of children, including unsanitary conditions or excessive accumulation of materials;
- (2) the furnishings, equipment, and materials are arranged and stored so that hallways, stairways, doors, and exit routes remain unobstructed and usable for safe exit; and
- (3) the amount and placement of stored items do not create an increased risk of fire or injury or impede the safe supervision of children.

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

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

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

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

- (1) not have had a licensing sanction under section 142B.18 or a correction order or conditional license under section 142B.16 relating to the supervision or health and safety of children during the prior 24 months;
- (2) notify the county agency before initial use of the swimming pool each calendar year;
- (3) obtain written consent from a child's parent allowing the child to use the swimming pool and renew the parent's written consent at least annually. The written consent must include a statement that the parent has received and read materials provided by the Department of Health related to the risk of disease transmission as well as other health risks associated with swimming pools. The

written consent must also include a statement that neither the Department of Health nor the county agency will monitor or inspect the license holder's physical swimming pool;

- (4) attend and successfully complete a swimming pool supervision training course annually;
- (5) attend and successfully complete one of the following swimming pool operator training courses once every five years:
 - (i) both of the National Spa and Pool Institute Tech I and Tech II courses; or
 - (ii) the National Recreation and Park Association aquatic facility operator course;
- (6) toilet all potty-trained children before they enter the swimming pool;
- (7) require all children who are not potty trained to wear swim diapers while in the swimming pool;
- (8) if fecal material enters the swimming pool water, add three times the normal shock treatment to the pool water to raise the chlorine level to at least 20 parts per million and close the pool to swimming for the 24 hours following the entrance of fecal material into the water or until the water pH and disinfectant concentration levels have returned to the standards specified in clause (10), whichever is later;
- (9) prevent any person from entering the swimming pool who has an open wound or has or is suspected of having a communicable disease;
- (10) maintain the swimming pool water at a pH of not less than 7.2 and not more than 8.0, maintain the disinfectant concentration between two and five parts per million for chlorine or between 2.3 and 4.5 parts per million for bromine, and maintain a daily record of the swimming pool's operation with pH and disinfectant concentration readings on days when children cared for at the family child care program are present;
- (11) have a disinfectant feeder or feeders;
- (12) have a recirculation system that will clarify and disinfect the swimming pool volume of water in ten hours or less;
- (13) maintain the swimming pool's water clarity so that an object on the pool floor at the pool's deepest point is easily visible;
- (14) comply with the provisions in section 144.1222, subdivisions 1c and 1d;
- (15) have in place and enforce written safety rules and swimming pool policies;
- (16) have in place at all times a safety rope that divides the shallow and deep portions of the swimming pool;

- (17) maintain compliance with any existing local ordinances regarding swimming pool installation, decks, and fencing;
- (18) maintain a water temperature of not more than 104 degrees Fahrenheit and not less than 70 degrees Fahrenheit;
- (19) cover the swimming pool when not in use;
- (20) follow the requirements of subdivision 7; and
- (21) for lifesaving equipment, have a United States Coast Guard-approved life ring attached to a rope, an exit ladder, and a shepherd's hook available at all times to the caregiver supervising the swimming pool.

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

- (b) All water hazards, such as inground or above-ground swimming pools, hot tubs, stationary wading pools, fish ponds, and water retention or detention basins on the site of the family child care program must be enclosed with a permanent fence, wall, building wall, other physical barrier, or combination thereof that is at least four feet in height. A house exterior wall can constitute one side of a fence if the wall has no openings capable of providing direct access to the hazard, including but not limited to doors or windows.
- (c) The family child care program may not allow a child in care to use a swimming pool or beach without an adult caregiver trained in first aid and CPR present.
- (d) Bodies of water must be separated from the play area by a fence or other physical barrier that prevents children from accessing the water. The house door alone is not a sufficient barrier.

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

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

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

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

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

- (1) 18 inches of a gas or fuel-oil heater or furnace; or
- (2) 36 inches of a solid-fuel-burning appliance.

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

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

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

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

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

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

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

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

(b) Electrical wiring must be sized to provide for the load and be in good repair. Extension cords must not be used as a substitute for permanent wiring.

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

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

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

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

- (1) have handrails on at least one side of stairways of four or more steps;
- (2) enclose any open area between the handrail and stair tread with a protective guardrail as specified in the State Building Code. The back of the stair risers must also be enclosed;
- (3) use gates at the top and bottom of stairways when children who are six to 18 months old are in care; and
- (4) keep stairways well lit, in good repair, and free of clutter and obstructions.

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

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

- (b) Every interior door lock must permit opening of the locked door from the outside and the opening device must be readily accessible to all caregivers.
- (c) Double cylinder locks, where a key is required on both sides, on exit doors are prohibited.
- (d) Locks may not be used in place of supervision.

Subd. 21. Tobacco products, cannabis, vaping, drugs, and alcohol use prohibitions. (a) Smoking of tobacco, cannabis, or any other product, including through electronic delivery devices, is prohibited on both indoor and outdoor licensed family child care program environments and in any vehicles used by the family child care program during hours of operation.

- (b) The use of alcohol or illegal or recreational drugs is prohibited during hours of operation.

- (c) If the license holder allows smoking of tobacco, cannabis, or any other product, including through electronic delivery devices, on the premises outside of child care hours, the license holder must verbally provide notice to parents and must post written notice in an obvious location disclosing this information.
- (d) While caring for children, no license holder or caregiver shall be under the influence of any substance that impairs the individual's ability to supervise children or perform the individual's duties.

Sec. 15. [142I.15] Cleaning and disinfecting

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

- (b) Disinfectants must:
 - (1) not be used prior to or in place of cleaning compounds;
 - (2) be mixed and used according to the manufacturer's instructions; and
 - (3) be used on surfaces that are contaminated with bodily fluids.

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

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

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

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

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

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

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

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

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

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

- (1) cloth diapers must have an absorbent inner layer that is completely covered with an outer waterproof layer that has a waist closure;
- (2) the cloth diaper and waterproof layer must be changed at the same time;
- (3) cloth diapers supplied by parents, except those supplied by a commercial diaper service, must be labeled with the child's name and must be placed in a plastic bag after removal with any soiled clothing and sent home with the parent daily; and
- (4) cloth diapers must be kept out of reach from children before and after use.

(c) Clothes must be worn over diapers while the child is in the family child care program. Diapers and clothing must be changed promptly when wet or soiled.

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

(e) The diaper changing area must be covered with a smooth, nonabsorbent surface. Changing tables, changing pads, and other diaper changing areas must be cleaned and disinfected between children, even if using a nonabsorbent covering that is discarded after each use. Diapering must not take place in a food preparation area.

(f) Disposable diapers must be disposed of in a covered diaper disposal container located in the diaper changing area and lined with a disposable plastic bag or directly outdoors in a garbage can.

Sec. 16. [142I.16] Environmental health

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

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

- (1) test the water annually by a Department of Health-certified laboratory for coliform bacteria and nitrate nitrogen and receive confirmation that the water is safe. The family child care program must submit a copy of the test results with the agency. Retesting and corrective measures may be required by the agency if results do not meet state drinking water standards or where the supply may be subject to off-site contamination. A copy of the most recent water testing results must be

kept on the licensed premises. If the water test results are at or above Department of Health-recommended levels or if the license holder declines to test the water supply in the program, the license holder must:

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

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

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

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

- (1) the date of the most recent test;
- (2) the rooms or areas tested; and
- (3) the detected radon level or levels, stated in picocuries per liter (pCi/L).

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

Sec. 17. [142I.17] Activities and equipment

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

- (1) be scheduled indoors and outdoors daily, weather permitting. When determining if the weather permits outdoor play, a license holder must defer to weather advisory notifications, including air quality emergencies, provided by local weather experts, local or state authority on air quality, or public health;
- (2) be appropriate to the age and developmental stage of the child;
- (3) include active and quiet activity; and

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

Subd. 2. Equipment. A license holder must provide children in a family child care program with:

- (1) sufficient play equipment to allow each child a choice of at least three activities involving equipment when all children are using equipment;
- (2) early learning materials, play equipment, and space that are age and developmentally appropriate and culturally diverse; and
- (3) play equipment that is safe, in good repair, and used in accordance with the manufacturer's instructions.

Subd. 3. Newborn or infant activities. A caregiver must:

- (1) hold a newborn or infant during feedings until the child can hold the bottle. A bottle cannot be propped up for a newborn or infant;
- (2) respond to a newborn's or infant's attempts to communicate;
- (3) develop infant language and communication by responding to a newborn's or infant's attempts to communicate by mirroring similar sounds, sharing the child's focus of attention, talking to the newborn or infant, naming objects, and describing actions;
- (4) provide a newborn and infant with freedom of movement to sit safely and comfortably, crawl, toddle, walk, and play both indoors and outdoors throughout the day;
- (5) provide a newborn or infant an opportunity to stimulate the senses by providing a variety of activities and objects to see, touch, feel, smell, hear, and taste;
- (6) provide activities for a newborn or infant that develop the child's manipulative and fine motor skills;
- (7) provide activities for self-awareness;
- (8) provide activities to support a newborn or infant to develop social-emotional skills;
- (9) provide activities to support a newborn or infant to develop gross motor skills; and
- (10) allow a newborn or infant actively supervised tummy time. For the purposes of this clause, "tummy time" means placing a newborn or infant in a nonrestrictive prone position, lying on their stomach. Tummy time should occur throughout the day when a newborn or infant is awake. A newborn or infant must not be wearing anything to restrict movement during tummy time.

Subd. 4. Newborn and infant equipment. When caring for newborns or infants, a license holder must provide:

- (1) an infant seat or high chair, as appropriate, for each newborn and infant in attendance;

- (2) a crib or portable crib with a mattress or pad for each newborn and infant in attendance that is in compliance with current Consumer Product Safety Commission safety standards and chapter 142B.45. The license holder must maintain documentation on site that the equipment used meets these requirements and provide it to the commissioner and parents as requested;
- (3) books and literacy materials;
- (4) gross motor activity equipment; and
- (5) fine motor activity materials.

Subd. 5. Toddler activities. When caring for toddlers, a license holder must:

- (1) provide the toddler with freedom of movement and freedom to explore outside the crib or portable crib and allow the toddler to comfortably sit, crawl, toddle, walk, and play according to the toddler's stage of development;
- (2) talk to, listen to, and interact with the toddler to encourage language development;
- (3) provide the toddler with activities that develop the child's fine and gross motor skills;
- (4) give the toddler opportunities to stimulate the senses by providing a variety of age-appropriate activities and objects to see, touch, feel, smell, hear, and taste; and
- (5) provide activities to support the toddler to develop social-emotional skills.

Subd. 6. Toddler equipment. When caring for toddlers, a license holder must provide:

- (1) clean and separate sleeping equipment for each toddler such as a mat, crib, cot, bed, sofa, or sleeping bag that is cleaned and maintained as required in subdivision 10 and section 142I.15, subdivision 5;
- (2) gross motor play equipment;
- (3) books and literacy materials;
- (4) fine motor, math, and science materials; and
- (5) music, movement, and art activity materials.

Subd. 7. Preschooler activities. When caring for preschoolers, a license holder must:

- (1) encourage conversation between the child and other children and adults;
- (2) provide opportunity to play near and with other children, provide time and space for individual and group play, allow for quiet times to talk or rest, and allow for unplanned time and individual play time;

- (3) foster understanding of personal and peer feelings and actions and allow for the constructive release of a range of feelings through discussion or play;
- (4) give assistance in toileting and provide time to carry out self-help skills and provide opportunities to be responsible for activities;
- (5) provide opportunities for each child to make decisions about daily activities and to learn from the decision-making experiences;
- (6) provide time and areas for age-appropriate gross motor play;
- (7) provide learning, small muscle, manipulative, creative, or sensory activities; and
- (8) read stories, look at books together, and talk about new words and ideas with the child.

Subd. 8. **Preschooler equipment.** When caring for preschoolers, a license holder must provide:

- (1) a mat, bed, cot, sofa, or sleeping bag for each preschooler that is clean and maintained as required under subdivision 10 and section 142I.15, subdivision 5;
- (2) dramatic play equipment;
- (3) books and literacy materials;
- (4) fine motor materials;
- (5) gross motor play equipment;
- (6) math materials;
- (7) science materials;
- (8) music and movement materials; and
- (9) art materials.

Subd. 9. **School-age activities and equipment.** When caring for school-age children, a license holder must:

- (1) provide opportunities for individual discussion about the day and planning for activities;
- (2) provide space, opportunities, and materials or equipment for games, activities, or sports using the whole body;
- (3) provide space, bedding materials, and opportunities for individual rest and quiet time required under subdivision 10;
- (4) allow increased freedom as the child demonstrates increased responsibility;
- (5) provide opportunities for group experiences with other children;

- (6) provide opportunities to develop or expand self-help skills or real-life experiences; and
- (7) provide opportunities and materials for creative and dramatic activity, arts, and crafts.

Subd. 10. **Bedding.** Clean, separate, and individual bedding such as sheets, towels, blankets, or sleeping bags must be provided for each child in care. For children not using cribs or portable cribs, the license holder must provide developmentally appropriate mats, cots, or other sleep equipment that can be cleaned and disinfected according to section 142I.15. Mats, cots, and other sleep equipment used in the family child care program must be in good condition and have no tears or holes and be covered in individual bedding.

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

Sec. 18. [142I.18] Infant sleep and crib requirements

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

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

- (b) Caregivers must conduct in-person checks every 20 minutes for infants who are six months old or younger once they have been placed in a crib or portable crib.
- (c) Monitors may be used to supervise infants when the infants are sleeping. However, the use of monitors does not replace the in-person checks required under paragraph (b). When in use, monitors must meet the following conditions:
 - (1) the sound monitoring equipment must be able to pick up the sounds of all infants in the separate room;
 - (2) the receiver of the sound monitoring equipment must be actively monitored by the adult caregiver at all times; and
 - (3) sound monitoring equipment must be checked daily prior to use to ensure it is working correctly. If the sound equipment is not functioning, infants must sleep in the same room as the caregiver.
- (d) If music or other sounds are played in the infant sleep area, the music or other sound equipment must not be played at a volume that would prevent infants from being heard by the caregiver. This paragraph applies to fans used to create sound.

Sec. 19. [142I.19] Health policies and safety requirements

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

- (b) Blood-contaminated material must be disposed of in a plastic bag and securely tied.
- (c) If a provider has a child with a health care need that requires injectable medication, they must have a sharps container available.
- (d) A license holder must keep disposable gloves, disposal bags, and eye protection available. Prescription eyewear does not meet the requirements of this paragraph.

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

- (1) procedures for an evacuation, relocation, shelter-in-place, or lockdown;
- (2) a designated relocation site and evacuation route;
- (3) procedures for notifying a child's parent of an evacuation, shelter-in-place, or lockdown, including procedures for reunification with families;
- (4) accommodations for a child with a disability or a medical condition;
- (5) procedures for storing a child's medically necessary medicine that facilitate easy removal during an evacuation or relocation;
- (6) procedures for continuing operations in the period during and after a crisis;
- (7) procedures for communicating with local emergency management officials, law enforcement officials, or other appropriate state or local authorities; and
- (8) accommodations for infants and toddlers.

- (b) The license holder must train each caregiver before the caregiver provides care and at least annually on the child care emergency plan and document completion of this training.
- (c) The child care emergency plan must be available for review by the agency during inspections.
- (d) In addition to the emergency plan required under paragraph (a), the license holder must maintain preparedness for emergencies. An operable telephone must be located in the family child care program. A cellular telephone may be used if it is sufficiently charged for use at all times. Emergency phone numbers for parents must be readily available within the program and taken on all emergency drills and evacuations.

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

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

- (1) the address of the family child care program;
- (2) emergency phone numbers;
- (3) a designated place to meet and confirm that all children in attendance are present;
- (4) fire extinguisher locations;
- (5) plans for monthly fire and storm drills; and
- (6) escape routes to the outside from all levels used by children. In buildings with three or more dwelling units, enclosed exit stairs must be indicated.

(g) The license holder must complete a monthly fire drill and have documentation of completed fire drills available for review by the agency during inspections. The log must include the date of the drill, the time of day the drill occurred, the name of the caregiver who conducted the drill, and the length of time taken to evacuate all children safely.

Subd. 3. Transporting children. Children must only be transported in an enclosed passenger vehicle capable of using car seats or a bus operated by a common carrier. When transporting children in an enclosed passenger vehicle other than a bus operated by a common carrier, a license holder must:

- (1) ensure compliance with all seat belt and child passenger restraint system requirements under sections 169.685 and 169.686;
- (2) ensure that the child is fastened in a safety seat, seat belt, or harness appropriate to the age and weight of the child and the restraint is installed and used in accordance with the manufacturer's instructions;
- (3) only use a vehicle licensed in accordance with the laws of the state and driven by a caregiver with a current, valid motor vehicle license. A copy of the current driver's license, for each caregiver who transports a child in care, must be kept at the family child care program;
- (4) receive written permission to transport children from parents prior to transport; and
- (5) not allow a child to remain unattended in any vehicle.

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

- (1) maintain the pets or animals in good health and proper housing. Pets or animals must be appropriately immunized, and rabies vaccinations must be documented with a current certificate from a veterinarian when appropriate;
- (2) follow all local and state ordinances regarding the keeping, licensing, number, and health status of animals;
- (3) restrict any animals that pose a risk of injury or illness to children from indoor and outdoor areas used by children;
- (4) inform parents in writing of the presence of pets and animals on the premises. If pets or animals are allowed to roam in areas occupied by children, the license holder must obtain written acknowledgment from parents. Parents must be notified in writing prior to the introduction of a new pet;
- (5) keep any reptiles, amphibians, ferrets, poisonous animals, psittacine birds, exotic animals, and wild animals inaccessible to children;
- (6) not allow any contact between children and pets or animals that is not directly supervised by an adult caregiver who is in close physical proximity and able to immediately intervene if the child or animal shows distress or aggression or if the child is treating the animal inappropriately;
- (7) immediately intervene to protect a child when necessary;
- (8) prevent pets and animals from accessing food preparation, storage, and serving areas when food is being prepared or served, unless confined in a cage or kennel. Litter boxes are prohibited in any food preparation, storage, or serving areas;
- (9) keep indoor and outdoor areas accessible to children free of animal waste, including litter boxes and their contents. Pet cages, enclosures, and aquariums accessible to children must be located and cleaned away from food areas;
- (10) immediately notify a parent of a child who receives an animal bite or scratch;
- (11) notify the local animal authority whenever an individual is bitten by an animal on the day of injury. The notification must be made before any steps are taken to euthanize the animal, and the license holder must take reasonable steps to confine the animal; and
- (12) notify the licensing agency within 24 hours of any animal bite from an animal housed at the licensed family child care program.

Subd. 5. Pest control. (a) A license holder must take effective measures to protect the family child care program against pests. The license holder must take steps to prevent attracting pests and, if pests are present inside the family child care program, to remove or exterminate the pests.

(b) Chemicals for pest control must not be applied in areas accessible to children when children are present. The license holder must use chemicals according to manufacturer instructions. Only approved, Environmental Protection Agency-registered insecticides, rodenticides, and herbicides may be used. Application must strictly follow all label instructions.

Subd. 6. Garbage. Garbage must be inaccessible to infants, toddlers, and preschoolers. Garbage is considered inaccessible when the garbage container has a lid on.

Subd. 7. Firearms. (a) A license holder and all caregivers, parents, household members, and visitors to the family child care program must comply with the requirements of this subdivision during program hours.

(b) Ammunition and firearms must be stored in locked areas separated from areas accessible to children. Firearms must be unloaded while stored.

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

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

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

- (1) adhesive bandages in assorted sizes and tape;
- (2) sterile compresses;
- (3) scissors;
- (4) an ice bag or cold pack;
- (5) a thermometer;
- (6) mild liquid soap, hand sanitizer, or alcohol wipes; and
- (7) disposable powder-free, latex-free gloves.

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

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

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

- (2) notify the commissioner of health within 24 hours of receiving the parent or staff report. Documentation of the notification must be kept at the family child care program.
- (c) Children with a reportable disease in paragraph (b) must be excluded from the family child care program for the length of time specified in the commissioner of health guidelines on infectious diseases in child care settings, until the child can participate in routine activities without more caregiver supervision than usual or until the child's health care provider determines that exclusion is no longer necessary, whichever is longer.

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

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

Sec. 20. [142I.20] Food and nutrition

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

- (b) Plastic bottles, sippy cups, or other plastic food containers must never be warmed in a microwave.
- (c) Once bottle feeding is complete, any unused portion must be disposed of or stored inaccessible to children in care. Bottles provided by or stored at the family child care program must be washed prior to the next use.
- (d) License holders must not serve food to infants or toddlers using polystyrene foam (Styrofoam) cups, bowls, or plates.

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

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

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

- (b) Meals and snacks provided from the child's home must be labeled with the child's name. When special diets are required for cultural, religious, or medical reasons, the provider shall obtain written, dated, and signed instructions from the child's parent.
- (c) Flexible feeding schedules must be provided for infants.
- (d) Food, liquids, and bottles brought from home must be labeled with the first and last name of each child.

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

- (b) Appliances used in food and liquid storage and preparation must be safe and clean.
- (c) All canned food provided by the license holder must be commercially processed. Locally grown fresh and frozen fruits and vegetables may be served at the family child care program. Food canned or preserved at home and home-butchered meats, poultry, and fish may not be served to children in care.

Sec. 21. [142I.21] Children with special health care needs or disabilities

- (a) For children with disabilities who require therapy, additional behavior guidance, programming, or alternative accommodations, the parents or health care provider must provide written instructions for the license holder to follow.
- (b) All activities must be designed to include all children unless a specific medical contraindication exists.
- (c) All caregivers responsible for the care of a child with a disability or special health care need shall demonstrate to the parents and the agency how the child's specific needs are being met.
- (d) Before enrolling a child for care, the license holder must obtain documentation of any known allergies on a form prescribed by the commissioner. The form must be readily available to all caregivers and reviewed by the license holder and each caregiver annually and when any updates or changes are made.
- (e) If a child has a known allergy, the primary provider of care must maintain current information about the allergy in the child's record, ensure that required medication is on hand, and follow the allergy plan signed by a treating medical professional. The child's plan must include:
 - (1) a description of the allergy;
 - (2) specific triggers and avoidance techniques;
 - (3) symptoms of an allergic reaction; and

- (4) procedures for responding to an allergic reaction, including any medication and dosage to be administered in an emergency situation.
- (f) A caregiver must call emergency medical services when epinephrine is administered to a child in the license holder's care.
- (g) The caregiver must contact the child's parent immediately after any instance of exposure to an allergen or allergic reaction.

Sec. 22. [142I.22] Community-based family child care

- (a) A family child care program located on a site other than the license holder's primary residence must be licensed under this section if:
 - (1) the family child care program is conducted in a dwelling on a residential lot or in a commercial space other than the license holder's primary residence;
 - (2) the license holder is an organization, employer, church, or religious entity; or
 - (3) the license holder is a community collaborative child care provider. For purposes of this clause, a "community collaborative child care provider" is a provider participating in a cooperative agreement with a community action agency as defined in section 142F.301.
- (b) Programs licensed under paragraph (a) must comply with local zoning regulations, the applicable State Fire Code, and the State Building Code. Any age and capacity limitations established by the fire code must be printed on the license.
- (c) A license holder under this section must designate at least one primary provider of care as follows:
 - (1) one individual for programs operating eight or fewer hours per day;
 - (2) up to two individuals for programs operating more than eight but no more than 16 hours per day; and
 - (3) up to three individuals for programs operating more than 16 hours per day.
- (d) The license issued under this section must include the statement: "This community-based family child care license holder is not licensed as a child care center."
- (e) The commissioner may approve up to four licenses at the same location or under one contiguous roof if each license holder independently meets all applicable requirements. Each licensed family child care program must operate as a distinct family child care program within its licensed capacity, age, and ratio limits as determined by the state fire marshal. Only one license may be issued per single-family residential home.

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

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

Sec. 23. Revisor instruction

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

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

Sec. 24. Repealer

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

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

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

Sec. 25. Effective date

This section is effective July 1, 2027.