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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 4382

1.1 A bill for an act

1.2 relating to children; modernizing and encoding rules governing licensed child care

1.3 centers and licensed family child care; creating requirements for family child care,

1.4 child care center workers, policies, capacity, staff ratios, equipment, notifications,

1.5 parent access, record keeping, supervision, facilities, health and safety, food and

1.6 nutrition, and transportation; amending Minnesota Statutes 2024, section 245A.211,

1.7 subdivision 1; proposing coding for new law as Minnesota Statutes, chapters 142H;

1.8 142I; repealing Minnesota Statutes 2024, sections 142B.01, subdivisions 11, 12,

1.9 13, 25, 26, 27; 142B.41, subdivisions 4, 6, 7, 8, 10, 11, 12, 13; 142B.54,

1.10 subdivisions 1, 2, 3; 142B.62; 142B.65, subdivisions 1, 2, 3, 4, 5, 6, 7, 10; 142B.66,

1.11 subdivisions 1, 2, 4, 5; 142B.70, subdivisions 1, 2, 3, 4, 5, 6, 9, 10, 11, 12; 142B.71;

1.12 142B.72; 142B.74; 142B.75; 142B.76; 142B.77; Minnesota Statutes 2025

1.13 Supplement, sections 142B.41, subdivision 9; 142B.65, subdivisions 8, 9; 142B.66,

1.14 subdivision 3; 142B.70, subdivisions 7, 8; Minnesota Rules, parts 9502.0300;

1.15 9502.0315; 9502.0325; 9502.0335; 9502.0341; 9502.0345; 9502.0355; 9502.0365;

1.16 9502.0367; 9502.0375; 9502.0395; 9502.0405; 9502.0415; 9502.0425; 9502.0435;

1.17 9502.0445; 9503.0005; 9503.0010; 9503.0015; 9503.0030; 9503.0031; 9503.0032;

1.18 9503.0033; 9503.0034; 9503.0040; 9503.0045; 9503.0050; 9503.0055; 9503.0060;

1.19 9503.0065; 9503.0070; 9503.0075; 9503.0080; 9503.0085; 9503.0090; 9503.0095;

1.20 9503.0100; 9503.0105; 9503.0110; 9503.0115; 9503.0120; 9503.0125; 9503.0130;

1.21 9503.0140; 9503.0145; 9503.0150; 9503.0155; 9503.0170.

1.22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.23 ARTICLE 1

1.24 CHILD CARE CENTERS LICENSING MODERNIZATION

1.25 Section 1. 142H.01 DEFINITIONS.

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

1.27 the meanings given.

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

1.29 or utilized by a child.

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

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

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

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

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

2.12 Subd. 5. **Applicant.** "Applicant" has the meaning given in section 142B.01, subdivision
2.13 4.

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

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

2.22 Subd. 8. **Center.** "Center" means a child care program that is not excluded by section
2.23 142B.05, subdivision 2, and is not a family child care program, as defined in section 142I.01,
2.24 subdivision 22.

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

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

2.31 Subd. 11. **Child care program plan.** "Child care program plan" means the written
2.32 document that states specific activities that will be provided by the license holder to promote

3.1 the physical, intellectual, social, and emotional development of the children enrolled in the
 3.2 center.

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

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

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

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

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

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

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

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

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

3.20 (ii) in a public or nonpublic school;

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

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

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

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

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

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

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

4.6 Subd. 24. **License.** "License" has the meaning given in section 142B.01, subdivision
4.7 16.

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

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

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

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

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

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

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

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

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

5.7 Subd. 34. **Substitute.** "Substitute" means a person who is temporarily filling a position
5.8 as a director, teacher, assistant teacher, or aide in a licensed child care center for less than
5.9 500 hours total in a calendar year due to the absence of a regularly employed program staff
5.10 person.

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

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

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

5.15 (3) is within sight and hearing of the child at all times, except as described in section
5.16 142H.24, subdivision 1.

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

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

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

5.23 (a) No child care center, as defined in section 142H.01, subdivision 8, may operate in
5.24 Minnesota without a license pursuant to this chapter and chapter 142B. An applicant for a
5.25 license and the license holder shall be governed by, and must comply with, the general
5.26 requirements in this chapter and chapters 142B, 245C, and 260E.

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

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

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

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

6.7 (b) "Day program" means a nonresidential child care program that operates during
6.8 waking hours and does not provide overnight care.

6.9 (c) "Drop-in child care program" has the meaning given in section 142H.01, subdivision
6.10 17. Drop-in child care is subject to the requirements in section 142H.17.

6.11 (d) "Night care program" means a nonresidential child care program that provides
6.12 overnight care to children during sleeping hours, approximately 11:00 p.m. to 5:00 a.m.
6.13 Night care is subject to the requirements in section 142H.16.

6.14 (e) "Sick care program" means a nonresidential child care program that exclusively cares
6.15 for sick children. Sick child care is subject to the requirements in section 142H.19.

6.16 Sec. 4. [142H.04] POLICIES AND PROCEDURES FOR PROGRAM
6.17 ADMINISTRATION.

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

6.21 (b) The license holder shall:

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

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

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

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

7.1 **Sec. 5. [142H.05] DIRECTORS.**

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

7.6 **(b) A director must:**

7.7 **(1) be at least 21 years old;**

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

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

7.12 **(4) have at least 12 semester credits in accredited coursework in postsecondary child**
7.13 **development education, supervision, management, administration, or leadership or 120**
7.14 **hours of training earned in the topics of child development, supervision, management,**
7.15 **administration, or leadership.**

7.16 **(c) Paragraph (b), clauses (3) and (4), are satisfied if an individual has completed a**
7.17 **Minnesota Association for the Education of Young Children early childhood director's**
7.18 **credential; Child Care Aware Minnesota director's credential; Montessori administrator**
7.19 **credential; or diploma issued by the American Montessori Society, Association Montessori**
7.20 **International, or an institution accredited by the Montessori Accreditation Council for**
7.21 **Teacher Education.**

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

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

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

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

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

7.31 **(1) be at least 18 years old; and**

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

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

8.6 (1) at least 12 postsecondary semester credits and 480 hours of experience;

8.7 (2) attended at least 100 hours of commissioner-approved training within the previous
8.8 five years and 480 hours of experience. After initial qualification, a teacher qualified under
8.9 this clause must fulfill at least 50 percent of in-service training requirements under section
8.10 142H.09, subdivision 10, with commissioner-approved trainings;

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

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

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

8.18 (6) a Child Development Associate (CDA) credential.

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

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

8.22 (1) at least 18 years old; and

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

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

8.27 (1) at least six postsecondary semester credits;

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

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

9.4 (i) documentation of current enrollment; and

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

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

9.7 Subdivision 1. Aide qualifications. (a) An aide must work under the supervision of a
 9.8 teacher or assistant teacher, except when performing the tasks in paragraph (b). An aide
 9.9 must be used pursuant to the staff distribution requirements in section 142H.10, subdivision
 9.10 2.

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

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

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

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

9.21 (c) Unsupervised volunteers must successfully complete training as required in section
 9.22 142H.09.

9.23 (d) Supervised volunteers must successfully complete the training required in section
 9.24 142H.09, subdivision 7.

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

9.28 (1) a qualified teacher is continuously on site, except as provided in section 142H.10,
 9.29 subdivision 2, paragraph (d);

9.30 (2) when substituting as a teacher or assistant teacher, the unqualified substitute is aware
 9.31 of their designated staffing position; and

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

10.2 (b) All substitutes must successfully complete the required training under section
10.3 142H.09.

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

10.6 (b) In a calendar year, a license holder must not use unqualified substitutes more than
10.7 60 hours multiplied by the number of the center's classrooms.

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

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

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

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

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

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

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

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

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

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

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

10.29 (7) the center's policy on cleaning, sanitizing, and disinfecting pursuant to section
10.30 142H.31;

- 11.1 (8) the center's emergency preparedness plan and procedures pursuant to section 142H.23,
 11.2 subdivision 1;
- 11.3 (9) procedures for the handling and disposal of bodily fluids pursuant to section 142H.29,
 11.4 subdivision 10;
- 11.5 (10) the center's emergency and accident policies pursuant to section 142H.23, subdivision
 11.6 2;
- 11.7 (11) the center's health policies pursuant to section 142H.29;
- 11.8 (12) individual child care program plan or plans pursuant to section 142H.15, if
 11.9 applicable;
- 11.10 (13) job responsibilities specific to the individual's position at the center;
- 11.11 (14) prevention and control of infectious diseases pursuant to section 142H.18;
- 11.12 (15) the center's policy on research, cameras, and social media participation procedures
 11.13 pursuant to section 142H.22;
- 11.14 (16) the center's policy on the use of alcohol, drugs, and tobacco products pursuant to
 11.15 section 142B.10, subdivision 1, paragraph (c);
- 11.16 (17) recognition and reporting of maltreatment, abuse and neglect pursuant to chapter
 11.17 260E;
- 11.18 (18) the center's risk reduction plan pursuant to section 142H.24;
- 11.19 (19) reduction of risk of sudden unexpected infant death pursuant to the requirements
 11.20 of subdivision 7 and section 142B.46; and
- 11.21 (20) transportation and field trip safety procedures pursuant to section 142H.33.
- 11.22 (b) Training for orientation may be used to meet in-service training requirements.
- 11.23 Subd. 3. **Child care basics training content.** Child care basics training covers
 11.24 information on effectively working in a child care center setting in Minnesota. Child care
 11.25 basics training must be developed and updated by the commissioner. Child care basics
 11.26 training may be used to meet in-service training requirements.
- 11.27 Subd. 4. **Child development and learning training.** (a) Program staff persons must
 11.28 complete at least two hours of child development and learning training within 90 days after
 11.29 the first date of direct contact with a child and every two calendar years thereafter. For the
 11.30 purposes of this subdivision, "child development and learning training" means any training

12.1 in understanding how children develop physically, cognitively, emotionally, and socially
12.2 and learn as part of the children's family, culture, and community.

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

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

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

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

12.11 (4) has received a bachelor's degree with a Montessori certificate or diploma issued by
12.12 American Montessori Society, Association Montessori International, or an institution
12.13 accredited by the Montessori Accreditation Council for Teacher Education within the past
12.14 five years.

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

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

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

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

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

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

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

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

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

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

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

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

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

13.24 Subd. 7. **Sudden unexpected infant death training.** (a) Before caring for infants,
13.25 program staff persons and volunteers must receive training on the standards under section
13.26 142B.46 and on reducing the risk of sudden unexpected infant death during orientation and
13.27 each calendar year thereafter.

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

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

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

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

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

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

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

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

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

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

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

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

15.1 (d) All program staff persons, except substitutes and unsupervised volunteers, who work
 15.2 20 hours or less per week must complete at least ten hours of in-service training each calendar
 15.3 year.

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

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

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

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

15.13 (1) abusive head trauma training of at least one-half hour duration for individuals working
 15.14 with a child under school age pursuant to subdivision 8;

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

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

15.17 (ii) emergency preparedness and procedures pursuant to section 142H.23, subdivision
 15.18 1;

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

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

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

15.23 (4) reduction of risk of sudden unexpected infant death training of at least one-half hour
 15.24 duration for individuals working with infants pursuant to the requirements of subdivision
 15.25 7 and section 142B.46;

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

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

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

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

- 16.1 (1) child development and learning pursuant to subdivision 4;
- 16.2 (2) at least one hour on cultural awareness and inclusion;
- 16.3 (3) pediatric first aid that meets the requirements of subdivision 5;
- 16.4 (4) pediatric cardiopulmonary resuscitation training that meets the requirements of
- 16.5 subdivision 5; and
- 16.6 (5) at least one hour on identifying and supporting children with special needs.
- 16.7 (c) At least once every five calendar years, training must include child passenger restraint
- 16.8 systems pursuant to subdivision 9, if applicable.
- 16.9 (d) The remaining hours of the in-service training requirement must be met by completing
- 16.10 training in the Minnesota knowledge and competency framework areas.
- 16.11 Subd. 12. **Documentation required.** (a) The license holder must document completed
- 16.12 training for program staff persons in a manner prescribed by the commissioner.
- 16.13 (b) For pediatric first aid and CPR trainings, the license holder must maintain copies of
- 16.14 training cards or certificates issued by the training organization.

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

16.16 Subdivision 1. **Staff-to-child ratios and maximum group size.** (a) Except as provided

16.17 in paragraph (b) and section 142H.12 regarding naps and rest, the minimally acceptable

16.18 staff-to-child ratios and the maximum group size within each age category are:

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

16.24 (b) Except for groups that include an infant, the staff-to-child ratio may be doubled for

16.25 no more than two hours during nap time. During the nap time, there must be enough program

16.26 staff persons in the facility to meet staff-to-child ratio and staff distribution requirements

16.27 under paragraph (a) and subdivision 2 for the groups in case of an emergency. The program

16.28 must return to following the staff-to-child ratios and staff distribution requirements under

16.29 paragraph (a) and subdivision 2 when the number of awake children exceeds the number

16.30 of children who could be supervised by one program staff person under subdivision 1.

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

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

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

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

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

17.15 (1) be 18 years of age or older;

17.16 (2) have been employed by the child care center for a minimum of 30 days; and

17.17 (3) have completed the training required under section 142H.09, including orientation
17.18 and the training required within the first 90 days of the first date of direct contact with a
17.19 child.

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

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

17.23 (2) the second staff member must have at least the qualifications of an aide;

17.24 (3) the third staff member must have at least the qualifications of an assistant teacher;

17.25 and

17.26 (4) the fourth staff member must have at least the qualifications of an aide.

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

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

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

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

18.6 (1) the staff-to-child ratio, group size, and staff distribution applied are for the age
18.7 category of the youngest child present; and

18.8 (2) the group is divided when the number of children present reaches the maximum
18.9 group size of the youngest child present.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19.10 (1) include a statement mandating that children are supervised at all times as defined in
 19.11 section 142H.01, subdivision 35, and pursuant to the requirements of section 142H.24,
 19.12 subdivision 1;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21.23 (f) The license holder must follow the infant safe sleep requirements under section
21.24 142B.46.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22.30 (e) "Separation" means a form of behavior guidance that involves interruption of
 22.31 unacceptable behavior by the removal of a child from a situation with the intention of

23.1 allowing the child an opportunity to pause and gain self-control. During a separation a child
 23.2 is isolated from participating in activities with other children. Separation of children must
 23.3 be done pursuant to subdivision 7.

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

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

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

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

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

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

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

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

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

23.20 (4) teaching children how to use acceptable alternatives to problem behavior to reduce
 23.21 conflict;

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

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

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

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

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

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

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

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

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

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

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

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

24.15 (10) the use of mechanical restraints, including tying a child up, or any device or
24.16 equipment intended to restrict or prevent movement as a means of discipline or convenience
24.17 by staff, including but not limited to confinement to a swing, high chair, infant carrier,
24.18 walker, or crib;

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

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

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

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

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

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

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

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

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

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

25.9 (1) a description of the specific behavior;

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

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

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

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

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

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

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

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

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

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

26.8 (4) the child must be supervised as defined under section 142H.01, subdivision 35, while
 26.9 separated.

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

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

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

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

26.20 (d) Equipment must be appropriate to the age and size of children and used in accordance
 26.21 with the manufacturer's instructions.

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

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

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

27.3 (1) creative arts and crafts;

27.4 (2) construction and building;

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

27.6 (4) math and science;

27.7 (5) music;

27.8 (6) fine motor skills;

27.9 (7) physical and movement activities;

27.10 (8) sensory exploration activities; and

27.11 (9) language and literacy.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

28.14 (3) has been determined by a health care provider as defined in section 142H.01,
 28.15 subdivision 22; licensed psychiatrist; licensed psychologist; or licensed consulting
 28.16 psychologist as having a special health care need or disability relating to physical, social,
 28.17 or emotional development.

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

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

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

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

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

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

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

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

29.6 (h) The ICCPP must be reviewed and updated at least once each calendar year and more
29.7 frequently if needed. The ICCPP must be signed and dated by the parent and the director
29.8 of the center upon their yearly review.

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

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

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

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

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

29.21 (1) a description of the allergy;

29.22 (2) specific triggers and avoidance techniques;

29.23 (3) symptoms of an allergic reaction;

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

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

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

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

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

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

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

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

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

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

30.18 (2) An individual age-appropriate bed with two sets of sheets and a blanket or quilt must
30.19 be provided for each toddler, preschooler, or school-age child.

30.20 (3) Each bed must have a waterproof mattress or mattress pad that can be cleaned and
30.21 disinfected.

30.22 (4) Bedding and sleeping equipment must be cleaned and disinfected as specified in
30.23 section 142H.31, subdivision 4, clause (3).

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

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

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

30.30 Subd. 5. **Meals and snacks.** The license holder must ensure that a child who will be
30.31 present in the center has had or will be provided with an evening meal. A bedtime snack

31.1 must be available for all children in attendance. Eating times and schedules for the individual
31.2 child must be consistent with patterns established in consultation with the parent of the
31.3 child.

31.4 Subd. 6. **Staffing.** At least two program staff persons, one of whom must qualify as a
31.5 teacher under section 142H.06, must be present in the center at all times during the hours
31.6 the night program is in operation. When more than 80 percent of the children present are
31.7 asleep, the remaining program staff persons needed to meet the required staff-to-child ratio
31.8 must have at least the qualifications of a child care aide. Program staff must be awake,
31.9 dressed, and provide supervision as specified in sections 142H.01, subdivision 35, and
31.10 142H.12 to children who are sleeping.

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

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

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

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

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

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

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

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

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

32.5 Subd. 16. **Exceptions.** The outdoor activity area required by section 142H.34, subdivision
 32.6 7; outdoor activities required by section 142H.11, subdivision 2; and outdoor equipment
 32.7 required by section 142H.14 need not be provided for children enrolled in a night care
 32.8 program.

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

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

32.15 (1) the drop-in child care program operates in a child care center that houses no child
 32.16 care program except the drop-in child care program;

32.17 (2) the drop-in child care program operates in the same child care center but not during
 32.18 the same hours as a regularly scheduled ongoing child care program with a stable enrollment;
 32.19 or

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

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

32.25 (1) sections 142H.10 and 142H.11, subdivision 1, clauses (6) and (7); and

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

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

32.31 (b) If the drop-in child care program has additional staff who are on call as a mandatory
 32.32 condition of their employment, the minimum child-to-staff ratio may be exceeded only for

33.1 preschool and school-age children by a maximum of four children for no more than 20
 33.2 minutes while additional staff are in transit. If the ratio is exceeded for more than 20 minutes,
 33.3 the license holder must review the mandatory on-call staff procedures and revise as necessary
 33.4 to ensure compliance with this section, including hiring additional on-call staff as needed.

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

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

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

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

33.17 (1) for infants ages six weeks to 16 months, one program staff person for every four
 33.18 infants;

33.19 (2) for toddler children ages 17 to 33 months, one program staff person for every seven
 33.20 children;

33.21 (3) for preschool children ages 34 months up to school age, one program staff person
 33.22 for every ten children; and

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

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

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

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

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

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

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

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

34.5 (1) the requirements on reportable diseases in Minnesota Rules, parts 4605.7040,
34.6 4605.7070, and 4605.7080; and

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

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

34.13 (b) The license holder must ensure that the commissioner of health is notified of any
34.14 suspected case of reportable disease as specified in Minnesota Rules, parts 4605.7040,
34.15 4605.7050, or 4605.7080, within 24 hours of receiving the parent's or staff report.
34.16 Documentation of the notification must be kept at the center.

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

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

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

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

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

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

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

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

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

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

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

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

35.24 (2) a health care provider as defined in section 142H.01, subdivision 22, affiliated with
35.25 the center must tell the parent whether the parent may bring the child to the center for further
35.26 evaluation; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

37.3 Subd. 13. **Outdoor activity area, activities, and equipment exception.** Sick care
 37.4 programs under this section are exempt from the requirements for an outdoor activity area
 37.5 under section 142H.34, subdivision 7; outdoor activities under section 142H.11, subdivision
 37.6 2; and outdoor equipment under section 142H.14.

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

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

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

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

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

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

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

37.20 Sec. 20. **[142H.20] INFORMATION TO PARENTS.**

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

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

37.24 (2) hours and days of operation;

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

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

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

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

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

38.7 (8) policies on the administration of medicine;

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

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

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

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

38.14 (13) behavior guidance policies and procedures;

38.15 (14) presence of pets;

38.16 (15) policy that parents of enrolled children must be allowed access to their child at any
38.17 time while the child is in care unless a court order or other legal documentation restricts
38.18 access pursuant to section 142H.21;

38.19 (16) policy on the prohibition of smoking, use of tobacco products, vaping, electronic
38.20 cigarettes, alcohol, and drugs on the premises of the program pursuant to section 142H.29,
38.21 subdivision 11;

38.22 (17) policy on use of technology and screen time pursuant to section 142H.11, subdivision
38.23 1, clause (12);

38.24 (18) telephone number of the Department of Children, Youth, and Families, Division
38.25 of Licensing;

38.26 (19) policy on naps and rest pursuant to section 142H.12; and

38.27 (20) procedures for notifying parents of an evacuation, including procedures for
38.28 reunification with families.

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

39.1 (1) complete individual assessments of each child's intellectual, physical, social, and
 39.2 emotional development at least twice a year. Individual assessments for school-age children
 39.3 must be completed at least once a year;

39.4 (2) plan and offer parent conferences by program staff at least twice a year to review
 39.5 and discuss the child's assessment. Parent conferences for school-age children must be
 39.6 planned and offered at least once a year; and

39.7 (3) maintain documentation of the child's assessment and that individual parent
 39.8 conferences were planned and offered in each child's record.

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

39.12 **Sec. 21. [142H.21] PARENT VISITATION AND ACCESS TO PROGRAM.**

39.13 (a) The center must have a parent visitation and access policy that meets the requirements
 39.14 of this section at a minimum.

39.15 (b) An enrolled child's parent must be allowed access to their child at any time while
 39.16 the child is in care unless a legal restriction or court order restricts access.

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

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

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

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

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

39.29 Subd. 2. **Participation in research, fundraising, or public relations projects.** (a) The
 39.30 license holder must obtain written permission from a parent before a child is involved in
 39.31 research, fundraising, or public relations projects while at the center. A separate written

40.1 permission form must be obtained before each occasion of a research, fundraising, or public
40.2 relations activity.

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

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

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

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

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

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

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

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

40.18 (6) accommodations for infants and toddlers;

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

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

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

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

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

40.30 Training must be documented and maintained on site.

- 41.1 (d) A center must have an operable on-site flashlight for use in an emergency situation.
- 41.2 A cell phone may not be used to meet this requirement.
- 41.3 (e) A license holder must conduct fire drills every month and hold tornado drills monthly
- 41.4 from April 1 through September 30. Fire and tornado drills must be documented and include
- 41.5 the date of the drill, the start and end time of the drill, and the name of the program staff
- 41.6 person completing the documentation. Documentation must be maintained in the program's
- 41.7 administrative records.
- 41.8 (f) Primary and secondary exits and evacuation routes must remain unblocked.
- 41.9 Subd. 2. **Emergencies, accidents, incidents, and injuries.** (a) The policies and
- 41.10 procedures for emergencies, accidents, incidents, and injuries must include:
- 41.11 (1) procedures for administering first aid;
- 41.12 (2) procedures for the daily inspection of potential hazards;
- 41.13 (3) procedures for fire prevention and procedures to follow in the event of a fire, including
- 41.14 the phone number of the fire department, persons responsible for the evacuation of children
- 41.15 and areas for which they are responsible, instruction on how to use a fire extinguisher, and
- 41.16 instructions on how to close off the fire area;
- 41.17 (4) procedures to follow when a child is missing, including when a school-age child
- 41.18 does not arrive at the center when expected after school;
- 41.19 (5) procedures to follow if a person who is unknown, unauthorized, incapacitated, or
- 41.20 suspected of abuse attempts to pick up a child or if no one comes to pick up a child. The
- 41.21 procedure must include a practice for verifying a person's identity;
- 41.22 (6) sources of emergency medical care; and
- 41.23 (7) procedures for recording emergencies, accidents, incidents, and injuries involving a
- 41.24 child enrolled in the center. The written record must include:
- 41.25 (i) the name and age of the child involved;
- 41.26 (ii) the name of employees or volunteers present;
- 41.27 (iii) the date, time, and place of the emergency, accident, incident, or injury;
- 41.28 (iv) the type of injury;
- 41.29 (v) actions taken by staff; and
- 41.30 (vi) to whom the emergency, accident, incident, or injury was reported.

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

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

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

42.10 (1) identification of primary and secondary exits;

42.11 (2) building evacuation routes;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

43.22 (i) the condition and design of the facility and its outdoor space, bathrooms, and storage
43.23 areas;

43.24 (ii) the accessibility of medications and cleaning products that are harmful to children;
43.25 and

43.26 (iii) the existence of areas that are difficult to supervise; and

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

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

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

44.4 (1) closing children's fingers in doors, including cabinet doors;

44.5 (2) leaving children in the community without supervision;

44.6 (3) children leaving the facility without supervision;

44.7 (4) dislocation of children's elbows by program staff pulling or lifting children by the
44.8 hands or wrists or swinging by the arms;

44.9 (5) burns, including from hot food or beverages, whether served to children or being
44.10 consumed by program staff, and devices used to warm food and beverages;

44.11 (6) injuries from equipment, such as scissors and glue guns;

44.12 (7) sunburn;

44.13 (8) feeding children foods to which they are allergic;

44.14 (9) children falling from changing tables;

44.15 (10) children accessing dangerous items or chemicals or coming into contact with residue
44.16 from harmful cleaning products;

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

44.20 (12) children choking or suffocating.

44.21 (f) The plan must ensure hazardous objects as defined in section 142H.34, subdivision
44.22 17, are inaccessible to children.

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

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

44.29 (2) nap-time supervision, including infant crib rooms;

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

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

45.5 (5) supervision of children in hallways;

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

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

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

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

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

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

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

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

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

45.21 **Sec. 25. [142H.25] CENTER ADMINISTRATIVE RECORDS.**

45.22 For a center governed by this chapter, the record retention requirements in section
 45.23 142B.03, subdivision 1, apply to:

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

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

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

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

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

46.1 (6) the emergencies, accidents, incidents, and injuries records specified in section
 46.2 142H.23, subdivision 2;

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

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

46.5 (9) staffing schedules.

46.6 Sec. 26. **[142H.26] PERSONNEL RECORDS.**

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

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

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

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

46.16 (4) the program staff person's hire date and last day of employment.

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

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

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

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

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

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

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

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

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

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

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

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

47.9 (11) documentation of a child's individual child care program plan as required by section
 47.10 142H.15; and

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

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

47.18 **Sec. 28. [142H.28] REPORTING REQUIREMENTS.**

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

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

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

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

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

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

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

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

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

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

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

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

48.17 (e) The consultant must review and approve:

48.18 (1) the first aid and safety policies and procedures required by section 142H.23,
48.19 subdivision 2;

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

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

48.22 (4) the sanitation procedures and practices for food catered in or provided by the child's
48.23 parent as specified in section 142H.32, subdivision 5, and for infants as specified in section
48.24 142H.32, subdivision 10.

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

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

49.1 current immunizations, a signed notarized statement of parental objection to the
49.2 immunization, or a medical exemption throughout the child's enrollment at the center.

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

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

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

49.9 (2) get written permission from the child's parent before administering items that may
49.10 be applied externally, including but not limited to diapering products, sunscreen lotions,
49.11 hand sanitizer, lip balm, body lotion, and insect repellents. Items under this clause must be
49.12 administered according to the manufacturer's instructions unless a dentist or health care
49.13 provider as defined in section 142H.01, subdivision 22, gives alternative written instructions;

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

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

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

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

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

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

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

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

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

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

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

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

50.18 (4) keep children in diapers clean and dry. Diapers and clothing must be changed
50.19 immediately or as soon as practicable when wet or soiled. Soiled clothing must be placed
50.20 in a plastic bag and sent home with the parent daily;

50.21 (5) use single-service wipes for cleaning a wet or soiled child;

50.22 (6) clean and disinfect changing tables and changing pads between children;

50.23 (7) use smooth, nonabsorbent surfaces for the diaper changing area and flooring;

50.24 (8) require the program staff person to maintain a hand on the child at all times during
50.25 diapering. Children must not be left unattended on the changing table;

50.26 (9) clean and disinfect diaper changing areas, including but not limited to counters, sinks,
50.27 and floors, daily or immediately when soiled;

50.28 (10) keep a covered diaper disposal receptacle lined with a disposable plastic bag in the
50.29 diaper changing area. Diapers cannot be disposed of in a kitchen disposal area;

50.30 (11) empty, clean, and disinfect diaper receptacles daily or more often as needed; and

51.1 (12) only change a diaper in the diaper changing area. The diaper changing area must
51.2 be separate from areas used for food storage, food preparation, and eating.

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

51.6 (b) Program staff must monitor hand washing and assist a child who needs help.

51.7 (c) The use of a common basin or a hand sink filled with standing water is prohibited.

51.8 (d) Hands must be dried on a single-use towel or warm air hand dryer. The use of a
51.9 common or shared cloth or towel is prohibited.

51.10 (e) In sinks accessible to children, the water temperature must not exceed 120 degrees
51.11 Fahrenheit to prevent children from scalding themselves while washing.

51.12 (f) A hand sanitizer with at least 60 percent alcohol may be used to clean a child's hands
51.13 when soap and water are unavailable.

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

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

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

51.23 (2) sterile compresses;

51.24 (3) elastic bandage wrap;

51.25 (4) scissors;

51.26 (5) ice bag or cold pack;

51.27 (6) digital thermometer;

51.28 (7) mild liquid soap or hand sanitizer;

51.29 (8) bottled water;

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

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

52.2 (11) first aid instructions.

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

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

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

52.8 (3) sharp items used for a child with special care needs must be disposed of in a sharps
 52.9 container. The sharps container must be stored out of reach of a child;

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

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

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

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

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

52.24 (d) The license holder must post in a prominent location at the main entrance of the
 52.25 center a notice stating that smoking is prohibited inside the building and in outdoor areas
 52.26 where children are present.

52.27 Sec. 30. **[142H.30] ATTENDANCE RECORDS.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 54.1 (ii) washing bedding used by the same child weekly or when soiled;
- 54.2 (iii) cleaning and disinfecting sleeping equipment used by a child before being used by
- 54.3 another child; and
- 54.4 (iv) cleaning and disinfecting sleeping equipment used by the same child weekly or
- 54.5 when soiled;
- 54.6 (4) cleaning toileting areas daily, including:
- 54.7 (i) emptying and disinfecting toilet training chairs after each use; and
- 54.8 (ii) disinfecting toilets and seats when soiled or at least daily; and
- 54.9 (5) emptying garbage cans and diaper receptacles on a daily basis and cleaning and
- 54.10 disinfecting the cans and receptacles as needed.

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

54.12 Subdivision 1. **Food service license.** (a) A license holder preparing, handling, and serving

54.13 food and washing food, utensils, and equipment on site must comply with the requirements

54.14 for food and beverage service establishments in chapter 157 and Minnesota Rules, chapter

54.15 4626, in addition to any applicable local health department requirements.

54.16 (b) Meals or snacks may be provided by an off-site, licensed food and beverage service

54.17 establishment.

54.18 (c) The center shall maintain on file a copy of the off-site food and beverage service

54.19 establishment's current license and the contract to provide food for the center.

54.20 (d) If the caterer only provides the food and it is the responsibility of the center to serve

54.21 the food, the center shall follow the requirements for food and beverage establishments in

54.22 Minnesota Rules, chapter 4626, in addition to any applicable local health department

54.23 requirements.

54.24 Subd. 2. **Food.** The license holder must ensure that meals and snacks are provided. The

54.25 license holder must supplement food provided by the parent if it does not meet USDA Child

54.26 and Adult Care Food Program (CACFP) nutritional requirements.

54.27 Subd. 3. **Drinking water.** (a) The center shall have a safe supply of drinking water

54.28 pursuant to section 142H.35.

54.29 (b) Drinking water must be available to children throughout the hours of operation and

54.30 offered at frequent intervals. Drinking water for children must be provided in single-service

55.1 drinking cups, in reusable water bottles, in reusable cups, or from drinking fountains
55.2 accessible to children.

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

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

55.8 (2) a water bottle or cup shall be assigned to a specific child and labeled with the child's
55.9 first and last name;

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

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

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

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

55.18 (2) menus comply with the meal pattern and nutritional requirements contained in the
55.19 most current edition of the CACFP standards in Code of Federal Regulations, title 7, section
55.20 226.20;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

57.28 (1) be at least 18 years old;

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

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

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

58.3 (5) follow seat belt and child passenger restraint system requirements under sections
58.4 169.685 and 169.686.

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

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

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

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

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

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

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

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

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

58.31 (c) Written permission must be obtained from each child's parent before taking a child
58.32 on a field trip. The written permission form must be obtained before each field trip or on a

59.1 form that yearly summarizes all field trips that will be taken. The permission forms must
59.2 be kept on file at the center.

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

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

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

59.6 (3) the method of transportation; and

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

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

59.10 (f) When centers take children on a walk or field trip, program staff must bring:

59.11 (1) a first aid kit as required under section 142H.29, subdivision 9;

59.12 (2) a child's allergy information as required under section 142H.15, including the
59.13 individual child care program plan;

59.14 (3) the name and telephone number of each child's parent and at least one emergency
59.15 contact person;

59.16 (4) medication and supplies needed for a child who has a health condition that could
59.17 need medication, special procedures, or precautions during the course of the trip; and

59.18 (5) a working cell phone or other means of immediate communication.

59.19 **Sec. 34. [142H.34] FACILITY.**

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

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

59.28 Subd. 2. **Fire inspection.** (a) The center must be inspected by a fire marshal within 12
59.29 months prior to initial licensure. The commissioner must not grant an initial license until

60.1 receiving written approval of compliance with the State Fire Code from the fire marshal
 60.2 with jurisdiction.

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

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

60.8 (1) receive written confirmation from the state fire marshal that approval from the state
 60.9 fire marshal is not needed; or

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

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

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

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

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

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

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

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

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

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

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

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

61.5 Subd. 7. **Outdoor learning environment and play space.** (a) A center must provide
61.6 or have available an outdoor activity area that complies with this subdivision in all child
61.7 care centers unless licensed to exclusively provide night care as specified under section
61.8 142H.16, licensed to provide drop-in care as specified under section 142H.17, licensed to
61.9 provide sick care as specified under section 142H.19, or operating for fewer than three hours
61.10 a day.

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

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

61.17 (d) An outdoor activity area used daily by children under school age must be within
61.18 2,000 feet of the center or transportation must be provided by the license holder. In no case,
61.19 however, shall the outdoor activity area be farther than one-half mile from the center.

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

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

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

61.28 (h) When a program utilizes natural features for outdoor play, program staff members
61.29 must remove hazardous objects as specified in subdivision 17 and mitigate hazards whenever
61.30 possible from the surrounding area where children might fall.

61.31 Subd. 8. **Indoor space.** A center must have a minimum of 35 square feet of indoor space
61.32 available per child in attendance. Hallways, stairways, closets, utility rooms, restrooms,
61.33 kitchens, and space occupied by cribs are not indoor space for the purposes of this

62.1 subdivision. Twenty-five percent of the space occupied by furniture or equipment used by
62.2 staff or children may be counted as indoor space.

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

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

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

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

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

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

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

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

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

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

62.31 (d) Any hand sink required for children other than infants must be in the toilet area. The
62.32 temperature of hot water in the hand sinks used by children must not exceed 120 degrees

63.1 Fahrenheit. Hand sinks for children must not be used for custodial work or food preparation,
63.2 including preparing infant bottles. Single-service towels or air dryers must be available to
63.3 dry hands and designed for easy use by children.

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

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

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

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

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

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

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

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

63.26 (1) are not developmentally appropriate for a child's age or size;

63.27 (2) have sharp corners or points;

63.28 (3) have openings that could entrap a child's body parts;

63.29 (4) have small parts that may detach and be choking, breathing, or swallowing hazards;

63.30 (5) have parts that can pinch, sheer, or crush body parts;

63.31 (6) are improperly or loosely anchored to the ground, including playground equipment;

64.1 (7) are a tripping hazard, such as curled, wrinkled, or unsecured rugs or electrical
 64.2 extension cords; or

64.3 (8) are strangulation hazards, such as cords, straps, or strings.

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

64.7 (1) loose, rusty, or cracked parts;

64.8 (2) rotted or split wood or plastic pieces that can cause splinters or other injuries;

64.9 (3) protruding nails, bolts, or other components that could cause injury;

64.10 (4) missing or damaged protective caps or plugs; and

64.11 (5) flaking paint or paint that may have lead or other hazardous materials.

64.12 Subd. 20. **Animals.** A license holder must:

64.13 (1) keep each animal housed in the program up to date on vaccines and maintain
 64.14 documentation of vaccinations;

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

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

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

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

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

65.1 rodenticides, and herbicides may be used. Application must strictly follow all label
 65.2 instructions and must be authorized by the director.

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

65.5 Sec. 35. [142H.35] ENVIRONMENTAL HEALTH.

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

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

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

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

65.18 (2) the rooms or areas tested; and

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

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

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

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

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

65.28 (i) related policies and procedures were followed;

65.29 (ii) the policies and procedures were adequate;

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

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

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

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

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

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

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

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

66.21 Sec. 38. **REVISOR INSTRUCTION.**

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

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

66.26 (c) The revisor of statutes shall replicate the statutory history for all sections and
 66.27 subdivisions repealed and reenacted in this article.

66.28 Sec. 39. **REPEALER.**

66.29 (a) Minnesota Rules, parts 9503.0005; 9503.0010; 9503.0015; 9503.0030; 9503.0031;
 66.30 9503.0032; 9503.0033; 9503.0034; 9503.0040; 9503.0045; 9503.0050; 9503.0055;
 66.31 9503.0060; 9503.0065; 9503.0070; 9503.0075; 9503.0080; 9503.0085; 9503.0090;

67.1 9503.0095; 9503.0100; 9503.0105; 9503.0110; 9503.0115; 9503.0120; 9503.0125;
 67.2 9503.0130; 9503.0140; 9503.0145; 9503.0150; 9503.0155; and 9503.0170, are repealed.

67.3 (b) Minnesota Statutes 2024, sections 142B.01, subdivisions 11, 12, 25, 26, and 27;
 67.4 142B.41, subdivisions 6, 7, 10, 11, 12, and 13; 142B.54, subdivisions 1, 2, and 3; 142B.65,
 67.5 subdivisions 1, 2, 3, 4, 5, 6, 7, and 10; and 142B.66, subdivisions 1, 2, 4, and 5, are repealed.

67.6 (c) Minnesota Statutes 2025 Supplement, sections 142B.65, subdivisions 8 and 9; and
 67.7 142B.66, subdivision 3, are repealed.

67.8 Sec. 40. **EFFECTIVE DATE.**

67.9 This article is effective July 1, 2027.

67.10 **ARTICLE 2**

67.11 **FAMILY CHILD CARE LICENSING MODERNIZATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

73.11 (5) is located in a commercial space.

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

73.15 (1) abuse prescribed or nonprescribed drugs or use alcohol or controlled substances
 73.16 specified in chapter 152 to the extent that the use or abuse has or may have a negative effect
 73.17 on the ability of the license holder or primary provider of care to give care or is apparent
 73.18 during the hours of operation. Caregivers who have abused prescribed or nonprescribed
 73.19 drugs or have been dependent on alcohol or controlled substances specified in chapter 152,
 73.20 such that the use, abuse, or dependency has had a negative effect on the ability to give care,
 73.21 was apparent during the hours of operation, or required treatment or therapy, must have 12
 73.22 months of verified abstinence before licensure;

73.23 (2) have had a child placed in foster care within the prior 12 months for reasons that the
 73.24 agency determines reflect on the ability of the license holder or the primary provider of care
 73.25 to safely provide family child care. This clause does not apply if the primary reason for the
 73.26 placement was due to a physical illness of the parent due to a disability of the child, including
 73.27 developmental disability of the child; or for the temporary care of a newborn or infant being
 73.28 relinquished for adoption;

73.29 (3) have had a child placed in a residential facility within the prior 12 months for reasons
 73.30 that the agency determines reflect on the ability of the license holder or the primary provider
 73.31 of care to safely provide family child care; or

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

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

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

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

74.10 (1) relocating the family child care program;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

77.25 Subd. 5. **License holder policies.** (a) The license holder shall follow and monitor
77.26 implementation of the policies and procedures by all caregivers as required in section
77.27 142B.10, subdivision 21.

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

77.31 (1) program operation policies, including:

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

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

79.1 (3) program environment policies, including:

79.2 (i) behavior guidance and discipline;

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

79.4 (iii) the presence of pets in the family child care program, including notification prior
79.5 to the introduction of a new pet to the program;

79.6 (iv) the use of screen time; and

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

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

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

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

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

79.19 (2) for a toddler, annually;

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

79.21 (4) for a school-age child, every three years.

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

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

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

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

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

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

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

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

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

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

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

80.22	<u>Class</u>	<u>Capacity</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Maximum</u>	<u>Maximum</u>
80.23			<u>Adult</u>	<u>Children</u>	<u>Total Infants</u>	<u>Infants</u>
80.24			<u>Caregivers</u>	<u>Under School</u>	<u>and Toddlers</u>	
80.25				<u>Age</u>		
80.26	<u>C1</u>	<u>10</u>	<u>1</u>	<u>8</u>	<u>4</u>	<u>2</u>
80.27	<u>C2</u>	<u>12</u>	<u>1</u>	<u>10</u>	<u>3</u>	<u>1</u>
80.28	<u>C3</u>	<u>14</u>	<u>2</u>	<u>10</u>	<u>6</u>	<u>4</u>
80.29	<u>C4</u>	<u>18</u>	<u>2</u>	<u>12</u>	<u>5</u>	<u>2</u>

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

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

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

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

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

81.15 (1) all caregivers must remain awake and available to respond to children's needs;

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

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

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

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

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

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

82.1 (2) is not a designated caregiver, helper, or substitute for the licensed family child care
 82.2 program at the time that they are supervising the license holder's own child;

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

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

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

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

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

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

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

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

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

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

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

83.7 (2) a minimum of six months of substantial compliance with this chapter as a licensed
83.8 family child care license holder, primary provider of care, or second adult caregiver in
83.9 Minnesota and:

83.10 (i) a minimum of 520 hours of experience as an assistant teacher, student teacher, or
83.11 intern in an elementary school, after-school program, or Minnesota-licensed child care
83.12 center or as an adult caregiver in a Minnesota-licensed family child care program and 30
83.13 hours of child care, health, and nutrition training as specified in section 142I.10; or

83.14 (ii) a minimum of 520 hours of experience as a licensed practical or registered nurse,
83.15 and 30 hours of child development or early childhood education training, as specified in
83.16 section 142I.10;

83.17 (3) certification or licensure indicating completion of one of the following:

83.18 (i) a two-year child development or early childhood education associate or certificate
83.19 program at an accredited college or university;

83.20 (ii) a child development associate certification;

83.21 (iii) a certification from a recognized Montessori organization;

83.22 (iv) a bachelor's degree or higher in early childhood education from an accredited college
83.23 or university; or

83.24 (v) an elementary education degree from an accredited college or university that includes
83.25 a minimum of 30 hours of child development training; or

83.26 (4) six months' experience as a full-time teacher at a Minnesota-licensed child care
83.27 center.

83.28 (b) An applicant or primary provider of care must complete an additional large group
83.29 training created by the commissioner as a condition of receiving a class C4 license.

84.1 **Sec. 9. [142I.09] SUBSTITUTE CAREGIVERS AND REPLACEMENTS.**

84.2 Subdivision 1. **Total hours allowed.** The use of a substitute caregiver in a licensed
84.3 family child care program must be limited to a cumulative total of not more than 500 hours
84.4 annually. When a substitute is used, prior to the end of each business day the license holder
84.5 must document the name, date, and number of hours of each substitute who provided care.

84.6 Subd. 2. **Emergency replacement supervision.** (a) In an emergency, a license holder
84.7 may allow an adult who has not completed the training requirements under this chapter or
84.8 the background study requirements under chapter 245C to supervise children in a family
84.9 child care program. For purposes of this subdivision, "emergency" means a situation in
84.10 which the license holder has begun operating the family child care program for the day and
84.11 for reasons beyond the control of the license holder, including but not limited to a serious
84.12 illness or injury, accident, or situation requiring the immediate attention of the license holder,
84.13 the license holder needs to leave the licensed space and close the program for the day.

84.14 (b) To the extent practicable, the license holder must attempt to arrange for emergency
84.15 care by a substitute caregiver before using an emergency replacement.

84.16 (c) When an emergency occurs:

84.17 (1) the license holder or emergency replacement must contact the parents of the children
84.18 attending the family child care program and inform them that the program is closing for the
84.19 day and that the parents need to pick up their children as soon as practicable;

84.20 (2) the license holder must not knowingly use a person as an emergency replacement
84.21 who has committed an action or has been convicted of a crime that would cause the person
84.22 to be disqualified from providing care to children if a background study was conducted
84.23 under chapter 245C;

84.24 (3) the license holder must make reasonable efforts to minimize the time the emergency
84.25 replacement has unsupervised contact with the children in care not to exceed 12 hours per
84.26 emergency incident;

84.27 (4) the family child care program must be closed for the day once the last unrelated child
84.28 has left the program; and

84.29 (5) the license holder must notify the county licensing agency within seven days that an
84.30 emergency replacement was used and specify the circumstances that led to the use of the
84.31 emergency replacement.

85.1 (d) The county licensing agency must notify the commissioner within three business
 85.2 days after receiving the license holder's notice that an emergency replacement was used and
 85.3 specify the circumstances that led to the use of the emergency replacement.

85.4 (e) A license holder is not required to provide the names of persons who may be used
 85.5 as replacements in emergencies to parents or the county licensing agency. However, once
 85.6 an emergency replacement has been used, the license holder must provide the name of the
 85.7 individual used to the county licensing agency.

85.8 **Sec. 10. [142I.10] APPLICANT, PRIMARY PROVIDER OF CARE, AND SECOND**
 85.9 **ADULT CAREGIVER TRAINING REQUIREMENTS.**

85.10 Subdivision 1. Applicant, primary provider of care, and second adult caregiver
 85.11 initial training requirements. (a) Before providing care, an applicant, a primary provider
 85.12 of care, and each second adult caregiver must have completed all required initial training
 85.13 within the prior 24 months.

85.14 (b) Initial training must be completed before providing care except in the following
 85.15 circumstances:

85.16 (1) a primary provider of care who voluntarily closes a license and reopens within 12
 85.17 months has one year from the new license's effective date to complete annual and ongoing
 85.18 training and is exempt from repeating initial training;

85.19 (2) a primary provider of care who relocates within the state has until the end of the
 85.20 calendar year to complete annual and ongoing training and is not required to repeat initial
 85.21 training previously completed; and

85.22 (3) a primary provider of care who relocates to a new county must not be required by
 85.23 the new county to complete orientation or other training required for new applicants.

85.24 (c) Each applicant, primary provider of care, and second adult caregiver must complete
 85.25 and document the following before providing care:

85.26 (1) at least four hours of child development, learning, or behavior guidance training. An
 85.27 individual is exempt if the individual provides documentation verifying that the individual:

85.28 (i) has completed a three-credit early childhood development course within the past five
 85.29 years;

85.30 (ii) holds a baccalaureate or master's degree in early childhood education or school-age
 85.31 child care;

86.1 (iii) holds a Minnesota teaching license in early childhood education, kindergarten
86.2 through grade 6, or special education; or

86.3 (iv) holds a bachelor's degree with a Montessori certificate;

86.4 (2) the six-hour supervising for safety for family child care course developed by the
86.5 commissioner;

86.6 (3) pediatric first aid training provided by an instructor certified to teach pediatric first
86.7 aid. Current training documentation must be maintained at the family child care program
86.8 and made available upon request. Online training reviewed and approved by the county
86.9 licensing agency satisfies this requirement;

86.10 (4) pediatric cardiopulmonary resuscitation (CPR) training that:

86.11 (i) is instructor led or blended with a hands-on skills component. Online-only CPR
86.12 courses without a hands-on component do not meet this requirement;

86.13 (ii)(A) is developed by the American Heart Association or the American Red Cross; or

86.14 (B) uses nationally recognized, evidence-based guidelines for CPR training; and

86.15 (iii) is provided by an instructor approved by the commissioner to teach CPR;

86.16 (5) training on reducing the risk of sudden unexpected infant death and abusive head
86.17 trauma, which may be combined in a single commissioner-approved course. This training
86.18 must, at a minimum, address the risk factors related to sudden unexpected infant death and
86.19 abusive head trauma and the means of reducing the risk of each;

86.20 (6) training on proper use and installation of child passenger restraint systems under
86.21 section 169.685 of at least one hour in length that is provided by an instructor certified and
86.22 approved by the Department of Public Safety. At a minimum, the training must address the
86.23 proper use of child restraint systems based on the child's size, weight, and age and the proper
86.24 installation of a car seat or booster seat in the motor vehicle used by the caregiver to transport
86.25 the child or children. This requirement does not apply to family child care programs that
86.26 transport only school-age children as defined in section 142I.01, subdivision 5, paragraph
86.27 (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e);

86.28 (7) training on the child care emergency plan required under section 142I.19, subdivision
86.29 2;

86.30 (8) training on allergy prevention and response required under section 142I.06,
86.31 subdivision 5, paragraph (b);

87.1 (9) training on the community-based family child care program plan required under
 87.2 section 142I.22, if applicable;

87.3 (10) training on the family child care program policies and procedures required under
 87.4 section 142I.06;

87.5 (11) training on reporting suspected maltreatment of children as required under chapter
 87.6 260E; and

87.7 (12) swimming pool training under section 142I.14, subdivision 6, if a pool at the family
 87.8 child care program is used by children in care.

87.9 (d) County licensing staff must accept approved training on the primary provider of care
 87.10 or second adult caregiver's learning record in the Develop data system for early education
 87.11 and school-age care.

87.12 **Subd. 2. Primary provider of care and second adult caregiver annual training**
 87.13 **requirements.** (a) A primary provider of care and each second adult caregiver must annually
 87.14 complete and document the following training:

87.15 (1) at least two hours of child development, learning, or behavior guidance training. A
 87.16 three-credit early childhood development course completed within the calendar year meets
 87.17 this requirement;

87.18 (2) a two-hour active supervision course developed or approved by the commissioner;

87.19 (3) training on reducing the risk of sudden unexpected infant death if caring for infants
 87.20 and training on reducing the risk of abusive head trauma if caring for children under school
 87.21 age, which must:

87.22 (i) be completed in person or online at least once every two years; and

87.23 (ii) in alternating years, be completed through a commissioner-approved video not
 87.24 exceeding one hour in length; and

87.25 (4) at least ten hours of ongoing training each calendar year that must include topics
 87.26 identified in the Minnesota knowledge and competency framework. Repeat of topical training
 87.27 requirements in subdivision 1 counts toward the annual ten-hour requirement.

87.28 (b) A caregiver who is approved as a trainer through the Develop data system may count
 87.29 up to two hours of training instruction toward the annual ten-hour training requirement in
 87.30 paragraph (a), clause (4), if:

87.31 (1) the training is the first instance in which the caregiver delivers a particular
 87.32 content-specific training during each training year;

88.1 (2) the caregiver is a Develop-approved active trainer; and

88.2 (3) the hours counted as training instruction are approved through the Develop data
88.3 system with attendance verified on the trainer's individual learning record and are in the
88.4 knowledge and competency framework content areas VII A, establishing healthy practices,
88.5 or B, ensuring safety.

88.6 (c) Unless specifically authorized in this section, one training does not fulfill two different
88.7 training requirements. Courses within the identified knowledge and competency areas that
88.8 are specific to child care centers or legal nonlicensed programs do not fulfill the requirements
88.9 of this section.

88.10 (d) County licensing staff must accept training designated by the commissioner as
88.11 satisfying training requirements if the training is within the knowledge and competency
88.12 framework for child development and learning, behavior guidance, and active supervision
88.13 as indicated on the department's website.

88.14 **Subd. 3. Primary provider of care and second adult caregiver ongoing training**
88.15 **requirements.** (a) A primary provider of care and each second adult caregiver must complete
88.16 and document the following training:

88.17 (1) pediatric cardiopulmonary resuscitation training that meets the requirements of
88.18 subdivision 1, paragraph (c), clause (4), and is repeated every two years within 90 days of
88.19 the second anniversary of the previous training. Documentation must be maintained at the
88.20 family child care program or electronically and made available upon request;

88.21 (2) pediatric first aid training by a certified instructor repeated every two years within
88.22 90 days of the second anniversary of the previous training. Documentation of the training
88.23 must be maintained at the family child care program or electronically and made available
88.24 upon request;

88.25 (3) commissioner-developed Health and Safety I and Health and Safety II training at
88.26 least once every five years. Completion of either course in a given year meets the annual
88.27 active supervision training requirement in subdivision 2, paragraph (a), clause (2);

88.28 (4) proper use and installation of child passenger restraint systems under section 169.685
88.29 that meets the requirements of subdivision 1, paragraph (c), clause (6), and is repeated at
88.30 least once every five years. This requirement does not apply to family child care programs
88.31 that transport only school-age children as defined in section 142I.01, subdivision 5, paragraph
88.32 (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e); and

89.1 (5) fire safety training developed by the State Fire Marshal's Office that must be
 89.2 completed once every five years.

89.3 (b) If a license holder changes any of the policies and procedures under section 142I.06,
 89.4 subdivision 5, the primary provider of care and each second adult caregiver must complete
 89.5 training on the revised policies and procedures within ten days of the change.

89.6 (c) The license holder must maintain documentation of each training on the revised
 89.7 policies and procedures at the family child care program.

89.8 **Sec. 11. [142I.11] SUBSTITUTE AND INTERMITTENT CAREGIVER TRAINING**
 89.9 **REQUIREMENTS.**

89.10 Subdivision 1. **Substitute and intermittent caregiver initial training requirements.** (a)
 89.11 Before providing care, each substitute and intermittent caregiver must complete the following
 89.12 training requirements within the previous 12 months:

89.13 (1) the four-hour basics of licensed family child care for substitutes course developed
 89.14 by the commissioner;

89.15 (2) pediatric first aid training provided by an instructor certified to teach pediatric first
 89.16 aid. Current training documentation must be maintained at the family child care program
 89.17 and made available upon request. Online training reviewed and approved by the county
 89.18 licensing agency satisfies this requirement;

89.19 (3) pediatric cardiopulmonary resuscitation training that meets the requirements of
 89.20 section 142I.10, subdivision 1, paragraph (c), clause (4);

89.21 (4) training on reducing the risk of sudden unexpected infant death and abusive head
 89.22 trauma, which may be combined in a single commissioner-approved course. This training
 89.23 must, at a minimum, address the risk factors related to sudden unexpected infant death and
 89.24 abusive head trauma and the means of reducing the risk of each;

89.25 (5) training on proper use and installation of child passenger restraint systems under
 89.26 section 169.685 of at least one hour in length, provided by an instructor certified and
 89.27 approved by the Department of Public Safety. This requirement does not apply to family
 89.28 child care programs that transport only school-age children as defined in section 142I.01,
 89.29 subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision
 89.30 1, paragraph (e). At a minimum, the training must address the proper use of child restraint
 89.31 systems based on the child's size, weight, and age and the proper installation of a car seat
 89.32 or booster seat in the motor vehicle used by the caregiver to transport the child or children;

90.1 (6) training on the child care emergency plan required under section 142I.19, subdivision
 90.2 2;

90.3 (7) training on allergy prevention and response required under section 142I.06,
 90.4 subdivision 5, paragraph (b);

90.5 (8) training on the community-based family child care program plan required under
 90.6 section 142I.22, if applicable;

90.7 (9) training on the family child care program policies and procedures required under
 90.8 section 142I.06;

90.9 (10) training on reporting suspected maltreatment of children as required under chapter
 90.10 260E; and

90.11 (11) swimming pool training under section 142I.14, subdivision 6, if a pool at the family
 90.12 child care program is used by children in care.

90.13 (b) County licensing staff must accept approved training on the substitute or intermittent
 90.14 caregiver's learning record in the Develop data system for early education and school-age
 90.15 care.

90.16 **Subd. 2. Substitute and intermittent caregiver annual training requirements.** (a)
 90.17 Substitutes and intermittent caregivers must complete a minimum of one hour of training
 90.18 each calendar year, and the training must include the requirements in this section.

90.19 (b) Each calendar year, a substitute or intermittent caregiver must receive training on
 90.20 reducing the risk of abusive head trauma from shaking infants and young children if caring
 90.21 for children under school age and reducing the risk of sudden unexpected infant death if
 90.22 caring for infants. A substitute must complete each applicable course at least once every
 90.23 two years either in person or online. In a year a substitute or intermittent caregiver is not
 90.24 completing an applicable course under this paragraph in person or online, the individual
 90.25 must watch a video on the respective topic of no more than one hour in length. The video
 90.26 must be developed or approved by the commissioner. A license holder must maintain
 90.27 documentation of compliance with this paragraph for each substitute and intermittent
 90.28 caregiver employed.

90.29 **Subd. 3. Substitute and intermittent caregiver ongoing training requirements.** (a)
 90.30 At least once every three years, a substitute or intermittent caregiver must complete the
 90.31 four-hour basics of licensed family child care for substitutes course.

90.32 (b) A substitute or intermittent caregiver must complete the following training:

91.1 (1) pediatric cardiopulmonary resuscitation training that meets the requirements of
91.2 section 142I.10, subdivision 1, paragraph (c), clause (4), and is repeated every two years
91.3 within 90 days of the second anniversary of the previous training. Documentation must be
91.4 maintained at the family child care program or electronically and made available upon
91.5 request;

91.6 (2) pediatric first aid that is given by an instructor certified to provide pediatric first aid
91.7 and is repeated every two years within 90 days of the second anniversary of the previous
91.8 training. Documentation of the training must be maintained at the family child care program
91.9 or electronically and made available upon request; and

91.10 (3) proper use and installation of child passenger restraint systems under section 169.685
91.11 that meets the requirements of section 142I.10, subdivision 1, paragraph (c), clause (6), and
91.12 is repeated at least once every five years. This requirement does not apply to family child
91.13 care programs that transport only school-age children as defined in section 142I.01,
91.14 subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision
91.15 1, paragraph (e).

91.16 **Sec. 12. [142I.12] HELPER TRAINING REQUIREMENTS.**

91.17 Subdivision 1. **Helper initial training requirements.** A helper who assists with care
91.18 must complete a minimum of four hours of training within the 12 months before assisting
91.19 in care. The four hours must include courses on reducing the risk of sudden unexpected
91.20 infant death, abusive head trauma, and reporting suspected maltreatment of children as
91.21 required under chapter 260E. The trainings under this paragraph may be combined in a
91.22 single commissioner-approved course. A license holder must maintain documentation
91.23 showing each helper has complied with this paragraph.

91.24 Subd. 2. **Helper annual training requirements.** (a) Each calendar year, a helper who
91.25 assists in the care must receive training on reducing the risk of sudden unexpected infant
91.26 death and abusive head trauma. The trainings under this paragraph may be combined in a
91.27 single commissioner-approved course and must, at a minimum, address risk factors, methods
91.28 of risk reduction in child care, and communication with parents regarding risk reduction.
91.29 A license holder must maintain documentation showing each helper has complied with this
91.30 paragraph.

91.31 (b) County licensing staff must accept approved training on the helper's learning record
91.32 in the Develop data system.

92.1 Sec. 13. [142I.13] BEHAVIOR GUIDANCE.

92.2 Subdivision 1. Behavior guidance policies and procedures. Applicants and license
92.3 holders must develop and follow written behavior guidance policies and procedures that
92.4 include:

92.5 (1) methods of promoting positive behavior under subdivision 2;

92.6 (2) prohibited actions under subdivision 3; and

92.7 (3) separation from the group under subdivision 4.

92.8 Subd. 2. Methods of promoting positive behavior. A license holder must:

92.9 (1) positively role model acceptable behavior to each child;

92.10 (2) tailor methods of promoting positive behavior to the developmental level of the
92.11 children the family child care program is licensed to serve;

92.12 (3) ensure redirection is used as appropriate in addressing a child's behavior, to guide a
92.13 child away from potential challenges toward constructive activity. For the purposes of this
92.14 clause, "redirection" means when a caregiver intervenes and guides a child toward
92.15 constructive activity through positive techniques;

92.16 (4) teach children how to use acceptable alternatives to reduce conflict; and

92.17 (5) protect the safety and well-being of children and caregivers.

92.18 Subd. 3. Prohibited actions. A license holder must prohibit every caregiver from:

92.19 (1) subjecting a child to corporal or physical punishment. This includes but is not limited
92.20 to rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting,
92.21 pinching, spitting, hitting, and spanking;

92.22 (2) subjecting a child to name calling, ostracism, shaming, making derogatory remarks
92.23 about the child or the child's family, cultural or racial slurs, and yelling or using profane
92.24 language that threatens, humiliates, or frightens the child;

92.25 (3) forcing a child to maintain an uncomfortable position or to continuously repeat
92.26 physical movements;

92.27 (4) separating a child from the group except as provided in subdivision 4;

92.28 (5) punishing a child for:

92.29 (i) not resting, napping, or sleeping;

92.30 (ii) toileting accidents;

- 93.1 (iii) failing to eat all or part of meals or snacks; or
- 93.2 (iv) failing to complete an activity;
- 93.3 (6) denying a child food or drink or forcing food or drink upon a child;
- 93.4 (7) denying light, warmth, clothing, or medical care as a punishment for unacceptable
93.5 behavior;
- 93.6 (8) the use of physical restraint other than to physically hold a child when containment
93.7 is necessary to protect a child or others from harm. The use of prone restraint under section
93.8 245A.211 must always be prohibited;
- 93.9 (9) the use of mechanical restraints, such as tying, or any device or equipment intended
93.10 to restrict or prevent movement as a means of discipline or convenience by caregivers,
93.11 including but not limited to confinement to a swing, high chair, infant carrier, walker, crib,
93.12 or weighted item;
- 93.13 (10) the use of any nonprescribed substance given to a child to subdue or restrict
93.14 movement or behavior;
- 93.15 (11) delegating discipline or punishment to another child; and
- 93.16 (12) punishing or shaming a child for the actions of a parent. This includes but is not
93.17 limited to failure to pay fees, failure to provide appropriate clothing, failure to provide
93.18 materials for an activity, or any conflict between the license holder or caregiver and the
93.19 parent.
- 93.20 **Subd. 4. Separation time from the group.** No child may be separated from the group
93.21 unless the license holder has tried less intrusive methods of guiding the child's behavior
93.22 that have been ineffective and the child's behavior threatens the well-being of the child or
93.23 other children in the family child care program. Separation from the group must meet the
93.24 following requirements:
- 93.25 (1) children under the age of three must not be separated from the group as a means of
93.26 behavior guidance;
- 93.27 (2) the separation time or "time-out period" must be limited to the amount of time
93.28 necessary for the child to gain self-control and rejoin the group while being supported by
93.29 the provider;
- 93.30 (3) the child must be supervised as defined under section 142I.01, subdivision 46;
- 93.31 (4) no child shall be placed in a locked room to separate the child from the group; and

94.1 (5) the caregiver must offer the child the time-out period in a nonhumiliating manner.

94.2 **Sec. 14. [142I.14] PHYSICAL SPACE REQUIREMENTS.**

94.3 **Subdivision 1. Indoor space.** (a) The licensed capacity of the family child care program
 94.4 must be limited by the amount of usable indoor space available to children. A minimum of
 94.5 35 square feet of usable indoor space is required per child.

94.6 (b) Bathrooms, closets, space occupied by major appliances, and other space not used
 94.7 by children may not be counted as usable space. Space occupied by adult furniture, if it is
 94.8 used by children, may be counted as usable indoor space.

94.9 (c) Usable indoor space may include a basement if it has been inspected and approved
 94.10 by a fire marshal, is free of hazards, and meets the requirements of subdivision 4.

94.11 (d) All exits leading from indoor to outdoor space must be fully clear of obstruction.

94.12 **Subd. 2. Escape routes.** (a) The main means of escape must be a stairway or door leading
 94.13 to the floor with an exit to the outside.

94.14 (b) Any room that has sleeping children must have an escape route separate from the
 94.15 main exit referenced in paragraph (a). This escape route must be a door or an egress window
 94.16 leading directly outside.

94.17 (c) When the basement is used for care, the basement must have at least one escape route
 94.18 separate from the main exit under paragraph (a). This escape route must be a door or an
 94.19 egress window leading directly outside.

94.20 (d) Required escape routes must not be obstructed and must be accessible and openable
 94.21 without special knowledge.

94.22 **Subd. 3. Outdoor learning environment and play space.** (a) A family child care
 94.23 program must have an outdoor play space of at least 50 square feet per child in attendance
 94.24 at the program for regular use or a park, playground, or play space within 1,500 feet of the
 94.25 family child care program.

94.26 (b) During outdoor play:

94.27 (1) the adult caregiver shall remain outdoors with infants, toddlers, and preschoolers at
 94.28 all times;

94.29 (2) school-age children may be permitted in the approved outdoor play space at the
 94.30 family child care program without the license holder or caregiver if:

95.1 (i) the children are engaged in age-appropriate activities using age-appropriate equipment;
95.2 and

95.3 (ii) the license holder or caregiver remains accessible to provide supervision when needed
95.4 in accordance with section 142I.01, subdivision 46; and

95.5 (3) when the outdoor play space is not at the family child care program, the license
95.6 holder or caregiver shall accompany and supervise all children in transit and at the outdoor
95.7 play space.

95.8 (c) Caregivers must prevent children from accessing hazardous materials.

95.9 (d) Outdoor play areas must be protected from traffic and nearby hazards. If traffic or
95.10 other hazards are present, the family child care program must have:

95.11 (1) a continuous fence in good condition with functioning gates or a continuous natural
95.12 barrier or a combination of fence and naturally occurring or landscaping barrier. The fence
95.13 or natural barrier must ensure that children are not able to leave the outdoor play area
95.14 unsupervised; or

95.15 (2) a supervision and safety plan if a fence is not used that includes alternative methods
95.16 to ensure the health, safety, and protection of children in care.

95.17 (e) Electrical fences must be inaccessible to children in care.

95.18 (f) Providers must take measures to protect children from the dangers of sun exposure
95.19 and extreme heat.

95.20 (g) Outdoor equipment, whether stationary or portable, must be safe, be in good repair,
95.21 be assembled according to the manufacturer's guidelines, and meet the developmental needs
95.22 of the age groups of children using the space.

95.23 (h) Equipment including but not limited to climbing gyms, swings, and slides must:

95.24 (1) have no openings between 3-1/2 inches and nine inches in size to prevent entrapment
95.25 of the head or other body parts;

95.26 (2) have guardrails or protective barriers on platforms that are 30 inches or higher. A
95.27 protective barrier is a continuous structure surrounding the platform that is designed to
95.28 prevent a person from falling or passing through, whether intentionally or accidentally; and

95.29 (3) be assembled, installed, and utilized according to the manufacturer's guidelines.

95.30 Subd. 4. **Conditions of the program.** The licensed space must be maintained in a manner
95.31 that protects the health and safety of children in care. The license holder must ensure that:

96.1 (1) the family child care program space is free from conditions that endanger the health
96.2 or safety of children, including unsanitary conditions or excessive accumulation of materials;

96.3 (2) the furnishings, equipment, and materials are arranged and stored so that hallways,
96.4 stairways, doors, and exit routes remain unobstructed and usable for safe exit; and

96.5 (3) the amount and placement of stored items do not create an increased risk of fire or
96.6 injury or impede the safe supervision of children.

96.7 Subd. 5. **Portable wading pools.** (a) A portable wading pool as defined in section
96.8 144.1222 may not be used by a child at a family child care program unless the parent of the
96.9 child has provided written consent. The written consent must include a statement that the
96.10 parent has received and read material provided by the Department of Health on wading pool
96.11 safety for parents related to the risk of disease transmission as well as other health risks
96.12 associated with the use of portable wading pools.

96.13 (b) Wading pools must be emptied daily. The caregiver must supervise children at all
96.14 times while a wading pool is in use and must be able to clearly see all parts of the wading
96.15 area. When not in use under the supervision of a caregiver, wading pools must be inaccessible
96.16 to children.

96.17 Subd. 6. **Swimming pools.** (a) For the purposes of this subdivision, "swimming pool"
96.18 has the meaning in section 144.1222, subdivision 2b, and does not include a portable wading
96.19 pool as defined in section 144.1222, subdivision 2a, or a spa pool as defined in Minnesota
96.20 Rules, part 4717.0250.

96.21 (b) For a license holder to be eligible to allow a child in care at the family child care
96.22 program to use a swimming pool located at the program, the license holder must:

96.23 (1) not have had a licensing sanction under section 142B.18 or a correction order or
96.24 conditional license under section 142B.16 relating to the supervision or health and safety
96.25 of children during the prior 24 months;

96.26 (2) notify the county agency before initial use of the swimming pool each calendar year;

96.27 (3) obtain written consent from a child's parent allowing the child to use the swimming
96.28 pool and renew the parent's written consent at least annually. The written consent must
96.29 include a statement that the parent has received and read materials provided by the
96.30 Department of Health related to the risk of disease transmission as well as other health risks
96.31 associated with swimming pools. The written consent must also include a statement that
96.32 neither the Department of Health nor the county agency will monitor or inspect the license
96.33 holder's physical swimming pool;

97.1 (4) attend and successfully complete a swimming pool supervision training course
97.2 annually;

97.3 (5) attend and successfully complete one of the following swimming pool operator
97.4 training courses once every five years:

97.5 (i) both of the National Spa and Pool Institute Tech I and Tech II courses; or

97.6 (ii) the National Recreation and Park Association aquatic facility operator course;

97.7 (6) toilet all potty-trained children before they enter the swimming pool;

97.8 (7) require all children who are not potty trained to wear swim diapers while in the
97.9 swimming pool;

97.10 (8) if fecal material enters the swimming pool water, add three times the normal shock
97.11 treatment to the pool water to raise the chlorine level to at least 20 parts per million and
97.12 close the pool to swimming for the 24 hours following the entrance of fecal material into
97.13 the water or until the water pH and disinfectant concentration levels have returned to the
97.14 standards specified in clause (10), whichever is later;

97.15 (9) prevent any person from entering the swimming pool who has an open wound or has
97.16 or is suspected of having a communicable disease;

97.17 (10) maintain the swimming pool water at a pH of not less than 7.2 and not more than
97.18 8.0, maintain the disinfectant concentration between two and five parts per million for
97.19 chlorine or between 2.3 and 4.5 parts per million for bromine, and maintain a daily record
97.20 of the swimming pool's operation with pH and disinfectant concentration readings on days
97.21 when children cared for at the family child care program are present;

97.22 (11) have a disinfectant feeder or feeders;

97.23 (12) have a recirculation system that will clarify and disinfect the swimming pool volume
97.24 of water in ten hours or less;

97.25 (13) maintain the swimming pool's water clarity so that an object on the pool floor at
97.26 the pool's deepest point is easily visible;

97.27 (14) comply with the provisions in section 144.1222, subdivisions 1c and 1d;

97.28 (15) have in place and enforce written safety rules and swimming pool policies;

97.29 (16) have in place at all times a safety rope that divides the shallow and deep portions
97.30 of the swimming pool;

98.1 (17) maintain compliance with any existing local ordinances regarding swimming pool
98.2 installation, decks, and fencing;

98.3 (18) maintain a water temperature of not more than 104 degrees Fahrenheit and not less
98.4 than 70 degrees Fahrenheit;

98.5 (19) cover the swimming pool when not in use;

98.6 (20) follow the requirements of subdivision 7; and

98.7 (21) for lifesaving equipment, have a United States Coast Guard-approved life ring
98.8 attached to a rope, an exit ladder, and a shepherd's hook available at all times to the caregiver
98.9 supervising the swimming pool.

98.10 Subd. 7. **Water hazards.** (a) Swimming and wading pools, beaches, wells, or other
98.11 bodies of water on or adjacent to the site of the family child care program must be
98.12 inaccessible to children except during periods of supervised use.

98.13 (b) All water hazards, such as inground or above-ground swimming pools, hot tubs,
98.14 stationary wading pools, fish ponds, and water retention or detention basins on the site of
98.15 the family child care program must be enclosed with a permanent fence, wall, building wall,
98.16 other physical barrier, or combination thereof that is at least four feet in height. A house
98.17 exterior wall can constitute one side of a fence if the wall has no openings capable of
98.18 providing direct access to the hazard, including but not limited to doors or windows.

98.19 (c) The family child care program may not allow a child in care to use a swimming pool
98.20 or beach without an adult caregiver trained in first aid and CPR present.

98.21 (d) Bodies of water must be separated from the play area by a fence or other physical
98.22 barrier that prevents children from accessing the water. The house door alone is not a
98.23 sufficient barrier.

98.24 Subd. 8. **Water play.** (a) Splash pads, sprinklers, or other water toys that spray or jet
98.25 water on the users and do not have standing water do not need parental permission for use
98.26 by children. Splash pads, sprinklers, or other water toys that have a standing water component
98.27 are considered wading pools and are required to meet the requirements of subdivision 5.

98.28 (b) Water tables designed for children to play with their hands must be emptied daily.
98.29 The caregiver must supervise children at all times while a water table is in use and must be
98.30 able to clearly see all parts of the wading area. When not in use under the supervision of a
98.31 caregiver, water tables must be inaccessible to children.

99.1 Subd. 9. Separation between attached garage and family child care program. The
 99.2 separation wall between the residence and garage must meet the requirements of Minnesota
 99.3 Rules, part 1309.0302.

99.4 Subd. 10. Ventilation, heating, and cooling systems. (a) Heating, ventilation, and air
 99.5 conditioning systems must be operated according to the manufacturer's instructions and in
 99.6 good repair. Gas, coal, wood, kerosene, or oil heaters must be vented to the outside in
 99.7 accordance with the State Building Code.

99.8 (b) Items that can be ignited and support combustion, including but not limited to plastic,
 99.9 fabric, and wood products, must not be located within:

99.10 (1) 18 inches of a gas or fuel-oil heater or furnace; or

99.11 (2) 36 inches of a solid-fuel-burning appliance.

99.12 If a license holder produces manufacturer instructions listing a smaller distance, then the
 99.13 manufacturer instructions control the distance combustible items must be from gas, fuel-oil,
 99.14 or solid-fuel-burning heaters or furnaces.

99.15 (c) When in use, fireplaces, wood-burning stoves, solid-fuel-burning appliances, space
 99.16 heaters, steam radiators, outdoor fire pits, and other potentially hot surfaces, such as steam
 99.17 pipes, must be protected by guards or protective covering to keep hands and bodies away,
 99.18 prevent burns, and prevent fires. All fireplaces, wood-burning stoves, space heaters, steam
 99.19 radiators, and furnaces must be installed according to the State Building Code. The furnace,
 99.20 hot water heater, and utility rooms must be inaccessible to children.

99.21 (d) Ventilation of usable space must meet the requirements of the State Building Code.
 99.22 Outside doors and windows used for ventilation in summer months must be screened when
 99.23 biting insects are prevalent. The screens must be in good repair. Sources of harmful and
 99.24 unpleasant odors including urine and pet waste must be removed to the extent possible by
 99.25 removing the source of the odor or by removing odors through cleaning and ventilation.

99.26 Subd. 11. Temperature. A minimum temperature of 62 degrees Fahrenheit must be
 99.27 maintained in indoor areas used by children.

99.28 Subd. 12. Sewage disposal. Family child care programs must have working toilets and
 99.29 a sewage disposal system that conform to the State Building Code or local septic system
 99.30 ordinances. Toilet training equipment must be emptied and cleaned after each use. Outdoor
 99.31 toilets, including compostable toilets, are permissible in accordance with local septic system
 99.32 ordinances.

100.1 Subd. 13. **Construction or remodeling.** During construction or remodeling, children
100.2 must not have access to construction or remodeling areas within or around the premises.

100.3 Subd. 14. **Interior walls and ceilings.** The walls and ceilings within a family child care
100.4 program, including those in corridors, stairways, and lobbies, must have a flame spread
100.5 rating of 200 or less.

100.6 Subd. 15. **Electrical services.** (a) All electric outlets in a family child care program
100.7 accessible to children must be tamper-proof or shielded when not in use. All major electrical
100.8 appliances must be properly installed and grounded in accordance with the State Electrical
100.9 Code and in good working order.

100.10 (b) Electrical wiring must be sized to provide for the load and be in good repair. Extension
100.11 ords must not be used as a substitute for permanent wiring.

100.12 Subd. 16. **Fire extinguisher.** A portable, operational, multipurpose, and dry chemical
100.13 fire extinguisher with a minimum 2-A 10-BC rating must be located near the required exit
100.14 door of the program at all times. The fire extinguisher must be serviced annually by a
100.15 qualified inspector and evidence of annual service must be documented. All caregivers must
100.16 know how to properly use the fire extinguisher.

100.17 Subd. 17. **Carbon monoxide and smoke alarms.** (a) A family child care program must
100.18 have an approved and operational carbon monoxide alarm installed within ten feet of each
100.19 area used for sleeping children in care.

100.20 (b) A family child care program must properly install and maintain smoke alarms models
100.21 that have been approved by the Underwriter Laboratory on all levels, including basements,
100.22 and in hallways outside rooms used for sleeping children in care. Smoke alarms are not
100.23 required in crawl spaces and uninhabitable attics. For family child care programs in buildings
100.24 that began construction on or after March 31, 2020, smoke alarms must be installed and
100.25 maintained in each room used for children in care to sleep.

100.26 Subd. 18. **Stairways.** All family child care programs with stairways must:

100.27 (1) have handrails on at least one side of stairways of four or more steps;

100.28 (2) enclose any open area between the handrail and stair tread with a protective guardrail
100.29 as specified in the State Building Code. The back of the stair risers must also be enclosed;

100.30 (3) use gates at the top and bottom of stairways when children who are six to 18 months
100.31 old are in care; and

100.32 (4) keep stairways well lit, in good repair, and free of clutter and obstructions.

101.1 Subd. 19. **Decks.** Decks, balconies, or lofts that are used by children and more than 30
 101.2 inches above the ground or floor must be surrounded by a protective guardrail and be
 101.3 constructed in compliance with the State Building Code. Wooden decks must be free of
 101.4 splinters and in good repair.

101.5 Subd. 20. **Locks and latches.** (a) A door latch on a closet or other confining space must
 101.6 be made so that the door can be opened from inside the closet or other confining space.

101.7 (b) Every interior door lock must permit opening of the locked door from the outside
 101.8 and the opening device must be readily accessible to all caregivers.

101.9 (c) Double cylinder locks, where a key is required on both sides, on exit doors are
 101.10 prohibited.

101.11 (d) Locks may not be used in place of supervision.

101.12 Subd. 21. **Tobacco products, cannabis, vaping, drugs, and alcohol use**
 101.13 **prohibitions.** (a) Smoking of tobacco, cannabis, or any other product, including through
 101.14 electronic delivery devices, is prohibited on both indoor and outdoor licensed family child
 101.15 care program environments and in any vehicles used by the family child care program during
 101.16 hours of operation.

101.17 (b) The use of alcohol or illegal or recreational drugs is prohibited during hours of
 101.18 operation.

101.19 (c) If the license holder allows smoking of tobacco, cannabis, or any other product,
 101.20 including through electronic delivery devices, on the premises outside of child care hours,
 101.21 the license holder must verbally provide notice to parents and must post written notice in
 101.22 an obvious location disclosing this information.

101.23 (d) While caring for children, no license holder or caregiver shall be under the influence
 101.24 of any substance that impairs the individual's ability to supervise children or perform the
 101.25 individual's duties.

101.26 Sec. 15. **[142L.15] CLEANING AND DISINFECTING.**

101.27 Subdivision 1. **General requirements.** (a) The family child care program must be free
 101.28 from accumulations of dirt, peeling paint, visible or known debris, soiled items, hazardous
 101.29 clutter, and pet waste, including odor from pet waste.

101.30 (b) Disinfectants must:

101.31 (1) not be used prior to or in place of cleaning compounds;

102.1 (2) be mixed and used according to the manufacturer's instructions; and

102.2 (3) be used on surfaces that are contaminated with bodily fluids.

102.3 Subd. 2. **Toys.** A caregiver must take reasonable steps to ensure toys that children place
102.4 in their mouths are cleaned and disinfected prior to use by another child. Toys that come
102.5 into contact with bodily fluids must be cleaned and disinfected prior to next use. Toys must
102.6 be cleaned and disinfected as needed if there are visible or known contaminants or debris
102.7 on them.

102.8 Subd. 3. **Food and eating areas.** Surfaces and tools that are used for preparing or serving
102.9 food must be cleaned and sanitized prior to next use. Sanitizing must be done by using an
102.10 EPA-registered sanitizer or a bleach solution or by heating to temperatures sufficient to
102.11 destroy most germs.

102.12 Subd. 4. **Indoor and outdoor equipment.** The indoor and outdoor space and equipment
102.13 of the family child care program must be clean.

102.14 Subd. 5. **Sleeping.** Sleeping materials must be cleaned and disinfected at least weekly
102.15 or when visibly dirty.

102.16 Subd. 6. **Toilet learning equipment.** Toilet learning chairs and seats must be cleaned
102.17 and disinfected after each use.

102.18 Subd. 7. **Hand washing.** (a) A child's hands must be washed with soap and running
102.19 water when soiled, after the use of a toilet or toilet training chair, and before eating a meal
102.20 or snack. The caregiver must monitor and assist a child who needs help. Children's hands
102.21 must be dried on a separate or single-use towel.

102.22 (b) In sinks and tubs accessible to children, the water temperature must not be able to
102.23 exceed 120 degrees Fahrenheit to prevent children from scalding themselves while washing
102.24 their hands.

102.25 (c) Caregivers must wash their hands with soap and water after each diaper change, after
102.26 assisting a child on the toilet, after washing the diapering surface, and before food
102.27 preparation. The caregiver's hands must be dried on a separate or single-use towel.

102.28 Subd. 8. **Diapers, changing areas, and disposal.** (a) An adequate supply of clean diapers
102.29 must be available for each child who uses diapers and stored in a clean place inaccessible
102.30 to children. Diapers may be disposable or made of cloth.

102.31 (b) If a family child care program uses cloth diapers, then:

103.1 (1) cloth diapers must have an absorbent inner layer that is completely covered with an
103.2 outer waterproof layer that has a waist closure;

103.3 (2) the cloth diaper and waterproof layer must be changed at the same time;

103.4 (3) cloth diapers supplied by parents, except those supplied by a commercial diaper
103.5 service, must be labeled with the child's name and must be placed in a plastic bag after
103.6 removal with any soiled clothing and sent home with the parent daily; and

103.7 (4) cloth diapers must be kept out of reach from children before and after use.

103.8 (c) Clothes must be worn over diapers while the child is in the family child care program.
103.9 Diapers and clothing must be changed promptly when wet or soiled.

103.10 (d) Single-service disposable wipes or clean washcloths must be used for washing a
103.11 soiled child before rediapering.

103.12 (e) The diaper changing area must be covered with a smooth, nonabsorbent surface.

103.13 Changing tables, changing pads, and other diaper changing areas must be cleaned and
103.14 disinfected between children, even if using a nonabsorbent covering that is discarded after
103.15 each use. Diapering must not take place in a food preparation area.

103.16 (f) Disposable diapers must be disposed of in a covered diaper disposal container located
103.17 in the diaper changing area and lined with a disposable plastic bag or directly outdoors in
103.18 a garbage can.

103.19 **Sec. 16. [142I.16] ENVIRONMENTAL HEALTH.**

103.20 Subdivision 1. **Water supply.** (a) All family child care programs must have a safe water
103.21 supply.

103.22 (b) Family child care programs that draw water from privately owned wells must:

103.23 (1) test the water annually by a Department of Health-certified laboratory for coliform
103.24 bacteria and nitrate nitrogen and receive confirmation that the water is safe. The family
103.25 child care program must submit a copy of the test results with the agency. Retesting and
103.26 corrective measures may be required by the agency if results do not meet state drinking
103.27 water standards or where the supply may be subject to off-site contamination. A copy of
103.28 the most recent water testing results must be kept on the licensed premises. If the water test
103.29 results are at or above Department of Health-recommended levels or if the license holder
103.30 declines to test the water supply in the program, the license holder must:

103.31 (i) supply bottled or packaged water; or

104.1 (ii) use water filtration devices that have been certified by the National Science
 104.2 Foundation or American National Standards Institute to remove the contaminant. The water
 104.3 filtration device must be attached directly to water faucets, inserted into the refrigerator
 104.4 water dispenser, or inserted into water pitchers or bottles. The water filtration device must
 104.5 be maintained according to manufacturer guidelines; or

104.6 (2) close the family child care program to prevent children from using or consuming
 104.7 unsafe water.

104.8 Subd. 2. **Radon testing.** (a) The license holder must notify parents whether radon testing
 104.9 has been conducted in the family child care program upon enrollment and within 30 days
 104.10 of any subsequent testing done after enrollment.

104.11 (b) When notifying parents, the license holder must use a form prescribed by the
 104.12 commissioner. The notice must include information from the Department of Health about
 104.13 what radon is and the potential risks associated with radon exposure. If testing has been
 104.14 completed, the notice must include:

104.15 (1) the date of the most recent test;

104.16 (2) the rooms or areas tested; and

104.17 (3) the detected radon level or levels, stated in picocuries per liter (pCi/L).

104.18 (c) A copy of the most recent notice to parents and the radon test results must be kept
 104.19 on site and made available to parents and the commissioner upon request.

104.20 **Sec. 17. [142L.17] ACTIVITIES AND EQUIPMENT.**

104.21 Subdivision 1. **General activities.** Child care activities must provide for the physical,
 104.22 intellectual, emotional, and social development of the children in care at a family child care
 104.23 program. Activities must include infants, toddlers, preschoolers, and school-age children
 104.24 and:

104.25 (1) be scheduled indoors and outdoors daily, weather permitting. When determining if
 104.26 the weather permits outdoor play, a license holder must defer to weather advisory
 104.27 notifications, including air quality emergencies, provided by local weather experts, local or
 104.28 state authority on air quality, or public health;

104.29 (2) be appropriate to the age and developmental stage of the child;

104.30 (3) include active and quiet activity; and

104.31 (4) include both caregiver-directed and child-initiated activities.

105.1 Subd. 2. **Equipment.** A license holder must provide children in a family child care
105.2 program with:

105.3 (1) sufficient play equipment to allow each child a choice of at least three activities
105.4 involving equipment when all children are using equipment;

105.5 (2) early learning materials, play equipment, and space that are age and developmentally
105.6 appropriate and culturally diverse; and

105.7 (3) play equipment that is safe, in good repair, and used in accordance with the
105.8 manufacturer's instructions.

105.9 Subd. 3. **Newborn or infant activities.** A caregiver must:

105.10 (1) hold a newborn or infant during feedings until the child can hold the bottle. A bottle
105.11 cannot be propped up for a newborn or infant;

105.12 (2) respond to a newborn's or infant's attempts to communicate;

105.13 (3) develop infant language and communication by responding to a newborn's or infant's
105.14 attempts to communicate by mirroring similar sounds, sharing the child's focus of attention,
105.15 talking to the newborn or infant, naming objects, and describing actions;

105.16 (4) provide a newborn and infant with freedom of movement to sit safely and comfortably,
105.17 crawl, toddle, walk, and play both indoors and outdoors throughout the day;

105.18 (5) provide a newborn or infant an opportunity to stimulate the senses by providing a
105.19 variety of activities and objects to see, touch, feel, smell, hear, and taste;

105.20 (6) provide activities for a newborn or infant that develop the child's manipulative and
105.21 fine motor skills;

105.22 (7) provide activities for self-awareness;

105.23 (8) provide activities to support a newborn or infant to develop social-emotional skills;

105.24 (9) provide activities to support a newborn or infant to develop gross motor skills; and

105.25 (10) allow a newborn or infant actively supervised tummy time. For the purposes of this
105.26 clause, "tummy time" means placing a newborn or infant in a nonrestrictive prone position,
105.27 lying on their stomach. Tummy time should occur throughout the day when a newborn or
105.28 infant is awake. A newborn or infant must not be wearing anything to restrict movement during
105.29 tummy time.

105.30 Subd. 4. **Newborn and infant equipment.** When caring for newborns or infants, a
105.31 license holder must provide:

106.1 (1) an infant seat or high chair, as appropriate, for each newborn and infant in attendance;
106.2 (2) a crib or portable crib with a mattress or pad for each newborn and infant in attendance
106.3 that is in compliance with current Consumer Product Safety Commission safety standards
106.4 and chapter 142B.45. The license holder must maintain documentation on site that the
106.5 equipment used meets these requirements and provide it to the commissioner and parents
106.6 as requested;

106.7 (3) books and literacy materials;

106.8 (4) gross motor activity equipment; and

106.9 (5) fine motor activity materials.

106.10 Subd. 5. **Toddler activities.** When caring for toddlers, a license holder must:

106.11 (1) provide the toddler with freedom of movement and freedom to explore outside the
106.12 crib or portable crib and allow the toddler to comfortably sit, crawl, toddle, walk, and play
106.13 according to the toddler's stage of development;

106.14 (2) talk to, listen to, and interact with the toddler to encourage language development;

106.15 (3) provide the toddler with activities that develop the child's fine and gross motor skills;

106.16 (4) give the toddler opportunities to stimulate the senses by providing a variety of
106.17 age-appropriate activities and objects to see, touch, feel, smell, hear, and taste; and

106.18 (5) provide activities to support the toddler to develop social-emotional skills.

106.19 Subd. 6. **Toddler equipment.** When caring for toddlers, a license holder must provide:

106.20 (1) clean and separate sleeping equipment for each toddler such as a mat, crib, cot, bed,
106.21 sofa, or sleeping bag that is cleaned and maintained as required in subdivision 10 and section
106.22 142I.15, subdivision 5;

106.23 (2) gross motor play equipment;

106.24 (3) books and literacy materials;

106.25 (4) fine motor, math, and science materials; and

106.26 (5) music, movement, and art activity materials.

106.27 Subd. 7. **Preschooler activities.** When caring for preschoolers, a license holder must:

106.28 (1) encourage conversation between the child and other children and adults;

107.1 (2) provide opportunity to play near and with other children, provide time and space for
 107.2 individual and group play, allow for quiet times to talk or rest, and allow for unplanned
 107.3 time and individual play time;

107.4 (3) foster understanding of personal and peer feelings and actions and allow for the
 107.5 constructive release of a range of feelings through discussion or play;

107.6 (4) give assistance in toileting and provide time to carry out self-help skills and provide
 107.7 opportunities to be responsible for activities;

107.8 (5) provide opportunities for each child to make decisions about daily activities and to
 107.9 learn from the decision-making experiences;

107.10 (6) provide time and areas for age-appropriate gross motor play;

107.11 (7) provide learning, small muscle, manipulative, creative, or sensory activities; and

107.12 (8) read stories, look at books together, and talk about new words and ideas with the
 107.13 child.

107.14 Subd. 8. **Preschooler equipment.** When caring for preschoolers, a license holder must
 107.15 provide:

107.16 (1) a mat, bed, cot, sofa, or sleeping bag for each preschooler that is clean and maintained
 107.17 as required under subdivision 10 and section 142I.15, subdivision 5;

107.18 (2) dramatic play equipment;

107.19 (3) books and literacy materials;

107.20 (4) fine motor materials;

107.21 (5) gross motor play equipment;

107.22 (6) math materials;

107.23 (7) science materials;

107.24 (8) music and movement materials; and

107.25 (9) art materials.

107.26 Subd. 9. **School-age activities and equipment.** When caring for school-age children,
 107.27 a license holder must:

107.28 (1) provide opportunities for individual discussion about the day and planning for
 107.29 activities;

108.1 (2) provide space, opportunities, and materials or equipment for games, activities, or
 108.2 sports using the whole body;

108.3 (3) provide space, bedding materials, and opportunities for individual rest and quiet time
 108.4 required under subdivision 10;

108.5 (4) allow increased freedom as the child demonstrates increased responsibility;

108.6 (5) provide opportunities for group experiences with other children;

108.7 (6) provide opportunities to develop or expand self-help skills or real-life experiences;

108.8 and

108.9 (7) provide opportunities and materials for creative and dramatic activity, arts, and crafts.

108.10 Subd. 10. **Bedding.** Clean, separate, and individual bedding such as sheets, towels,
 108.11 blankets, or sleeping bags must be provided for each child in care. For children not using
 108.12 cribs or portable cribs, the license holder must provide developmentally appropriate mats,
 108.13 cots, or other sleep equipment that can be cleaned and disinfected according to section
 108.14 142I.15. Mats, cots, and other sleep equipment used in the family child care program must
 108.15 be in good condition and have no tears or holes and be covered in individual bedding.

108.16 Subd. 11. **Separation of personal articles.** Separate towels, wash cloths, water bottles,
 108.17 and drinking cups must be used for each child and labeled appropriately.

108.18 Sec. 18. **[142I.18] INFANT SLEEP AND CRIB REQUIREMENTS.**

108.19 Subdivision 1. **Safety.** All license holders must follow the crib safety requirements in
 108.20 section 142B.45 and the requirements to reduce the risk of sudden unexpected infant deaths
 108.21 in section 142B.46. During routine licensing inspections and when investigating complaints
 108.22 regarding alleged violations of this section, the commissioner must review the license
 108.23 holder's documentation required under section 142B.45.

108.24 Subd. 2. **Monitoring sleeping newborns and infants.** (a) Caregivers must directly
 108.25 supervise newborns once they are placed in a crib or portable crib.

108.26 (b) Caregivers must conduct in-person checks every 20 minutes for infants who are six
 108.27 months old or younger once they have been placed in a crib or portable crib.

108.28 (c) Monitors may be used to supervise infants when the infants are sleeping. However,
 108.29 the use of monitors does not replace the in-person checks required under paragraph (b).
 108.30 When in use, monitors must meet the following conditions:

109.1 (1) the sound monitoring equipment must be able to pick up the sounds of all infants in
 109.2 the separate room;

109.3 (2) the receiver of the sound monitoring equipment must be actively monitored by the
 109.4 adult caregiver at all times; and

109.5 (3) sound monitoring equipment must be checked daily prior to use to ensure it is working
 109.6 correctly. If the sound equipment is not functioning, infants must sleep in the same room
 109.7 as the caregiver.

109.8 (d) If music or other sounds are played in the infant sleep area, the music or other sound
 109.9 equipment must not be played at a volume that would prevent infants from being heard by
 109.10 the caregiver. This paragraph applies to fans used to create sound.

109.11 Sec. 19. [142I.19] HEALTH POLICIES AND SAFETY REQUIREMENTS.

109.12 Subdivision 1. **Handling and disposal of bodily fluids.** (a) Surfaces that come in contact
 109.13 with bodily fluids must be cleaned and disinfected as described in section 142I.15.

109.14 (b) Blood-contaminated material must be disposed of in a plastic bag and securely tied.

109.15 (c) If a provider has a child with a health care need that requires injectable medication,
 109.16 they must have a sharps container available.

109.17 (d) A license holder must keep disposable gloves, disposal bags, and eye protection
 109.18 available. Prescription eyewear does not meet the requirements of this paragraph.

109.19 Subd. 2. **Emergencies.** (a) A license holder must have a written child care emergency
 109.20 plan for emergencies that require evacuation, sheltering, or other protection of children,
 109.21 including for fires, natural disasters, intruders, or other threatening situations that may pose
 109.22 a health or safety hazard to children. The plan must be written on a form prescribed by the
 109.23 commissioner and updated at least annually. The plan must include:

109.24 (1) procedures for an evacuation, relocation, shelter-in-place, or lockdown;

109.25 (2) a designated relocation site and evacuation route;

109.26 (3) procedures for notifying a child's parent of an evacuation, shelter-in-place, or
 109.27 lockdown, including procedures for reunification with families;

109.28 (4) accommodations for a child with a disability or a medical condition;

109.29 (5) procedures for storing a child's medically necessary medicine that facilitate easy
 109.30 removal during an evacuation or relocation;

109.31 (6) procedures for continuing operations in the period during and after a crisis;

110.1 (7) procedures for communicating with local emergency management officials, law
110.2 enforcement officials, or other appropriate state or local authorities; and

110.3 (8) accommodations for infants and toddlers.

110.4 (b) The license holder must train each caregiver before the caregiver provides care and
110.5 at least annually on the child care emergency plan and document completion of this training.

110.6 (c) The child care emergency plan must be available for review by the agency during
110.7 inspections.

110.8 (d) In addition to the emergency plan required under paragraph (a), the license holder
110.9 must maintain preparedness for emergencies. An operable telephone must be located in the
110.10 family child care program. A cellular telephone may be used if it is sufficiently charged for
110.11 use at all times. Emergency phone numbers for parents must be readily available within the
110.12 program and taken on all emergency drills and evacuations.

110.13 (e) For severe storms and tornadoes, the license holder must have a designated area that
110.14 children can go to for shelter, a battery-operated flashlight, and a portable radio or TV
110.15 available. An application on a smartphone may be used to meet the requirements of this
110.16 paragraph. The license holder must follow guidance and instructions from the Emergency
110.17 Alert System or local alerting systems.

110.18 (f) The license holder must have a written fire escape plan that includes:

110.19 (1) the address of the family child care program;

110.20 (2) emergency phone numbers;

110.21 (3) a designated place to meet and confirm that all children in attendance are present;

110.22 (4) fire extinguisher locations;

110.23 (5) plans for monthly fire and storm drills; and

110.24 (6) escape routes to the outside from all levels used by children. In buildings with three
110.25 or more dwelling units, enclosed exit stairs must be indicated.

110.26 (g) The license holder must complete a monthly fire drill and have documentation of
110.27 completed fire drills available for review by the agency during inspections. The log must
110.28 include the date of the drill, the time of day the drill occurred, the name of the caregiver
110.29 who conducted the drill, and the length of time taken to evacuate all children safely.

110.30 Subd. 3. **Transporting children.** Children must only be transported in an enclosed
110.31 passenger vehicle capable of using car seats or a bus operated by a common carrier. When

111.1 transporting children in an enclosed passenger vehicle other than a bus operated by a common
111.2 carrier, a license holder must:

111.3 (1) ensure compliance with all seat belt and child passenger restraint system requirements
111.4 under sections 169.685 and 169.686;

111.5 (2) ensure that the child is fastened in a safety seat, seat belt, or harness appropriate to
111.6 the age and weight of the child and the restraint is installed and used in accordance with the
111.7 manufacturer's instructions;

111.8 (3) only use a vehicle licensed in accordance with the laws of the state and driven by a
111.9 caregiver with a current, valid motor vehicle license. A copy of the current driver's license,
111.10 for each caregiver who transports a child in care, must be kept at the family child care
111.11 program;

111.12 (4) receive written permission to transport children from parents prior to transport; and

111.13 (5) not allow a child to remain unattended in any vehicle.

111.14 Subd. 4. **Pets and animals.** When keeping pets or animals on the site of a family child
111.15 care program or allowing children to have contact with pets or animals, the primary provider
111.16 of care must:

111.17 (1) maintain the pets or animals in good health and proper housing. Pets or animals must
111.18 be appropriately immunized, and rabies vaccinations must be documented with a current
111.19 certificate from a veterinarian when appropriate;

111.20 (2) follow all local and state ordinances regarding the keeping, licensing, number, and
111.21 health status of animals;

111.22 (3) restrict any animals that pose a risk of injury or illness to children from indoor and
111.23 outdoor areas used by children;

111.24 (4) inform parents in writing of the presence of pets and animals on the premises. If pets
111.25 or animals are allowed to roam in areas occupied by children, the license holder must obtain
111.26 written acknowledgment from parents. Parents must be notified in writing prior to the
111.27 introduction of a new pet;

111.28 (5) keep any reptiles, amphibians, ferrets, poisonous animals, psittacine birds, exotic
111.29 animals, and wild animals inaccessible to children;

111.30 (6) not allow any contact between children and pets or animals that is not directly
111.31 supervised by an adult caregiver who is in close physical proximity and able to immediately

112.1 intervene if the child or animal shows distress or aggression or if the child is treating the
112.2 animal inappropriately;

112.3 (7) immediately intervene to protect a child when necessary;

112.4 (8) prevent pets and animals from accessing food preparation, storage, and serving areas
112.5 when food is being prepared or served, unless confined in a cage or kennel. Litter boxes
112.6 are prohibited in any food preparation, storage, or serving areas;

112.7 (9) keep indoor and outdoor areas accessible to children free of animal waste, including
112.8 litter boxes and their contents. Pet cages, enclosures, and aquariums accessible to children
112.9 must be located and cleaned away from food areas;

112.10 (10) immediately notify a parent of a child who receives an animal bite or scratch;

112.11 (11) notify the local animal authority whenever an individual is bitten by an animal on
112.12 the day of injury. The notification must be made before any steps are taken to euthanize the
112.13 animal, and the license holder must take reasonable steps to confine the animal; and

112.14 (12) notify the licensing agency within 24 hours of any animal bite from an animal
112.15 housed at the licensed family child care program.

112.16 Subd. 5. **Pest control.** (a) A license holder must take effective measures to protect the
112.17 family child care program against pests. The license holder must take steps to prevent
112.18 attracting pests and, if pests are present inside the family child care program, to remove or
112.19 exterminate the pests.

112.20 (b) Chemicals for pest control must not be applied in areas accessible to children when
112.21 children are present. The license holder must use chemicals according to manufacturer
112.22 instructions. Only approved, Environmental Protection Agency-registered insecticides,
112.23 rodenticides, and herbicides may be used. Application must strictly follow all label
112.24 instructions.

112.25 Subd. 6. **Garbage.** Garbage must be inaccessible to infants, toddlers, and preschoolers.
112.26 Garbage is considered inaccessible when the garbage container has a lid on.

112.27 Subd. 7. **Firearms.** (a) A license holder and all caregivers, parents, household members,
112.28 and visitors to the family child care program must comply with the requirements of this
112.29 subdivision during program hours.

112.30 (b) Ammunition and firearms must be stored in locked areas separated from areas
112.31 accessible to children. Firearms must be unloaded while stored.

113.1 (c) License holders must notify parents upon admission of the presence of firearms. If
113.2 a firearm is added to the property, a license holder must notify parents by the end of the
113.3 following business day.

113.4 (d) Loaded and unloaded firearms may be carried by a law enforcement official who is
113.5 a household member or a parent of a child in care and can document that their jurisdiction
113.6 requires ready and immediate access to the firearm.

113.7 Subd. 8. **First aid kit.** A license holder must have a first aid kit that is accessible to
113.8 caregivers in the family child care program at all times and taken on field trips. A caregiver
113.9 must have access to first aid instructions. The first aid kit must contain:

113.10 (1) adhesive bandages in assorted sizes and tape;

113.11 (2) sterile compresses;

113.12 (3) scissors;

113.13 (4) an ice bag or cold pack;

113.14 (5) a thermometer;

113.15 (6) mild liquid soap, hand sanitizer, or alcohol wipes; and

113.16 (7) disposable powder-free, latex-free gloves.

113.17 Subd. 9. **Care of sick children.** (a) If the child becomes sick while at the family child
113.18 care program, the child must be separated from other children in care to the extent possible
113.19 while still maintaining appropriate supervision, and the child's parent must be called
113.20 immediately.

113.21 (b) When notified a child in care is sick with a reportable disease under Minnesota Rules,
113.22 parts 4605.7040, 4605.7050, or 4605.7080, the license holder must:

113.23 (1) follow the family child care program policies on reportable or infectious diseases;

113.24 and

113.25 (2) notify the commissioner of health within 24 hours of receiving the parent or staff
113.26 report. Documentation of the notification must be kept at the family child care program.

113.27 (c) Children with a reportable disease in paragraph (b) must be excluded from the family
113.28 child care program for the length of time specified in the commissioner of health guidelines
113.29 on infectious diseases in child care settings, until the child can participate in routine activities
113.30 without more caregiver supervision than usual or until the child's health care provider
113.31 determines that exclusion is no longer necessary, whichever is longer.

114.1 Subd. 10. **Medication administration requirements.** (a) A license holder must obtain
114.2 written permission from the parent of a child prior to administering nonprescription medicine,
114.3 diapering products, sunscreen lotions, and insect repellents. These items must be administered
114.4 according to the manufacturer instructions unless written instructions for their use are
114.5 provided by a health care provider.

114.6 (b) A license holder must obtain and follow written instructions from a health care
114.7 provider or dentist prior to administering each prescribed medication. For the purposes of
114.8 this paragraph, "instructions" include the label on a medicine container with the child's name
114.9 and current prescription information.

114.10 Sec. 20. **[142I.20] FOOD AND NUTRITION.**

114.11 Subdivision 1. **Feeding.** (a) Bottles of frozen breast milk or formula must be thawed
114.12 under warm running water, in a container of warm water, with a warming device, or in a
114.13 refrigerator. Thawed milk must be used, sent home, or disposed of the same day it is thawed.

114.14 (b) Plastic bottles, sippy cups, or other plastic food containers must never be warmed
114.15 in a microwave.

114.16 (c) Once bottle feeding is complete, any unused portion must be disposed of or stored
114.17 inaccessible to children in care. Bottles provided by or stored at the family child care program
114.18 must be washed prior to the next use.

114.19 (d) License holders must not serve food to infants or toddlers using polystyrene foam
114.20 (Styrofoam) cups, bowls, or plates.

114.21 Subd. 2. **Milk.** Cow's milk served to children in care must be pasteurized. Milk
114.22 alternatives that are nutritionally equivalent to cow's milk can be served in place of fluid
114.23 milk for children who require it.

114.24 Subd. 3. **Drinking water.** Drinking water from a safe source according to section 142I.16
114.25 must be readily available and offered throughout the day in indoor and outdoor areas.

114.26 Subd. 4. **Meals and snacks.** (a) Well-balanced meals and snacks must be supplied by
114.27 the license holder or parents daily. Every meal and snack served to children in care must
114.28 meet the requirements for a reimbursable meal per the Child and Adult Care Food Program,
114.29 regardless of whether the family child care program is registered with or participates in the
114.30 food program.

115.1 (b) Meals and snacks provided from the child's home must be labeled with the child's
115.2 name. When special diets are required for cultural, religious, or medical reasons, the provider
115.3 shall obtain written, dated, and signed instructions from the child's parent.

115.4 (c) Flexible feeding schedules must be provided for infants.

115.5 (d) Food, liquids, and bottles brought from home must be labeled with the first and last
115.6 name of each child.

115.7 Subd. 5. Food and liquid safety. (a) Food and liquids must be handled and stored
115.8 properly to prevent contamination and spoilage. Foods and liquids requiring refrigeration
115.9 must be refrigerated and maintained at no more than 40 degrees Fahrenheit. Food requiring
115.10 heating must be maintained at no less than 140 degrees Fahrenheit until ready to serve.
115.11 Frozen foods must be kept frozen until use and cooked according to the manufacturer's
115.12 instructions.

115.13 (b) Appliances used in food and liquid storage and preparation must be safe and clean.

115.14 (c) All canned food provided by the license holder must be commercially processed.
115.15 Locally grown fresh and frozen fruits and vegetables may be served at the family child care
115.16 program. Food canned or preserved at home and home-butchered meats, poultry, and fish
115.17 may not be served to children in care.

115.18 Sec. 21. [142L.21] CHILDREN WITH SPECIAL HEALTH CARE NEEDS OR
115.19 DISABILITIES.

115.20 (a) For children with disabilities who require therapy, additional behavior guidance,
115.21 programming, or alternative accommodations, the parents or health care provider must
115.22 provide written instructions for the license holder to follow.

115.23 (b) All activities must be designed to include all children unless a specific medical
115.24 contraindication exists.

115.25 (c) All caregivers responsible for the care of a child with a disability or special health
115.26 care need shall demonstrate to the parents and the agency how the child's specific needs are
115.27 being met.

115.28 (d) Before enrolling a child for care, the license holder must obtain documentation of
115.29 any known allergies on a form prescribed by the commissioner. The form must be readily
115.30 available to all caregivers and reviewed by the license holder and each caregiver annually
115.31 and when any updates or changes are made.

116.1 (e) If a child has a known allergy, the primary provider of care must maintain current
116.2 information about the allergy in the child's record, ensure that required medication is on
116.3 hand, and follow the allergy plan signed by a treating medical professional. The child's plan
116.4 must include:

116.5 (1) a description of the allergy;

116.6 (2) specific triggers and avoidance techniques;

116.7 (3) symptoms of an allergic reaction; and

116.8 (4) procedures for responding to an allergic reaction, including any medication and
116.9 dosage to be administered in an emergency situation.

116.10 (f) A caregiver must call emergency medical services when epinephrine is administered
116.11 to a child in the license holder's care.

116.12 (g) The caregiver must contact the child's parent immediately after any instance of
116.13 exposure to an allergen or allergic reaction.

116.14 Sec. 22. **[142I.22] COMMUNITY-BASED FAMILY CHILD CARE.**

116.15 (a) A family child care program located on a site other than the license holder's primary
116.16 residence must be licensed under this section if:

116.17 (1) the family child care program is conducted in a dwelling on a residential lot or in a
116.18 commercial space other than the license holder's primary residence;

116.19 (2) the license holder is an organization, employer, church, or religious entity; or

116.20 (3) the license holder is a community collaborative child care provider. For purposes of
116.21 this clause, a "community collaborative child care provider" is a provider participating in
116.22 a cooperative agreement with a community action agency as defined in section 142F.301.

116.23 (b) Programs licensed under paragraph (a) must comply with local zoning regulations,
116.24 the applicable State Fire Code, and the State Building Code. Any age and capacity limitations
116.25 established by the fire code must be printed on the license.

116.26 (c) A license holder under this section must designate at least one primary provider of
116.27 care as follows:

116.28 (1) one individual for programs operating eight or fewer hours per day;

116.29 (2) up to two individuals for programs operating more than eight but no more than 16
116.30 hours per day; and

117.1 (3) up to three individuals for programs operating more than 16 hours per day.

117.2 (d) The license issued under this section must include the statement: "This
117.3 community-based family child care license holder is not licensed as a child care center."

117.4 (e) The commissioner may approve up to four licenses at the same location or under one
117.5 contiguous roof if each license holder independently meets all applicable requirements.
117.6 Each licensed family child care program must operate as a distinct family child care program
117.7 within its licensed capacity, age, and ratio limits as determined by the state fire marshal.
117.8 Only one license may be issued per single-family residential home.

117.9 (f) The license holder must notify the commissioner in writing before any change in the
117.10 persons designated as primary providers of care. A primary provider of care is authorized
117.11 to communicate with the commissioner on licensing matters.

117.12 (g) Each license holder must complete the commissioner-developed community-based
117.13 family child care program plan at the time of initial application, review the plan each calendar
117.14 year, and update the plan before any change in program information occurs.

117.15 Sec. 23. **REVISOR INSTRUCTION.**

117.16 (a) The revisor of statutes must make any necessary changes to statutory cross-references
117.17 to reflect the changes in this article.

117.18 (b) The revisor of statutes shall replicate the statutory history for all sections and
117.19 subdivisions repealed and reenacted in this article.

117.20 Sec. 24. **REPEALER.**

117.21 (a) Minnesota Rules, parts 9502.0300; 9502.0315; 9502.0325; 9502.0335; 9502.0341;
117.22 9502.0345; 9502.0355; 9502.0365; 9502.0367; 9502.0375; 9502.0395; 9502.0405;
117.23 9502.0415; 9502.0425; 9502.0435; and 9502.0445, are repealed.

117.24 (b) Minnesota Statutes 2024, sections 142B.01, subdivision 13; 142B.41, subdivisions
117.25 4 and 8; 142B.62; 142B.70, subdivisions 1, 2, 3, 4, 5, 6, 9, 10, 11, and 12; 142B.71; 142B.72;
117.26 142B.74; 142B.75; 142B.76; and 142B.77, are repealed.

117.27 (c) Minnesota Statutes 2025 Supplement, sections 142B.41, subdivision 9; and 142B.70,
117.28 subdivisions 7 and 8, are repealed.

117.29 **EFFECTIVE DATE.** This section is effective July 1, 2027.

APPENDIX
Article locations for 26-07366

ARTICLE 1 CHILD CARE CENTERS LICENSING MODERNIZATION..... Page.Ln 1.23
ARTICLE 2 FAMILY CHILD CARE LICENSING MODERNIZATION..... Page.Ln 67.10

142B.01 DEFINITIONS.

Subd. 11. **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. A drop-in child care program must be licensed under Minnesota Rules governing child care centers. A drop-in child care program must meet one of the following requirements to qualify for the rule exemptions specified in section 142B.41, subdivision 6:

- (1) the drop-in child care program operates in a child care center which 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 the program's activities, except for bathroom use and outdoor play, are conducted separately from each other.

Subd. 12. **Experience.** For purposes of child care centers, "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 day care or group family day care, 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. 13. **Family day care and group family day care child age classifications.** (a) For the purposes of family day care and group family day care licensing under this chapter, the following terms have the meanings given them in this subdivision.

- (b) "Newborn" means a child between birth and six weeks old.
- (c) "Infant" means a child who is at least six weeks old but less than 12 months old.
- (d) "Toddler" means a child who is at least 12 months old but less than 24 months old, except that for purposes of specialized infant and toddler family and group family day care, "toddler" means a child who is at least 12 months old but less than 30 months old.
- (e) "Preschooler" means a child who is at least 24 months old up to school age.
- (f) "School age" means a child who is at least five years of age, but is younger than 11 years of age.

Subd. 25. **School-age child.** "School-age child," for programs licensed or required to be licensed as a child care center, 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.

Subd. 26. **School-age child care program.** "School-age child care program" means a program licensed or required to be licensed as a child care center, serving more than ten children with the primary purpose of providing child care for school age children.

Subd. 27. **Supervision.** (a) For purposes of licensed child care centers, "supervision" means when a program staff person:

- (1) is accountable for the child's care;
- (2) can 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 paragraphs (b) to (e).

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(b) When an infant is placed in a crib room to sleep, supervision occurs when a program staff person is within sight or hearing of the infant. When supervision of a crib room is provided by sight or hearing, the center must have a plan to address the other supervision components.

(c) When a single school-age child uses the restroom within the licensed space, supervision occurs when a program staff person has knowledge of the child's activity and location and checks on the child at least every five minutes. When a school-age child uses the restroom outside the licensed space, including but not limited to field trips, supervision occurs when staff accompany children to the restroom.

(d) When a school-age child leaves the classroom but remains within the licensed space to deliver or retrieve items from the child's personal storage space, supervision occurs when a program staff person has knowledge of the child's activity and location and checks on the child at least every five minutes.

(e) When a single preschooler uses an individual, private restroom within the classroom with the door closed, supervision occurs when 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.

142B.41 SPECIAL CONDITIONS FOR NONRESIDENTIAL PROGRAMS.

Subd. 4. **Special family child care homes.** (a) Nonresidential child care programs serving 14 or fewer children that are conducted at a location other than the license holder's own residence shall be licensed under this section and the rules governing family child care or group family child care if:

(1) the license holder is the primary provider of care and the nonresidential child care program is conducted in a dwelling that is located on a residential lot;

(2) the license holder is an employer who may or may not be the primary provider of care, and the purpose for the child care program is to provide child care services to children of the license holder's employees;

(3) the license holder is a church or religious organization;

(4) the license holder is a community collaborative child care provider. For purposes of this subdivision, 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;

(5) the license holder is a not-for-profit agency that provides child care in a dwelling located on a residential lot and the license holder maintains two or more contracts with community employers or other community organizations to provide child care services. The county licensing agency may grant a capacity variance to a license holder licensed under this clause to exceed the licensed capacity of 14 children by no more than five children during transition periods related to the work schedules of parents, if the license holder meets the following requirements:

(i) the program does not exceed a capacity of 14 children more than a cumulative total of four hours per day;

(ii) the program meets a one to seven staff-to-child ratio during the variance period;

(iii) all employees receive at least an extra four hours of training per year than required in the rules governing family child care each year;

(iv) the facility has square footage required per child under Minnesota Rules, part 9502.0425;

(v) the program is in compliance with local zoning regulations;

(vi) the program is in compliance with the applicable fire code as follows:

(A) if the program serves more than five children older than 2-1/2 years of age, but no more than five children 2-1/2 years of age or less, the applicable fire code is educational occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2020, Section 202; or

(B) if the program serves more than five children 2-1/2 years of age or less, the applicable fire code is Group I-4 Occupancy, as provided in the Minnesota State Fire Code 2020, Section 202, unless the rooms in which the children 2-1/2 years of age or younger are cared for are located on a level of exit discharge and each of these child care rooms has an exit door directly to the exterior, then the applicable fire code is Group E Occupancy, as provided in the Minnesota State Fire Code 2020, Section 202; and

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(vii) any age and capacity limitations required by the fire code inspection and square footage determinations shall be printed on the license; or

(6) the license holder is the primary provider of care and has located the licensed child care program in a commercial space, if the license holder meets the following requirements:

(i) the program is in compliance with local zoning regulations;

(ii) the program is in compliance with the applicable fire code as follows:

(A) if the program serves more than five children older than 2-1/2 years of age, but no more than five children 2-1/2 years of age or less, the applicable fire code is educational occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2020, Section 202; or

(B) if the program serves more than five children 2-1/2 years of age or less, the applicable fire code is Group I-4 Occupancy, as provided under the Minnesota State Fire Code 2020, Section 202, unless the rooms in which the children 2-1/2 years of age or younger are cared for are located on a level of exit discharge and each of these child care rooms has an exit door directly to the exterior, then the applicable fire code is Group E Occupancy, as provided in the Minnesota State Fire Code 2020, Section 202;

(iii) any age and capacity limitations required by the fire code inspection and square footage determinations are printed on the license; and

(iv) the license holder prominently displays the license issued by the commissioner which contains the statement "This special family child care provider is not licensed as a child care center."

(b) Notwithstanding Minnesota Rules, part 9502.0335, subpart 12, the commissioner may issue up to four licenses to an organization licensed under paragraph (a), clause (2), (3), or (5). Each license must have its own primary provider of care as required under paragraph (d). Each license must operate as a distinct and separate program in compliance with all applicable laws and regulations.

(c) For licenses issued under paragraph (a), clause (2), (3), (4), (5), or (6), the commissioner may approve up to four licenses at the same location or under one contiguous roof if each license holder is able to demonstrate compliance with all applicable rules and laws. Each licensed program must operate as a distinct program and within the capacity, age, and ratio distributions of each license.

(d) For a license issued under paragraph (a), clause (2), (3), or (5), the license holder must designate a person to be the primary provider of care at the licensed location on a form and in a manner prescribed by the commissioner. The license holder shall notify the commissioner in writing before there is a change of the person designated to be the primary provider of care. The primary provider of care:

(1) must be the person who will be the provider of care at the program and present during the hours of operation;

(2) must operate the program in compliance with applicable laws and regulations under this chapter and Minnesota Rules, chapter 9502;

(3) is considered a child care background study subject as defined in section 245C.02, subdivision 6a, and must comply with background study requirements in chapter 245C;

(4) must complete the training that is required of license holders in section 142B.70; and

(5) is authorized to communicate with the county licensing agency and the department on matters related to licensing.

(e) For any license issued under this subdivision, the license holder must ensure that any other caregiver, substitute, or helper who assists in the care of children meets the training requirements in section 142B.70 and background study requirements under chapter 245C.

Subd. 6. Drop-in and school age child care programs. (a) Except as expressly set forth in this subdivision, drop-in and school age child care programs must be licensed as a drop-in or school age program under the rules governing child care programs operated in a center.

(b) Drop-in and school age child care programs are exempt from the following Minnesota Rules:

(1) part 9503.0040;

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- (2) part 9503.0045, subpart 1, items F and G;
 - (3) part 9503.0050, subpart 6, except for children less than 2-1/2 years old;
 - (4) one-half the requirements of part 9503.0060, subpart 4, item A, subitems (2), (5), and (8), subpart 5, item A, subitems (2), (3), and (7), and subpart 6, item A, subitems (3) and (6);
 - (5) part 9503.0070; and
 - (6) part 9503.0090, subpart 2.
- (c) A drop-in and school age child care program must be operated under the supervision of a person qualified as a director and a teacher.
- (d) A drop-in and school age child care program must have at least two persons on staff whenever the program is operating, except that the commissioner may permit variances from this requirement under specified circumstances for parent cooperative programs, as long as all other staff-to-child ratios are met.
- (e) Whenever the total number of children present to be cared for at a drop-in child care center is more than 20, children that are younger than age 2-1/2 must be in a separate group. This group may contain children up to 60 months old. This group must be cared for in an area that is physically separated from older children.
- (f) A drop-in child care program must maintain a minimum staff ratio for children age 2-1/2 or greater of one staff person for each ten children. A school age child care program must maintain a minimum staff ratio of one staff person for every 15 children.
- (g) 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 children age 2-1/2 or greater, by a maximum of four children, for no more than 20 minutes while additional staff are in transit.
- (h) In a drop-in child care program, the minimum staff-to-child ratio for infants up to 16 months of age is one staff person for every four infants. The minimum staff-to-child ratio for children age 17 months to 30 months is one staff for every seven children.
- (i) 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.
- (j) The minimum staff distribution pattern for a drop-in child care program serving children age 2-1/2 or greater and a school age child care program serving school age children is: the first staff member must be a teacher; the second, third, and fourth staff members must have at least the qualifications of a child care aide; the fifth staff member must have at least the qualifications of an assistant teacher; the sixth, seventh, and eighth staff members must have at least the qualifications of a child care aide; and the ninth staff person must have at least the qualifications of an assistant teacher.
- (k) A drop-in child care program may care for siblings 16 months or older together in any group. For purposes of this subdivision, sibling is defined as sister or brother, half sister or half brother, or stepsister or stepbrother.
- (l) The commissioner may grant a variance to any of the requirements in paragraphs (a) to (k), as long as the health and safety of the persons served by the program are not affected. The request for a variance shall comply with the provisions in section 142B.10, subdivision 16.

Subd. 7. Experienced aides; child care centers. (a) An individual employed as an aide at a child care center may work with children without being directly supervised for an amount of time that does not exceed 25 percent of the child care center's daily hours if:

- (1) a teacher is in the facility;
 - (2) the individual is at least 20 years old; and
 - (3) the individual has at least 4,160 hours of child care experience as a staff member in a licensed child care center or as the license holder of a family day care home, 120 days of which must be in the employment of the current company.
- (b) A child care center that uses experienced aides under this subdivision must notify parents or guardians by posting the notification in each classroom that uses experienced aides, identifying

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which staff member is the experienced aide. Records of experienced aide usage must be kept on site and given to the commissioner upon request.

(c) A child care center may not use the experienced aide provision for one year following two determined experienced aide violations within a one-year period.

(d) A child care center may use one experienced aide per every four full-time child care classroom staff.

Subd. 8. Portable wading pools; family day care and group family day care providers. A portable wading pool as defined in section 144.1222 may not be used by a child at a family day care or group family day care home or at a home at which child care services are provided under section 142B.05, subdivision 2, paragraph (a), clause (2), unless the parent or legal guardian of the child has provided written consent. The written consent shall include a statement that the parent or legal guardian has received and read material provided by the Department of Health to the Department of Children, Youth, and Families for distribution to all family day care or group family day care homes and the general public on the human services Internet website related to the risk of disease transmission as well as other health risks associated with the use of portable wading pools.

Subd. 9. Swimming pools; family day care and group family day care providers. (a) This subdivision governs swimming pools located at family day care or group family day care homes licensed under Minnesota Rules, chapter 9502. This subdivision does not apply to portable wading pools or whirlpools located at family day care or group family day care homes licensed under Minnesota Rules, chapter 9502. For a provider to be eligible to allow a child cared for at the family day care or group family day care home to use the swimming pool located at the home, the provider must not have had a licensing sanction under section 142B.18 or 245A.07 or a correction order or conditional license under section 142B.16 or 245A.06 relating to the supervision or health and safety of children during the prior 24 months, and must satisfy the following requirements:

(1) notify the county agency before initial use of the swimming pool and annually, thereafter;

(2) obtain written consent from a child's parent or legal guardian allowing the child to use the swimming pool and renew the parent or legal guardian's written consent at least annually. The written consent must include a statement that the parent or legal guardian has received and read materials provided by the Department of Health to the Department of Children, Youth, and Families for distribution to all family day care or group family day care homes and the general public on the human services Internet website 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 the Department of Health, Department of Children, Youth, and Families, and county agency will not monitor or inspect the provider's swimming pool to ensure compliance with the requirements in this subdivision;

(3) enter into a written contract with a child's parent or legal guardian and renew the written contract annually. The terms of the written contract must specify that the provider agrees to perform all of the requirements in this subdivision;

(4) attend and successfully complete a swimming pool operator training course once every five years. Acceptable training courses are:

(i) the National Swimming Pool Foundation Certified Pool Operator course;

(ii) the National Spa and Pool Institute Tech I and Tech II courses (both required); or

(iii) the National Recreation and Park Association Aquatic Facility Operator course;

(5) require a caregiver trained in first aid and adult and child cardiopulmonary resuscitation to supervise and be present at the swimming pool with any children in the pool;

(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;

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(9) prevent any person from entering the swimming pool who has an open wound or any person who 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 day care or group family day care home 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 of the Abigail Taylor Pool Safety Act 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) satisfy 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; and

(19) 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.

The requirements of clauses (5), (16), and (18) only apply at times when children cared for at the family day care or group family day care home are present.

(b) A violation of paragraph (a), clauses (1) to (3), is grounds for a sanction under section 142B.18 or a correction order or conditional license under section 142B.16.

(c) If a provider under this subdivision receives a licensing sanction under section 142B.18 or 245A.07 or a correction order or a conditional license under section 142B.16 or 245A.06 relating to the supervision or health and safety of children, the provider is prohibited from allowing a child cared for at the family day care or group family day care home to continue to use the swimming pool located at the home.

Subd. 10. Attendance records for publicly funded services. (a) A child care center licensed under this chapter and according to Minnesota Rules, chapter 9503, must maintain documentation of actual attendance for each child receiving care for which the license holder is reimbursed by a governmental program. The records must be accessible to the commissioner during the program's hours of operation, they must be completed on the actual day of attendance, and they 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.

(b) A family child care provider licensed under this chapter and according to Minnesota Rules, chapter 9502, must maintain documentation of actual attendance for each child receiving care for which the license holder is reimbursed for the care of that child by a governmental program. The records must be accessible to the commissioner during the program's hours of operation, they must be completed on the actual day of attendance, and they 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. 11. **Parental access in child care programs.** An enrolled child's parent or legal guardian must be allowed access to the parent's or legal guardian's child at any time while the child is in care.

Subd. 12. **Valid driver's license.** Notwithstanding any law to the contrary, when a licensed child care center provides transportation for children or contracts to provide transportation for children, a person who has a current, valid driver's license appropriate to the vehicle driven may transport the child.

Subd. 13. **Reusable water bottles or cups.** Notwithstanding any law to the contrary, a licensed child care center 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 child care center cleans and sanitizes the water bottle or cup using procedures that comply with the Food Code under Minnesota Rules, chapter 4626, or allows the child's parent or legal guardian to bring the water bottle or cup home to be cleaned and sanitized each day the water bottle or cup is used;

(2) a water bottle or cup is assigned to a specific child and labeled with the child's first and last name;

(3) water bottles and cups are 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 is used only for water.

142B.54 REQUIREMENTS; MALTREATMENT OF MINORS OR VULNERABLE ADULTS.

Subdivision 1. **Maltreatment of minors internal review.** Except for family child care settings and foster care for children in the license holder's residence, license holders serving children shall:

(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 when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made. 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.

Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any;

(2) identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed. The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment; and

(3) 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.

Subd. 2. **Child care centers; risk reduction plan.** (a) Child care centers licensed under this chapter and Minnesota Rules, chapter 9503, must develop a risk reduction plan that identifies the general risks to children served by the child care center. The license holder must establish procedures to minimize identified risks, train staff on the procedures, and annually review the procedures.

(b) 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 based on the following:

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(1) an assessment of the risks presented by the physical plant where the licensed services are provided, including an evaluation of the following factors: the condition and design of the facility and its outdoor space, bathrooms, storage areas, and accessibility of medications and cleaning products that are harmful to children when children are not supervised and 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 following factors: the type of grounds and terrain surrounding the building and the proximity to hazards, busy roads, and publicly accessed businesses.

(c) 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 required under paragraph (b) related to the physical plant and environment. At a minimum, the stated measures must include the development and implementation of specific policies and procedures or reference to existing policies and procedures that minimize the risks identified.

(d) In addition to any program-specific risks identified in paragraph (b), the plan must include development and implementation of specific policies and procedures or refer to existing policies and procedures that minimize the risk of harm or injury to children, including:

- (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) caregiver dislocation of children's elbows;
- (5) burns from hot food or beverages, whether served to children or being consumed by caregivers, and the 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; and
- (10) children accessing dangerous items or chemicals or coming into contact with residue from harmful cleaning products.

(e) The plan shall prohibit the accessibility of hazardous items to children.

(f) The plan must include specific policies and procedures to ensure adequate supervision of children at all times as defined under section 142B.01, subdivision 27, with particular emphasis on:

- (1) times when children are transitioned from one area within the facility to another;
- (2) nap-time supervision, including infant crib rooms as specified under section 142B.01, subdivision 27, which requires that when an infant is placed in a crib to sleep, supervision occurs when a staff person is within sight or hearing of the infant. When supervision of a crib room is provided by sight or hearing, the center must have a plan to address the other supervision components;
- (3) child drop-off and pick-up times;
- (4) supervision during outdoor play and on community activities, including but not limited to field trips and neighborhood walks;
- (5) supervision of children in hallways;
- (6) supervision of school-age children when using the restroom and visiting the child's personal storage space; and
- (7) supervision of preschool children when using an individual, private restroom within the classroom.

Subd. 3. **Yearly review of risk reduction plan.** The license holder must review the risk reduction plan each calendar year and document the review. When conducting the review, the license holder must consider incidents that have occurred in the center since the last review, including:

- (1) the assessment factors in the plan;

- (2) the internal reviews conducted under this section, if any;
- (3) substantiated maltreatment findings, if any; and
- (4) incidents that caused injury or harm to a child, if any, that occurred since the last review.

Following any change to the risk reduction plan, the license holder must inform staff persons, under the control of the license holder, of the changes in the risk reduction plan, and document that the staff were informed of the changes.

142B.62 CHILD CARE LICENSE HOLDER INSURANCE.

(a) A license holder must provide a written notice to all parents or guardians of all children to be accepted for care prior to admission stating whether the license holder has liability insurance. This notice may be incorporated into and provided on the admission form used by the license holder.

(b) If the license holder has liability insurance:

(1) the license holder shall inform parents in writing that a current certificate of coverage for insurance is available for inspection to all parents or guardians of children receiving services and to all parents seeking services from the family child care program;

(2) the notice must provide the parent or guardian with the date of expiration or next renewal of the policy; and

(3) upon the expiration of the policy or a change in coverage, the license holder must provide a new written notice informing all parents or guardians of children receiving services of the change and indicating whether the insurance policy has lapsed.

If a license holder has a continuous insurance policy that renews each year, the license holder may indicate the policy's renewal date in the initial written notice to parents and guardians. This initial written notice shall remain valid and no further notices are required until the insurance coverage changes or the policy lapses.

(c) If the license holder does not have liability insurance, the license holder must provide an annual notice, on a form developed and made available by the commissioner, to the parents or guardians of children in care indicating that the license holder does not carry liability insurance.

(d) The license holder must notify all parents and guardians in writing immediately of any change in insurance status.

(e) The license holder must make available upon request the certificate of liability insurance to the parents of children in care, to the commissioner, and to county licensing agents.

(f) The license holder must document, with the signature of the parent or guardian, that the parent or guardian received the notices required by this section.

142B.65 CHILD CARE CENTER TRAINING REQUIREMENTS.

Subdivision 1. **Orientation.** (a) The child care center license holder must ensure that the director, staff persons, substitutes, and unsupervised volunteers are given orientation training and successfully complete the training before starting assigned duties. The orientation training must include information about:

(1) the center's philosophy, child care program, and procedures for maintaining health and safety according to section 142B.66 and Minnesota Rules, part 9503.0140, and handling emergencies and accidents according to Minnesota Rules, part 9503.0110;

(2) specific job responsibilities;

(3) the behavior guidance standards in Minnesota Rules, part 9503.0055;

(4) the reporting responsibilities in chapter 260E and Minnesota Rules, part 9503.0130;

(5) the center's drug and alcohol policy under section 142B.10, subdivision 1, paragraph (c);

(6) the center's risk reduction plan as required under section 142B.54, subdivision 2;

(7) at least one-half hour of training on the standards under section 142B.46 and on reducing the risk of sudden unexpected infant death as required in subdivision 6, if applicable;

(8) at least one-half hour of training on the risk of abusive head trauma as required for the director and staff under subdivision 7, if applicable; and

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(9) training required by a child's individual child care program plan as required under Minnesota Rules, part 9503.0065, subpart 3, if applicable.

(b) In addition to paragraph (a), before having unsupervised direct contact with a child, the director and staff persons within the first 90 days of employment, and substitutes and unsupervised volunteers within 90 days after the first date of direct contact with a child, must complete:

- (1) pediatric first aid, in accordance with subdivision 4; and
- (2) pediatric cardiopulmonary resuscitation, in accordance with subdivision 5.

(c) In addition to paragraph (b), the director and staff persons within the first 90 days of employment, and substitutes and unsupervised volunteers within 90 days from the first date of direct contact with a child, must complete training in child development, in accordance with subdivision 3.

(d) The license holder must ensure that documentation, as required in subdivision 10, identifies the number of hours completed for each topic with a minimum training time identified, if applicable, and that all required content is included.

(e) Training in this subdivision must not be used to meet in-service training requirements in subdivision 9.

(f) Training completed within the previous 12 months under paragraphs (a), clauses (7) and (8), and (c) are transferable to another child care center.

Subd. 2. Definitions. (a) For the purposes of this section, the following terms have the meanings given.

(b) "Substitute" means an adult who is temporarily filling a position as a director, teacher, assistant teacher, or aide in a licensed child care center for less than 240 hours total in a calendar year due to the absence of a regularly employed staff person.

(c) "Staff person" means an employee of a child care center who provides direct contact services to children.

- (d) "Unsupervised volunteer" means an individual who:
- (1) assists in the care of a child in care;
 - (2) is not under the continuous direct supervision of a staff person; and
 - (3) is not employed by the child care center.

Subd. 3. Child development and learning training. (a) The director and all staff persons, substitutes, and unsupervised volunteers shall complete child development and learning training within the first 90 days of employment. The director and staff persons, not including substitutes, must complete at least two hours of training on child development and learning. The training for substitutes and unsupervised volunteers is not required to be of a minimum length. For purposes of this subdivision, "child development and learning training" means any training in Knowledge and Competency Area I: Child Development and Learning, which is training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community.

(b) Notwithstanding paragraph (a), individuals are exempt from this requirement if they:

- (1) have taken a three-credit college course on early childhood development within the past five years;
- (2) have received a baccalaureate or master's degree in early childhood education or school-age child care within the past five years;
- (3) are 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) have received a baccalaureate degree with a Montessori certificate within the past five years.

(c) The director and staff persons, not including substitutes, must complete at least two hours of child development and learning training every second calendar year.

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(d) Substitutes and unsupervised volunteers must complete child development and learning training every second calendar year. There is no minimum number of training hours required.

(e) Except for training required under paragraph (a), training completed under this subdivision may be used to meet the in-service training requirements under subdivision 9.

Subd. 4. **First aid.** (a) Unless training has been completed within the previous two years, the director, staff persons, substitutes, and unsupervised volunteers must satisfactorily complete pediatric first aid training prior to having unsupervised direct contact with a child, but not to exceed the first 90 days of employment.

(b) Pediatric first aid training must be repeated at least every second calendar year. First aid training under this subdivision must be provided by an individual approved as a first aid instructor and must not be used to meet in-service training requirements under subdivision 9.

Subd. 5. **Cardiopulmonary resuscitation.** (a) Unless training has been completed within the previous two years, the director, staff persons, substitutes, and unsupervised volunteers must satisfactorily complete pediatric cardiopulmonary resuscitation (CPR) training that meets the requirements of this subdivision. Pediatric CPR training must be completed prior to having unsupervised direct contact with a child, but not to exceed the first 90 days of employment.

(b) Pediatric CPR training must be provided by an individual approved to provide pediatric CPR instruction.

(c) The pediatric CPR training must:

(1) cover CPR techniques for infants and children and the treatment of obstructed airways;
(2) include instruction, hands-on practice, and an in-person, observed skills assessment under the direct supervision of a CPR instructor; and

(3) be developed by the American Heart Association, the American Red Cross, or another organization that uses nationally recognized, evidence-based guidelines for CPR.

(d) Pediatric CPR training must be repeated at least once every second calendar year.

(e) Pediatric CPR training in this subdivision must not be used to meet in-service training requirements under subdivision 9.

Subd. 6. **Sudden unexpected infant death training.** (a) Before caring for infants, the director, staff persons, substitutes, unsupervised volunteers, and any other 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. At a minimum, the training must address the risk factors related to sudden unexpected infant death, means 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) Except if completed during orientation, training taken under this subdivision may be used to meet the in-service training requirements under subdivision 9.

Subd. 7. **Abusive head trauma training.** (a) Before caring for children under school age, the director, staff persons, substitutes, and unsupervised volunteers 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. At a minimum, the training must address the risk factors related to shaking infants and young children, means to reduce the risk of abusive head trauma in child care, and license holder communication with parents regarding reducing the risk of abusive head trauma.

(c) Except if completed during orientation, training taken under this subdivision may be used to meet the in-service training requirements under subdivision 9.

(d) The commissioner shall make available for viewing a video presentation on the dangers associated with shaking infants and young children, which may be used in conjunction with the annual training required under paragraph (b).

Subd. 8. **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

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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. 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 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. License holders may obtain a list of certified and approved trainers through the Department of Public Safety website or by contacting the agency.

(d) Child care providers that only transport school-age children as defined in section 142B.01, subdivision 25, in child care buses as defined in section 169.448, subdivision 1, paragraph (e), are exempt from this subdivision.

(e) Training completed under this subdivision may be used to meet in-service training requirements under subdivision 9. Training completed within the previous five years is transferable upon a staff person's change in employment to another child care center.

Subd. 9. In-service training. (a) A license holder must ensure that the center director, staff persons, substitutes, and unsupervised volunteers complete in-service training each calendar year.

(b) The center director and staff persons who work more than 20 hours per week must complete 24 hours of in-service training each calendar year. Staff persons who work 20 hours or less per week must complete 12 hours of in-service training each calendar year. Substitutes and unsupervised volunteers must complete at least two hours of training each year, and the training must include the requirements of paragraphs (d) to (g).

(c) The number of in-service training hours may be prorated for center directors and staff persons not employed for an entire year.

(d) Each year, in-service training must include:

(1) the center's procedures for maintaining health and safety according to section 142B.66 and Minnesota Rules, part 9503.0140, and handling emergencies and accidents according to Minnesota Rules, part 9503.0110;

(2) the reporting responsibilities under chapter 260E and Minnesota Rules, part 9503.0130;

(3) at least one-half hour of training on the standards under section 142B.46 and on reducing the risk of sudden unexpected infant death as required under subdivision 6, if applicable; and

(4) at least one-half hour of training on the risk of abusive head trauma from shaking infants and young children as required under subdivision 7, if applicable.

(e) Each year, or when a change is made, whichever is more frequent, in-service training must be provided on: (1) the center's risk reduction plan under section 142B.54, subdivision 2; and (2) a child's individual child care program plan as required under Minnesota Rules, part 9503.0065, subpart 3.

(f) At least once every two calendar years, the in-service training must include:

(1) child development and learning training under subdivision 3;

(2) pediatric first aid that meets the requirements of subdivision 4;

(3) pediatric cardiopulmonary resuscitation training that meets the requirements of subdivision 5;

(4) cultural dynamics training to increase awareness of cultural differences; and

(5) disabilities training to increase awareness of differing abilities of children.

(g) At least once every five years, in-service training must include child passenger restraint training that meets the requirements of subdivision 8, if applicable.

(h) The remaining hours of the in-service training requirement must be met by completing training in the following content areas of the Minnesota Knowledge and Competency Framework:

(1) Content area I: child development and learning;

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- (2) Content area II: developmentally appropriate learning experiences;
- (3) Content area III: relationships with families;
- (4) Content area IV: assessment, evaluation, and individualization;
- (5) Content area V: historical and contemporary development of early childhood education;
- (6) Content area VI: professionalism;
- (7) Content area VII: health, safety, and nutrition; and
- (8) Content area VIII: application through clinical experiences.

(i) For purposes of this subdivision, the following terms have the meanings given them.

(1) "Child development and learning training" means training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community.

(2) "Developmentally appropriate learning experiences" means creating positive learning experiences, promoting cognitive development, promoting social and emotional development, promoting physical development, and promoting creative development.

(3) "Relationships with families" means training on building a positive, respectful relationship with the child's family.

(4) "Assessment, evaluation, and individualization" means training in observing, recording, and assessing development; assessing and using information to plan; and assessing and using information to enhance and maintain program quality.

(5) "Historical and contemporary development of early childhood education" means training in past and current practices in early childhood education and how current events and issues affect children, families, and programs.

(6) "Professionalism" means training in knowledge, skills, and abilities that promote ongoing professional development.

(7) "Health, safety, and nutrition" means training in establishing health practices, ensuring safety, and providing healthy nutrition.

(8) "Application through clinical experiences" means clinical experiences in which a person applies effective teaching practices using a range of educational programming models.

(j) The license holder must ensure that documentation, as required in subdivision 10, includes the number of total training hours required to be completed, name of the training, the Minnesota Knowledge and Competency Framework content area, number of hours completed, and the director's approval of the training.

(k) In-service training completed by a staff person that is not specific to that child care center is transferable upon a staff person's change in employment to another child care program.

Subd. 10. **Documentation.** All training must be documented and maintained on site in each personnel record. In addition to any requirements for each training provided in this section, documentation for each staff person must include the staff person's first date of direct contact and first date of unsupervised contact with a child in care.

142B.66 CHILD CARE CENTER HEALTH AND SAFETY REQUIREMENTS.

Subdivision 1. **Allergy prevention and response.** (a) Before admitting a child for care, the license holder must obtain documentation of any known allergy from the child's parent or legal guardian or the child's source of medical care. 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 individual child care program plan as specified in Minnesota Rules, part 9503.0065, subpart 3. The individual child care program plan must include but not be limited to a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information.

(b) The license holder must ensure that each staff person who is responsible for carrying out the individual child care program plan review and follow the plan. Documentation of a staff person's review must be kept on site.

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(c) At least once each calendar year or following any changes made to allergy-related information in the child's record, the license holder must update the child's individual child care program plan and inform each staff person who is responsible for carrying out the individual child care program plan of the change. The license holder must keep on site documentation that a staff person was informed of a change.

(d) A child's allergy information must be available at all times including on site, when on field trips, or during transportation. A child's food allergy information must be readily available to a staff person in the area where food is prepared and served to the child.

(e) The license holder must contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical intervention. The license holder must call emergency medical services when epinephrine is administered to a child in the license holder's care.

Subd. 2. Handling and disposal of bodily fluids. The licensed child care center must comply with the following procedures for safely handling and disposing of bodily fluids:

(1) surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, must be cleaned and disinfected according to Minnesota Rules, part 9503.0005, subpart 11;

(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 the following bodily fluid disposal supplies in the center: disposable gloves, disposal bags, and eye protection; and

(5) the license holder must ensure that each staff person follows universal precautions to reduce the risk of spreading infectious disease.

Subd. 3. Emergency preparedness. (a) A licensed child care center must have a written emergency plan for emergencies that require evacuation, sheltering, or other protection of a child, such as fire, natural disaster, intruder, or other threatening situation that may pose a health or safety hazard to a child. The plan must be written on a form developed by the commissioner and 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 or legal guardian of the evacuation, relocation, shelter-in-place, or lockdown, including procedures for reunification with families;

(4) accommodations for a child with a disability or a chronic medical condition;

(5) procedures for storing a child's medically necessary medicine that facilitates 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 staff persons on the emergency plan at orientation, when changes are made to the plan, and at least once each calendar year. Training must be documented in each staff person's personnel file.

(c) The license holder must conduct drills according to the requirements in Minnesota Rules, part 9503.0110, subpart 3. The date and time of the drills must be documented.

(d) The license holder must review and update the emergency plan each calendar year. Documentation of the yearly emergency plan review shall be maintained in the program's administrative records.

(e) The license holder must include the emergency plan in the program's policies and procedures as specified under section 142B.10, subdivision 21. The license holder must provide a physical or electronic copy of the emergency plan to the child's parent or legal guardian upon enrollment.

(f) The relocation site and evacuation route must be posted in a visible place as part of the written procedures for emergencies and accidents in Minnesota Rules, part 9503.0140, subpart 21.

Subd. 4. **Child passenger restraint requirements.** A license holder must comply with all seat belt and child passenger restraint system requirements under section 169.685.

Subd. 5. **Telephone requirement in licensed child care centers.** (a) A working telephone which is capable of making outgoing calls and receiving incoming calls must be located within the licensed child care center at all times. Staff must have access to a working telephone while providing care and supervision to children in care, even if the care occurs outside of the child care facility. A license holder may use a cellular telephone to meet the requirements of this subdivision.

(b) If a cellular telephone is used to satisfy the requirements of this subdivision, the cellular telephone must be accessible to staff, be stored in a centrally located area when not in use, and be sufficiently charged for use at all times.

142B.70 FAMILY CHILD CARE TRAINING REQUIREMENTS.

Subdivision 1. **Initial training.** (a) License holders, second adult caregivers, and substitutes must comply with the training requirements in this section.

(b) Helpers who assist with care on a regular basis must complete six hours of training within one year after the date of initial employment.

(c) Training requirements established under this section that must be completed prior to initial licensure must be satisfied only by a newly licensed child care provider or by a child care provider who has not held an active child care license in Minnesota in the previous 12 months. A child care provider who voluntarily cancels a license or allows the license to lapse for a period of less than 12 months and who seeks reinstatement of the lapsed or canceled license within 12 months of the lapse or cancellation must satisfy the annual, ongoing training requirements, and is not required to satisfy the training requirements that must be completed prior to initial licensure. A child care provider who relocates within the state must (1) satisfy the annual, ongoing training requirements according to the schedules established in this section and (2) not be required to satisfy the training requirements under this section that the child care provider completed prior to initial licensure. If a licensed provider moves to a new county, the new county is prohibited from requiring the provider to complete any orientation class or training for new providers.

(d) Before a second adult caregiver or substitute cares for a child or assists in the care of a child, the license holder must train the second adult caregiver or substitute on:

- (1) the emergency preparedness plan required under section 142B.71, subdivision 3; and
- (2) allergy prevention and response required under section 142B.71, subdivision 1.

Subd. 2. **Definitions and general provisions.** For the purposes of this section, the following terms have the meanings given:

- (1) "second adult caregiver" means an adult who cares for children in the licensed program along with the license holder for a cumulative total of more than 500 hours annually;
- (2) "helper" means a minor, ages 13 to 17, who assists in caring for children; and
- (3) "substitute" means an adult who assumes responsibility for a license holder for a cumulative total of not more than 500 hours annually.

An adult who cares for children in the licensed program along with the license holder for a cumulative total of not more than 500 hours annually has the same training requirements as a substitute.

Subd. 3. **Child development and learning and behavior guidance training.** (a) For purposes of family and group family child care, the license holder and each second adult caregiver shall complete and document at least four hours of child development and learning and behavior guidance training prior to initial licensure, and before caring for children. For purposes of this subdivision, "child development and learning training" means training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community. "Behavior guidance training" means training in the understanding of the functions of child behavior and strategies for managing challenging situations. The training shall be developed or approved by the commissioner of children, youth, and families.

(b) Notwithstanding initial child development and learning and behavior guidance training requirements in paragraph (a), individuals are exempt from this requirement if they:

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- (1) have taken a three-credit course on early childhood development within the past five years;
 - (2) have received a baccalaureate or master's degree in early childhood education or school-age child care within the past five years;
 - (3) are licensed in Minnesota as a prekindergarten teacher, an early childhood educator, a kindergarten to grade 6 teacher with a prekindergarten specialty, an early childhood special education teacher, or an elementary teacher with a kindergarten endorsement; or
 - (4) have received a baccalaureate degree with a Montessori certificate within the past five years.
- (c) The license holder and each second adult caregiver must annually take at least two hours of child development and learning or behavior guidance training. A three-credit course about early childhood development meets the requirements of this paragraph.

Subd. 4. First aid. (a) Before initial licensure and before caring for a child, license holders, second adult caregivers, and substitutes must be trained in pediatric first aid. The first aid training must have been provided by an individual approved to provide first aid instruction. First aid training may be less than eight hours and persons qualified to provide first aid training include individuals approved as first aid instructors. License holders, second adult caregivers, and substitutes must repeat pediatric first aid training every two years within 90 days of the date the training was previously taken.

(b) Video training reviewed and approved by the county licensing agency satisfies the training requirement of this subdivision.

Subd. 5. Cardiopulmonary resuscitation. (a) Before initial licensure and before caring for a child, license holders, second adult caregivers, and substitutes must be trained in pediatric cardiopulmonary resuscitation (CPR), including CPR techniques for infants and children, and in the treatment of obstructed airways. The CPR training must have been provided by an individual approved to provide CPR instruction. License holders, second adult caregivers, and substitutes must repeat pediatric CPR training at least once every two years within 90 days of the date the training was previously taken, and the training must be documented in the license holder's records.

(b) Persons providing CPR training must use CPR training that has been developed:

(1) by the American Heart Association or the American Red Cross and incorporates psychomotor skills to support the instruction; or

(2) using nationally recognized, evidence-based guidelines for CPR training and incorporates psychomotor skills to support the instruction.

Subd. 6. Sudden unexpected infant death and abusive head trauma training. (a) License holders must ensure and document that before the license holder, second adult caregivers, substitutes, and helpers assist in the care of infants, they are instructed on the standards in section 142B.46 and receive training on reducing the risk of sudden unexpected infant death. In addition, license holders must ensure and document that before the license holder, second adult caregivers, substitutes, and helpers assist in the care of infants and children under school age, they receive training on reducing the risk of abusive head trauma from shaking infants and young children. The training in this subdivision may be provided as initial training under subdivision 1 or ongoing annual training under subdivision 8.

(b) Sudden unexpected infant death reduction training required under this subdivision must, at a minimum, address the risk factors related to sudden unexpected infant death, means 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) Abusive head trauma training required under this subdivision must, at a minimum, address the risk factors related to shaking infants and young children, means 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.

(d) Training for family and group family child care providers must be developed by the commissioner in conjunction with the Minnesota Sudden Infant Death Center and approved by the Minnesota Center for Professional Development. Sudden unexpected infant death reduction training and abusive head trauma training may be provided in a single course of no more than two hours in length.

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(e) Sudden unexpected infant death reduction training and abusive head trauma training required under this subdivision must be completed in person or as allowed under subdivision 11, clause (1) or (2), at least once every two years. On the years when the individual receiving training is not receiving training in person or as allowed under subdivision 11, clause (1) or (2), the individual receiving training in accordance with this subdivision must receive sudden unexpected infant death reduction training and abusive head trauma training through a video of no more than one hour in length. The video must be developed or approved by the commissioner.

(f) An individual who is related to the license holder as defined in section 142B.01, subdivision 15, and who is involved only in the care of the license holder's own infant or child under school age and who is not designated to be a second adult caregiver, helper, or substitute for the licensed program, is exempt from the sudden unexpected infant death and abusive head trauma training.

Subd. 7. Child passenger restraint systems; training requirement. (a) A license holder must comply with all seat belt and child passenger restraint system requirements under section 169.685.

(b) Family and group family child care programs licensed by the Department of Children, Youth, and Families that serve a child or children under nine years of age must document training that fulfills the requirements in this subdivision.

(1) Before a license holder, second adult caregiver, substitute, or helper 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. Training completed under this subdivision may be used to meet initial training under subdivision 1 or ongoing training under subdivision 8.

(2) Training required under this subdivision must be at least one hour in length, completed at initial training, and repeated at least once every five years. 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 license holder to transport the child or children.

(3) Training under this subdivision must be provided by individuals who are certified and approved by the Department of Public Safety, Office of Traffic Safety. License holders may obtain a list of certified and approved trainers through the Department of Public Safety website or by contacting the agency.

(c) Child care providers that only transport school-age children as defined in section 142B.01, subdivision 13, paragraph (f), in child care buses as defined in section 169.448, subdivision 1, paragraph (e), are exempt from this subdivision.

Subd. 8. Training requirements for family and group family child care. (a) For purposes of family and group family child care, the license holder and each second adult caregiver must complete 16 hours of ongoing training each year. Repeat of topical training requirements in subdivisions 3 to 9 shall count toward the annual 16-hour training requirement. Additional ongoing training subjects to meet the annual 16-hour training requirement must be selected from the following areas:

(1) child development and learning training in understanding how a child develops physically, cognitively, emotionally, and socially, and how a child learns as part of the child's family, culture, and community;

(2) developmentally appropriate learning experiences, including training in creating positive learning experiences, promoting cognitive development, promoting social and emotional development, promoting physical development, promoting creative development; and behavior guidance;

(3) relationships with families, including training in building a positive, respectful relationship with the child's family;

(4) assessment, evaluation, and individualization, including training in observing, recording, and assessing development; assessing and using information to plan; and assessing and using information to enhance and maintain program quality;

(5) historical and contemporary development of early childhood education, including training in past and current practices in early childhood education and how current events and issues affect children, families, and programs;

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(6) professionalism, including training in knowledge, skills, and abilities that promote ongoing professional development; and

(7) health, safety, and nutrition, including training in establishing healthy practices; ensuring safety; and providing healthy nutrition.

(b) A provider who is approved as a trainer through the Develop data system may count up to two hours of training instruction toward the annual 16-hour training requirement in paragraph (a). The provider may only count training instruction hours for the first instance in which they deliver a particular content-specific training during each licensing year. Hours counted as training instruction must be approved through the Develop data system with attendance verified on the trainer's individual learning record and must be in Knowledge and Competency Framework content area VII A (Establishing Healthy Practices) or B (Ensuring Safety).

(c) Substitutes and adult caregivers who provide care for 500 or fewer hours per year must complete a minimum of one hour of training each calendar year, and the training must include the requirements in subdivisions 3, 4, 5, 6, and 9.

Subd. 9. **Other required training requirements.** (a) The training required of family and group family child care providers and staff must include training in the cultural dynamics of early childhood development and child care. The cultural dynamics and disabilities training and skills development of child care providers must be designed to achieve outcomes for providers of child care that include, but are not limited to:

(1) an understanding and support of the importance of culture and differences in ability in children's identity development;

(2) understanding the importance of awareness of cultural differences and similarities in working with children and their families;

(3) understanding and support of the needs of families and children with differences in ability;

(4) developing skills to help children develop unbiased attitudes about cultural differences and differences in ability;

(5) developing skills in culturally appropriate caregiving; and

(6) developing skills in appropriate caregiving for children of different abilities.

The commissioner shall approve the curriculum for cultural dynamics and disability training.

(b) The provider must meet the training requirement in section 142B.41, subdivision 9, paragraph (a), clause (4), to be eligible to allow a child cared for at the family child care or group family child care home to use the swimming pool located at the home.

Subd. 10. **Supervising for safety; training requirement.** (a) Courses required by this subdivision must include the following health and safety topics:

(1) preventing and controlling infectious diseases;

(2) administering medication;

(3) preventing and responding to allergies;

(4) ensuring building and physical premises safety;

(5) handling and storing biological contaminants;

(6) preventing and reporting child abuse and maltreatment; and

(7) emergency preparedness.

(b) Before initial licensure and before caring for a child, all family child care license holders and each second adult caregiver shall complete and document the completion of the six-hour Supervising for Safety for Family Child Care course developed by the commissioner.

(c) The license holder must ensure and document that, before caring for a child, all substitutes have completed the four-hour Basics of Licensed Family Child Care for Substitutes course developed by the commissioner, which must include health and safety topics as well as child development and learning.

(d) The family child care license holder and each second adult caregiver shall complete and document:

(1) the annual completion of either:

(i) a two-hour active supervision course developed by the commissioner; or

(ii) any courses in the ensuring safety competency area under the health, safety, and nutrition standard of the Knowledge and Competency Framework that the commissioner has identified as an active supervision training course; and

(2) the completion at least once every five years of the two-hour courses Health and Safety I and Health and Safety II. A license holder's or second adult caregiver's completion of either training in a given year meets the annual active supervision training requirement in clause (1).

(e) At least once every three years, license holders must ensure and document that substitutes have completed the four-hour Basics of Licensed Family Child Care for Substitutes course.

Subd. 11. **Approved training.** (a) The commissioner of children, youth, and families must post information on the department's website indicating the specific category within the Knowledge and Competency Framework that will satisfy training requirements for child development and learning, behavior guidance, and active supervision. County licensing staff must accept trainings designated as satisfying training requirements by the commissioner under this paragraph.

(b) 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 providers do not fulfill the requirements of this section.

(c) County licensing staff must accept training approved by the Minnesota Center for Professional Development, including:

(1) face-to-face or classroom training;

(2) online training; and

(3) relationship-based professional development, such as mentoring, coaching, and consulting.

Subd. 12. **Provider training.** New and increased training requirements under this section must not be imposed on providers until the commissioner establishes statewide accessibility to the required provider training.

142B.71 FAMILY CHILD CARE HEALTH AND SAFETY REQUIREMENTS.

Subdivision 1. **Allergy prevention and response.** (a) Before admitting a child for care, the license holder must obtain information about any known allergy from the child's parent or legal guardian. The license holder must maintain current allergy information in each child's record. The allergy information must include a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information.

(b) The child's allergy information must be documented on a form approved by the commissioner, readily available to all caregivers, and reviewed annually by the license holder and each caregiver.

Subd. 2. **Handling and disposal of bodily fluids.** The licensed family child care provider must comply with the following procedures for safely handling and disposing of bodily fluids:

(1) surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, must be cleaned and disinfected as described in section 142B.76;

(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; and

(4) the license holder must have the following bodily fluid disposal supplies available: disposable gloves, disposal bags, and eye protection.

Subd. 3. **Emergency preparedness plan.** (a) A licensed family child care provider must have a written emergency preparedness plan for emergencies that require evacuation, sheltering, or other protection of children, such as fire, natural disaster, intruder, or other threatening situation that may pose a health or safety hazard to children. The plan must be written on a form developed by the commissioner and updated at least annually. The plan must include:

(1) procedures for an evacuation, relocation, shelter-in-place, or lockdown;

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- (2) a designated relocation site and evacuation route;
 - (3) procedures for notifying a child's parent or legal guardian of the evacuation, shelter-in-place, or lockdown, including procedures for reunification with families;
 - (4) accommodations for a child with a disability or a chronic 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 caregivers before the caregiver provides care and at least annually on the emergency preparedness plan and document completion of this training.
- (c) The license holder must conduct drills according to the requirements in Minnesota Rules, part 9502.0435, subpart 8. The date and time of the drills must be documented.
- (d) The license holder must have the emergency preparedness plan available for review.

Subd. 4. **Transporting children.** A license holder must ensure compliance with all seat belt and child passenger restraint system requirements under section 169.685.

Subd. 5. **Telephone requirement.** Notwithstanding Minnesota Rules, part 9502.0435, subpart 8, item B, a license holder is not required to post a list of emergency numbers. A license holder may use a cellular telephone to meet the requirements of Minnesota Rules, part 9502.0435, subpart 8, if the cellular telephone is sufficiently charged for use at all times.

142B.72 FAMILY CHILD CARE PHYSICAL SPACE REQUIREMENTS.

Subdivision 1. **Means of escape.** (a) At least one emergency escape route separate from the main exit from the space must be available in: (1) each room used for sleeping by anyone receiving licensed care; and (2) a basement used for child care. One means of escape must be a stairway or door leading to the floor of exit discharge. The other must be a door or window leading directly outside. A window used as an emergency escape route must be openable without special knowledge.

(b) In homes with construction that began before March 31, 2020, the interior of the window leading directly outside must have a net clear opening area of not less than 4.5 square feet or 648 square inches and have minimum clear opening dimensions of 20 inches wide and 20 inches high. The net clear opening dimensions shall be the result of normal operation of the opening. The opening must be no higher than 48 inches from the floor. The height to the window may be measured from a platform if a platform is located below the window.

(c) In homes with construction that began on or after March 31, 2020, the interior of the window leading directly outside must have minimum clear opening dimensions of 20 inches wide and 24 inches high. The net clear opening dimensions shall be the result of normal operation of the opening. The opening must be no higher than 44 inches from the floor.

Additional requirements are dependent on the distance of the openings from the ground outside the window: (1) windows or other openings with a sill height not more than 44 inches above or below the finished ground level adjacent to the opening (grade-floor emergency escape and rescue openings) must have a minimum opening of five square feet; and (2) non-grade-floor emergency escape and rescue openings must have a minimum opening of 5.7 square feet.

Subd. 2. **Door to attached garage.** (a) If there is an opening between an attached garage and a day care residence, there must be a door that is:

- (1) a solid wood bonded-core door at least 1-3/8 inches thick;
- (2) a steel insulated door at least 1-3/8 inches thick; or
- (3) a door with a fire protection rating of 20 minutes.

(b) The separation wall on the garage side between the residence and garage must consist of 1/2-inch-thick gypsum wallboard or its equivalent.

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Subd. 3. **Heating and venting systems.** (a) Notwithstanding Minnesota Rules, part 9502.0425, subpart 7, item C, 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.

(b) 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.

Subd. 4. **Fire extinguisher.** A portable, operational, multipurpose, dry chemical fire extinguisher with a minimum 2 A 10 BC rating must be located in or near the kitchen and cooking areas of the residence at all times. The fire extinguisher must be serviced annually by a qualified inspector. All caregivers must know how to properly use the fire extinguisher.

Subd. 5. **Carbon monoxide and smoke alarms.** (a) All homes must have an approved and operational carbon monoxide alarm installed within ten feet of each room used for sleeping children in care.

(b) Smoke alarms that have been listed by the Underwriter Laboratory must be properly installed and maintained in hallways outside of rooms used for sleeping children and on all levels, including basements but not including crawl spaces and uninhabitable attics.

(c) In homes with construction that began on or after March 31, 2020, smoke alarms must be installed and maintained in each room used for sleeping children in care.

Subd. 6. **Updates.** After readoption of the Minnesota State Fire Code, the fire marshal must notify the commissioner of any changes that conflict with this section and Minnesota Rules, chapter 9502. The state fire marshal must identify necessary statutory changes to align statutes with the revised code. The commissioner must recommend updates to sections of this chapter that are derived from the Minnesota State Fire Code in the legislative session following readoption of the code.

Subd. 7. **Fire code variances.** When a variance is requested of the standards contained in subdivision 1, 2, 3, 4, or 5, an applicant or provider must submit written approval from the state fire marshal of the variance requested and the alternative measures identified to ensure the safety of children in care.

Subd. 8. **Stairways.** (a) All stairways must meet the requirements in this subdivision.

(b) Stairways of four or more steps must have handrails on at least one side.

(c) Any open area between the handrail and stair tread must be enclosed with a protective guardrail as specified in the State Building Code. At open risers, openings located more than 30 inches or 762 millimeters as measured vertically to the floor or grade below must not permit the passage of a sphere four inches or 102 millimeters in diameter.

(d) Gates or barriers must be used when children aged six to 18 months are in care.

(e) Stairways must be well lit, in good repair, and free of clutter and obstructions.

142B.74 SUBSTITUTE CAREGIVERS AND REPLACEMENTS IN FAMILY CHILD CARE.

Subdivision 1. **Total hours allowed.** Notwithstanding Minnesota Rules, part 9502.0365, subpart 5, 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. The license holder must document the name, dates, and number of hours of the substitute who provided care.

Subd. 2. **Emergency replacement supervision.** (a) 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 in an emergency. For purposes of this subdivision, an emergency is a situation in which:

(1) the license holder has begun operating the family child care program for the day and for reasons beyond the license holder's control, including, but not limited to a serious illness or injury, accident, or situation requiring the license holder's immediate attention, the license holder needs to leave the licensed space and close the program for the day; and

(2) the parents or guardians of the children attending the program are contacted to pick up their children as soon as is practicable.

(b) 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 24 hours per emergency incident.

(c) The license holder shall 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.

(d) To the extent practicable, the license holder must attempt to arrange for emergency care by a substitute caregiver before using an emergency replacement.

(e) To the extent practicable, 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. 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.

(f) Notwithstanding the requirements in Minnesota Rules, part 9502.0405, 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.

142B.75 FAMILY CHILD CARE INFANT SLEEP SUPERVISION REQUIREMENTS.

Subdivision 1. **In-person checks on infants.** (a) License holders of family child care programs that serve infants are encouraged to monitor sleeping infants by conducting in-person checks on each infant in their care every 30 minutes.

(b) Upon enrollment of an infant in a family child care program, the license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes, during the first four months of care.

(c) When an infant has an upper respiratory infection, the license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes throughout the hours of sleep.

Subd. 2. **Use of audio or visual monitoring devices.** In addition to conducting the in-person checks encouraged under subdivision 1, license holders serving infants are encouraged to use and maintain an audio or visual monitoring device to monitor each sleeping infant in care during all hours of sleep.

142B.76 FAMILY CHILD CARE DIAPERING AREA DISINFECTION.

Notwithstanding Minnesota Rules, part 9502.0435, a family child care provider may disinfect the diaper changing surface with chlorine bleach in a manner consistent with label directions for disinfection or with a surface disinfectant that meets the following criteria:

(1) the manufacturer's label or instructions state that the product is registered with the United States Environmental Protection Agency;

(2) the manufacturer's label or instructions state that the disinfectant is effective against *Staphylococcus aureus*, *Salmonella enterica*, and *Pseudomonas aeruginosa*;

(3) the manufacturer's label or instructions state that the disinfectant is effective with a ten minute or less contact time;

(4) the disinfectant is clearly labeled by the manufacturer with directions for mixing and use;

(5) the disinfectant is used only in accordance with the manufacturer's directions; and

(6) the product does not include triclosan or derivatives of triclosan.

142B.77 SUPERVISION OF FAMILY CHILD CARE LICENSE HOLDER'S OWN CHILD.

(a) Notwithstanding Minnesota Rules, part 9502.0365, subpart 5, and with the license holder's consent, an individual may be present in the licensed space, may supervise 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 this chapter and Minnesota Rules, chapter 9502, if the individual:

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(1) is related to the license holder or to the license holder's child, as defined in section 142B.01, subdivision 15, 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 program;

(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 receiving services.

(b) If the individual in paragraph (a) is not a household member, the individual is also exempt from background study requirements under chapter 245C.

9502.0300 REPEALER AND EFFECTIVE DATE.

Subpart 1. **Repealer.** Minnesota Rules, parts 9545.0310, 9545.0320, 9545.0330, 9545.0340, 9545.0350, 9545.0360, 9545.0370, 9545.0380, 9545.0390, 9545.0400, 9545.0410, 9545.0420, 9545.0430, 9545.0440, and 9545.0450, are repealed, except for providers who are licensed under those parts. As to those providers, parts 9545.0310, 9545.0320, 9545.0330, 9545.0340, 9545.0350, 9545.0360, 9545.0370, 9545.0380, 9545.0390, 9545.0400, 9545.0410, 9545.0420, 9545.0430, 9545.0440, and 9545.0450 are repealed March 25, 1986.

Subp. 2. **Effective date.** Parts 9502.0315 to 9502.0445 take effect April 1, 1985, except for providers who are licensed on April 1, 1985 under parts 9545.0310 to 9545.0440. As to those providers, parts 9502.0315 to 9502.0445 take effect October 1, 1985, or on the first date the provider's license is renewed after March 25, 1985, whichever is later, except that parts 9502.0365 and 9502.0367 shall be construed not to require the exclusion from the day care facility of any child who is receiving care on March 25, 1985.

Any provider who is licensed under parts 9545.0310 to 9545.0440 April 1, 1985, and who is not providing care in a residence as defined by part 9502.0315, subpart 27, may be licensed under parts 9502.0315 to 9502.0445 until the provider ceases to give care in that facility or obtains a license to operate a day care center.

9502.0315 DEFINITIONS.

Subpart 1. **Applicability.** As used in parts 9502.0315 to 9502.0445, the following terms have the meanings given them.

Subp. 2. **Adult.** "Adult" means a person at least 18 years of age.

Subp. 3. **Agency.** "Agency" means the county or multicounty social or human service agency governed by the county board or multicounty human services board.

Subp. 4. **Applicant.** "Applicant" means the person seeking a license to be the primary provider of day care in the residence.

Subp. 5. **Building official.** "Building official" means the person appointed in accordance with Minnesota Statutes, section 326B.133, to administer the State Building Code, or the building official's authorized representative.

Subp. 6. **Caregiver.** "Caregiver" means the provider, substitute, helper, or another adult giving care in the residence.

Subp. 7. **Child.** "Child" means a person ten years of age or younger.

Subp. 8. **Commissioner.** "Commissioner" means the Minnesota commissioner of the Department of Human Services or the commissioner's authorized representative.

Subp. 9. **Day care.** "Day care" means the care of a child in a residence outside the child's own home for gain or otherwise, on a regular basis, for any part of a 24 hour day.

Subp. 10. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 11. **Family day care.** "Family day care" means day care for no more than ten children at one time of which no more than six are under school age. The licensed capacity must include all children of any caregiver when the children are present in the residence.

Subp. 12. **Fire marshal.** "Fire marshal" means the person designated by Minnesota Statutes, section 299F.011 to administer and enforce the State Fire Code, or the fire marshal's authorized representative.

Subp. 13. **Group family day care.** "Group family day care" means day care for no more than 14 children at any one time. The total number of children includes all children of any caregiver when the children are present in the residence.

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Subp. 14. **Helper.** "Helper" means a person at least 13 years of age and less than 18 years of age who assists the provider with the care of children.

Subp. 15. **Agent of a community health board.** "Agent of a community health board" as authorized under Minnesota Statutes, section 145A.04, means the designated representative of the state or community health board authorized to enforce state and local health codes.

Subp. 16. **Infant.** "Infant" means a child who is at least six weeks of age but less than 12 months of age.

Subp. 17. **License.** "License" means a certificate issued by the commissioner authorizing the provider to give specified services for a specified period of time in accordance with the terms in parts 9502.0315 to 9502.0445; Minnesota Statutes, chapter 245A; and the rules of the department.

Subp. 18. **Licensed capacity.** "Licensed capacity" means the total number of children ten years of age or younger permitted at any one time in the residence. The licensed capacity includes all children of any caregiver when the children are present in the residence.

Subp. 19. **Medicine.** "Medicine" means a prescription or nonprescription substance taken internally or applied externally to prevent or cure disease, heal, or relieve pain.

Subp. 19a. **Mental illness.** "Mental illness" means the inability to interpret reality realistically and the impaired functioning in primary aspects of daily living, such as personal relations, living arrangements, work, and recreation; which is listed in the International Classification of Diseases (ICD-9-CM) Ninth Revision (1980), code range 290.0-299.9, or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III) Third Edition (1980), Axes I, II, or III. These publications are incorporated by reference and are not subject to frequent change. They are available in the State Law Library.

Subp. 19b. **State Fire Code.** "State Fire Code" means those codes and regulations adopted by the state fire marshal in accordance with Minnesota Statutes, section 299F.011 and contained in chapter 7511.

Subp. 20. **Newborn.** "Newborn" means a child between birth and six weeks of age.

Subp. 21. **Parent.** "Parent" means a person who has the legal responsibility for a child such as the child's mother, father, or legally appointed guardian.

Subp. 22. **Preschooler.** "Preschooler" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 19, paragraph (e).

Subp. 23. [Repealed, 10 SR 2617]

Subp. 24. **Provider.** "Provider" means the license holder and primary caregiver.

Subp. 25. **Related.** "Related" means any of the following relationships by marriage, blood, or adoption: parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, uncle, aunt, child, niece, nephew. Related also includes a legally appointed guardian.

Subp. 26. **Regularly or regular basis.** "Regularly" or "regular basis" means a cumulative total of more than 30 days within any 12 month period.

Subp. 27. **Residence.** "Residence" means the dwelling unit, as defined by section 405 of the State Building Code, in which day care is provided and which is occupied as a home.

Subp. 28. **School age.** "School age" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 19, paragraph (f).

Subp. 28a. **State Building Code.** "State Building Code" means those codes and regulations adopted by the commissioner of administration in accordance with Minnesota Statutes, section 326B.101 and contained in chapter 1300.

Subp. 29. **Substitute.** "Substitute" means an adult at least 18 years of age who assumes the responsibility of the provider as specified in part 9502.0365, subpart 5.

Subp. 29a. **Supervision.** "Supervision" means a caregiver being within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver is capable of intervening to protect the health and safety of the child. For the school age child, it means a caregiver being available for assistance and care so that the child's health and safety is protected.

Subp. 30. **Toddler.** "Toddler" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 19, paragraph (d).

Subp. 31. **Variance.** "Variance" means written permission by the commissioner for a provider or applicant to depart from the provisions of parts 9502.0315 to 9502.0445.

9502.0325 LICENSING OF FACILITIES FOR CHILDREN FAMILY DAY CARE AND GROUP FAMILY DAY CARE HOMES.

Subpart 1. **Purpose.** The purpose of parts 9502.0315 to 9502.0445 is to establish procedures and standards for licensing family day care and group family day care homes to ensure that minimum levels of care and service are given and the protection, proper care, health, safety, and development of the children are assured.

Subp. 2. **Applicability.** Parts 9502.0315 to 9502.0445 as authorized by Minnesota Statutes, chapter 245A, govern the licensing of family day care homes and group family day care homes.

Subp. 3. **Exclusion from licensure.** Under Minnesota Statutes, section 245A.03, the following day care situations are excluded from licensure under parts 9502.0315 to 9502.0445:

- A. day care provided by a relative to only related children; or
- B. day care provided to children from a single, unrelated family, for any length of time; or
- C. day care provided for a cumulative total of less than 30 days in any 12-month period; or
- D. the exclusions contained in items A and B are mutually exclusive.

9502.0335 LICENSING PROCESS.

Subpart 1. **License application.** A license to operate a family or group family day care residence must be obtained from the department.

A. Application for a license must be made on the application form issued by the department. The application must be made in the county where the applicant resides.

B. The applicant shall be the person who will be the provider of care in the residence, present during the hours of operation, and who shall be legally responsible for the operation of the residence.

C. An application for licensure is complete when 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 parts 9502.0315 to 9502.0445 and Minnesota Statutes.

Subp. 2. **Licensing study.** The applicant shall give the agency access to the residence for a licensing study to determine compliance with parts 9502.0315 to 9502.0445.

A. If, in the judgment of the agency representative, a potentially hazardous condition may be present, due to a violation of parts 9502.0315 to 9502.0445, the applicant shall obtain an inspection from a fire marshal, building official, or agent of a community

health board as authorized under Minnesota Statutes, section 145A.04 to verify the absence of hazard and report to the agency.

B. The residence must comply with any applicable local ordinances. If the commissioner or the agency has reasonable cause to believe a hazardous condition may be present and requests an inspection by a fire marshal, building official, or authorized agent, then any condition cited by a fire marshal, building official, or authorized agent as hazardous and creating an immediate danger of fire, or threat to human life and safety, must be corrected or a variance approved in accordance with subparts 8, 8a, and 8b prior to issuance of a license.

C. An initial inspection of the residence by a fire marshal to determine compliance with the State Fire Code and compliance with orders issued are conditions of licensure for all residences with freestanding solid fuel heating appliances; manufactured (mobile) homes; new applicants for licensure with a licensed capacity of more than ten; day care residences which use the basement for child care; and residences in mixed or multiple occupancy buildings. "Multiple occupancy building" means a structure with two or more residential dwelling units such as a duplex, apartment building, or townhome. "Mixed occupancy building" means a residence in a structure that contains nonresidential occupancies or an attached garage.

D. The commissioner or agency may require, prior to licensure, or anytime during the licensed term of day care, a physical, mental illness, or chemical dependency or abuse evaluation of any caregiver or person living in the residence or present during the hours children are in care if the agency has reasonable cause to believe that any of the disqualification factors in subpart 6, item A, exist, or that the provider is not physically able to care for the children. These evaluations, conducted by a licensed physician, psychiatrist, psychologist, consulting psychologist, or certified chemical dependency practitioner or counselor may be used to verify physical or mental illness, chemical dependency or chemical abuse, or behavior that would reflect on the ability of the provider to give day care.

Subp. 3. [Repealed, 15 SR 2105]

Subp. 4. **Period of licensure; nontransfer.** A license must be issued by the department when the provider fully complies with parts 9502.0315 to 9502.0445. The period of licensure may be up to two years. The license must not be transferred to another provider.

Subp. 5. **Initial license.** An applicant for initial licensure may be granted a license by the department for up to two years if all laws and rules cannot be met immediately, the deviations from parts 9502.0315 to 9502.0445 do not threaten the health, rights, or safety of the children, and which will be corrected within the time specified by the commissioner but not to exceed two years. Failure to correct deviations within the stated time shall be cause for revocation, suspension, or nonrenewal.

Subp. 6. **Disqualification factors.** An applicant or provider shall not be issued a license or the license shall be revoked, not renewed, or suspended if the applicant, provider, or any other person living in the day care residence or present during the hours children are in care, or working with children:

A. Abuses prescription drugs or uses controlled substances as specified in Minnesota Statutes, chapter 152, or alcohol, to the extent that the use or abuse has or may have a negative effect on the ability of the provider to give care or is apparent during the hours children are in care. Caregivers who have abused prescription drugs or have been dependent on controlled substances as specified in Minnesota Statutes, chapter 152, or alcohol, such that the use, abuse, or dependency has had a negative effect on the ability to give care, was apparent during the hours children are in care, or required treatment or therapy, must have 12 months of verified abstinence before licensure.

B. [Repealed, L 1991 c 38 s 2]

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C. Refuses to give written consent for the disclosure of criminal history records as specified in Minnesota Statutes, section 245C.09.

D. Has a disqualification under Minnesota Statutes, section 245C.15, that is not set aside under Minnesota Statutes, section 245C.22, or for which a variance has not been granted under Minnesota Statutes, section 245C.30.

E. Has had a child placed in foster care within the past 12 months and the agency determines the reasons for placement reflect on the ability of the provider to give care. A license may not be denied if the primary reason for the placement was due to a physical illness of the parent, developmental disability of the child, a disability of the child, or for the temporary care of an infant being relinquished for adoption.

F. Has had a child placed in residential treatment within the past 12 months for emotional disturbance or antisocial behavior and the agency determines that the reasons for the placement reflect on the ability of the provider to give care.

Subp. 7. [Repealed, 15 SR 2043]

Subp. 8. **Variance standard.** An applicant or provider may request a variance from compliance with parts 9502.0315 to 9502.0445. When reviewing a variance request of parts 9502.0315 and 9502.0445, the department shall assess whether alternative methods are identified by the applicant or provider to ensure the health, safety, and protection of children in care. A variance may be granted only if:

A. the applicant complies with all applicable laws, ordinances, and regulations;

B. specific equivalent measures are identified by the applicant or provider to ensure the health, safety, and protection of the children in care;

C. any variance to the safety provisions in part 9502.0425, subparts 4, 5, 6, 7, 12, 15, 16, 17, and 18 which relate to the State Fire Code is approved by a fire marshal and alternative measures are identified to ensure the safety of children in care;

D. any variance of the provisions in part 9502.0435 relating to sanitation and health and part 9502.0445 on water, food, and nutrition are approved by an authorized agent and alternative measures are identified to ensure the health of children in care;

E. any variance of the provisions in part 9502.0425 relating to subparts 10, stairways; 11, decks; and 13, sewage disposal which relate to the State Building Code, are approved by a building official and alternative measures are identified to ensure the health and safety of children in care; and

F. any variance to subpart 6, item F must have clear and convincing evidence presented by the applicant or provider that no threat or harm whatsoever will result to the children in care due to the granting of the variance. The department shall consider the nature of the crime committed and the amount of time which has elapsed without a repeat of the crime.

Subp. 8a. **Variance procedure.** Request for a variance must comply with and be handled according to the following procedures.

A. An applicant or provider must submit to the agency a written request for a variance. The request must include the following information:

(1) the sections of parts 9502.0315 to 9502.0445 with which the applicant or provider cannot comply;

(2) the reasons why the applicant or provider needs to depart from the specified sections;

(3) the period of time for which the applicant or provider requests a variance;

and

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(4) the specific equivalent alternative measures which the applicant or provider will provide so the health, safety, and protection of children in care are ensured if the variance is granted.

B. An applicant or provider must submit to the agency written approval from a fire marshal of a variance request and the alternative measures identified to ensure the safety of children in care when a variance of the fire safety provisions in part 9502.0425 on physical environment is requested. These are part 9502.0425, subpart 4, means of escape; subpart 5, occupancy separations; subpart 6, vertical separations; subpart 7, heating and venting systems; subpart 12, locks and latches; subpart 15, interior walls and ceilings; subpart 16, extinguishers; subpart 17, smoke detection systems; and subpart 18, electrical services.

C. An applicant or provider must submit to the agency written approval from an authorized agent of a variance request and the alternative measures identified to ensure the safety of children in care when a variance of the health provisions in parts 9502.0435 on sanitation and health, and 9502.0445 on water, food, and nutrition is requested.

D. An applicant or provider must submit to the agency written approval from a building official of a variance request and alternative measures identified to ensure the health and safety of children in care when a variance is requested of the standards contained in part 9502.0425 relating to subparts 10, stairways; 11, decks; and 13, sewage disposal.

Subp. 8b. [Repealed, 30 SR 585]

Subp. 9. **License terms.** The license must indicate:

A. the number and age groupings of children who may receive care at any one time;

B. the expiration date of the license and location of the residence;

C. the name and address of the provider; and

D. that the provider is licensed under parts 9502.0315 to 9502.0445 of Minnesota Rules.

Subp. 10. **Posting license.** The provider shall post the license in the residence in a prominent place.

Subp. 11. **Change in license terms.** The following shall apply to changes in the terms of a license.

A. A new department application form must be submitted by the provider and a full licensing study as specified in part 9502.0335, subpart 2, must be completed when the provider wants to move the day care operation to a new residence or the provider wants to change to group family day care from family day care.

B. A new department application form indicating the changes in the ages and numbers of children in care must be completed when the provider wants to change to family day care from group family day care.

C. A background study must be initiated and completed as required under Minnesota Statutes, chapter 245C.

Subp. 12. **Number of licenses.** No provider shall be issued a license to operate more than one day care residence.

Subp. 13. **Access to residence.** The provider shall give authorized representatives of the commissioner or agency access to the residence during the hours of operation to determine whether the residence complies with the standards of parts 9502.0315 to 9502.0445. Access shall include:

A. the residence to be occupied by children in care;

B. any adjoining land or buildings owned or operated by the applicant or provider in conjunction with the provision of day care and designed for use by the children in care;

C. noninterference in interviewing all caregivers and household members present in the residence on a regular basis and present during the hours of operation; and

D. the right to view and photocopy the records and documents specified in part 9502.0405.

Subp. 14. [Repealed, 15 SR 2105]

Subp. 15. **Return of license to commissioner.** When a provider stops giving care, or if a license is revoked, suspended, or not renewed, the provider shall return the license to the commissioner, stop all advertising and refrain from providing care to children in excess of the exclusions specified in part 9502.0325, subpart 3.

Subp. 16. [Repealed, 15 SR 2105]

9502.0341 NEGATIVE LICENSING ACTIONS.

Subpart 1. [Repealed, 15 SR 2105]

Subp. 2. **Definitions.** For the purposes of this subpart, negative licensing actions shall mean denial of application for licensure, issuance of a fine, revocation, suspension, or temporary immediate suspension of an existing license.

Subp. 3. **Procedures.** In accordance with Minnesota Statutes, section 245A.06 or 245A.07, failure to comply with parts 9502.0315 to 9502.0445 or the terms of licensure is grounds for a negative licensing action. If the agency recommends a negative licensing action, the agency shall notify the department and the department shall determine if the standards in parts 9502.0315 to 9502.0445 or the terms of licensure have been violated. If the grounds are sufficient, the commissioner shall notify the applicant or provider by certified mail unless personal service is required by subpart 9. The notice must be addressed to the name and location shown on the application or license and contain a statement of, and the reasons for, the proposed action. The notice must inform the applicant or provider of the right to appeal the decision within the specified time period. The applicant or provider shall be notified of the specific appeal rights provided under chapter 245A.

Subp. 3a. **Fine.** If the commissioner issues a fine, the provider must be informed of the reason for the fine and the right to a contested case hearing under Minnesota Statutes, chapter 14, and parts 1400.8505 to 1400.8612 as provided in Minnesota Statutes, section 245A.07, subdivision 3.

Subp. 4. **Denial.** If the commissioner denies an application for licensure, the applicant must be informed of the reason the application was denied and the right to a contested case hearing under Minnesota Statutes, chapter 14, and parts 1400.8505 to 1400.8612 as provided in Minnesota Statutes, section 245A.05.

Subp. 5. **Revocation.** If the commissioner revokes a license, the provider must be informed of the reason for the revocation and the right to a contested case hearing under Minnesota Statutes, chapter 14, and parts 1400.8505 to 1400.8612 as provided in Minnesota Statutes, section 245A.07, subdivision 3.

Subp. 6. [Repealed, 30 SR 585]

Subp. 7. [Repealed, 30 SR 585]

Subp. 8. **Suspension.** If the commissioner suspends a license, the provider must be informed of the reason for the suspension and the right to a contested case hearing under Minnesota Statutes, chapter 14, and parts 1400.8505 to 1400.8612 as provided in Minnesota Statutes, section 245A.07, subdivision 3.

Subp. 9. **Temporary immediate suspension.** If the provider's actions or failure to comply with applicable law or rule poses an imminent risk of harm to the health, safety, or

rights of the children in care, the commissioner shall act immediately to temporarily suspend the license. The provider shall be informed by personal service and informed of the right to an expedited hearing under Minnesota Statutes, chapter 14, and parts 1400.8505 to 1400.8612 as provided in Minnesota Statutes, section 245A.07, subdivisions 2 and 2a.

Subp. 9a. [Repealed, 15 SR 2105]

Subp. 10. **Notice to parents of recommended action.** As soon as the county recommends revocation, suspension, a conditional license, or temporary immediate suspension action, a notice of the circumstances for the action, but not the identity of a child, other than the parent's own, shall be sent by the agency to the parents of children in care. If the provider remains in operation and exercises a right to a hearing, the provider must give a copy of the Notice of and Order for Hearing on the appeal to the parents of any child currently enrolled or seeking admission to the residence.

Subp. 11. **Reapplication after revocation or denial.** A provider whose license has been revoked because of noncompliance with applicable laws or rules, shall not be granted a new license for five years following revocation. When the commissioner initiates an action to revoke a license, the provider may not voluntarily withdraw his or her license without written assurance from the provider that he or she is voluntarily accepting revocation and will not reapply for five years. An applicant whose application was denied shall not be granted a new license for two years following a denial, unless the applicant's subsequent application contains new information which constitutes a substantial change in the condition that caused the previous denial.

9502.0345 AGENCY RECORDS.

Subpart 1. **Agency records.** The agency shall maintain the following records for each provider:

- A. A copy of the completed licensing application form signed by the applicant and the agency.
- B. The physical health reports on any adult giving care in the residence on a regular basis.
- C. Any written reports from the fire marshal, agent of a community health board as authorized under Minnesota Statutes, section 145A.04, or building official.
- D. The agency's initial and any renewal licensing studies.
- E. If the applicant has been licensed through another jurisdiction, the agency shall request and keep a reference from the licensing authority in that jurisdiction.
- F. The annual relicensing evaluation by the agency of the provider. Any comments of the provider about the evaluation by the agency shall also be noted in the agency record.
- G. Documentation of any variances of parts 9502.0315 to 9502.0445.
- H. Arrest, conviction, or criminal history information and substantiated maltreatment information used to disqualify an individual required to have a background study under Minnesota Statutes, chapter 245C.

Subp. 2. **Data privacy.** The agency, department, and the authorized agent shall have access to provider records on children in care to determine compliance with parts 9502.0315 to 9502.0445. The provider shall not disclose any records on children in care to any persons other than the parents of the child, the agency, the department, the persons required by part 9502.0375, subpart 1, and medical or public safety persons if information is necessary to protect the health and safety of the child.

9502.0355 CAREGIVER QUALIFICATIONS.

Subpart 1. **Age.** An applicant for family day care or group family day care shall be an adult at the time of licensure.

Subp. 2. **Health.** An adult caregiver shall be physically able to care for children.

A. The applicant shall supply documentation to the agency with the license application that the applicant has had a physical examination from a licensed physician within 12 months prior to initial licensure and is physically able to care for children.

B. The applicant shall supply documentation to the agency with the license application that all adult caregivers who are assisting with care on a regular basis have had a physical examination from a licensed physician within 12 months prior to employment within the residence and are physically able to care for children.

Subp. 3. **Group family day care.** A group family day care applicant shall meet all the requirements listed in subparts 1 and 2 for family day care. A group family day care applicant shall also meet the qualifications in item A, B, or C.

A. A minimum of one years' substantial compliance with parts 9502.0315 to 9502.0445 as a licensed family day care provider; or

B. A minimum of six months' substantial compliance with parts 9502.0315 to 9502.0445 as a licensed family day care provider; and

(1) completion of an accredited competency based family day care training and assessment program offered by an accredited institute; or

(2) thirty hours of child care, health, and nutrition training as specified in part 9502.0385, and a minimum of 520 hours of experience as an assistant teacher, student teacher, or intern in an elementary school or licensed child care center, or as an assistant adult caregiver in a licensed group family day care home; or

(3) thirty hours of child development or early childhood education training, as specified in part 9502.0385, and a minimum of 520 hours of experience as a licensed practical or registered nurse; or

C. Certification or licensure indicating:

(1) completion of a two year child development or early childhood education associate or certificate program at an accredited college or university;

(2) completion of a nine month child development assistant program at an accredited technical college;

(3) a current Level I or Level II prekindergarten license from the Department of Education;

(4) a kindergarten through sixth grade teaching degree from an accredited university or college that includes a minimum of 30 hours of child development training; or

(5) documentation of a minimum of six months satisfactory experience as a full-time teacher at a state licensed group day care center.

Subp. 3a. **Accredited.** For the purposes of this part, "accredited" means a postsecondary institution or technical college recognized and listed by a regional, state, or national group approved by the department. To be approved, a group must meet the following criteria:

A. it must be capable of conducting site visits to evaluate the facilities used by the program;

B. it must be capable of evaluating the quality of the program and its faculty;

C. it must have standards which ensure that persons who complete the program have the knowledge and training to work as group family day care providers; and

D. it must not be affiliated with any individual program, postsecondary institution, or technical college.

Subp. 4. **Day care insurance coverage.** A provider shall have:

A. a certificate of insurance for the residence for general liability coverage for bodily injury in the amount of at least \$100,000 per person and \$250,000 per occurrence; or

B. if the provider has liability coverage of lesser limits or no liability coverage, the provider shall give a written notice of the level of liability coverage to parents of all children in care prior to admission or when there is a change in the amount of insurance coverage; and

C. the provider shall maintain copies of the notice, signed by the parents to indicate they have read and understood it, in the provider's records on the residence as specified in part 9502.0405.

9502.0365 LICENSED CAPACITY, CHILD/ADULT RATIOS, AGE DISTRIBUTION RESTRICTIONS.

Subpart 1. **Capacity limits.** Family day care and group family day care providers shall comply with part 9502.0367, which limits the total number of children and the number of preschoolers, toddlers, and infants who may be in care at any one time, and provides for the number of adults who are required to be present.

A. Providers shall be licensed for the total number of children, ten years of age or younger, who are present in the residence at any one time. The licensed capacity must include all children of any caregiver when the children are present in the residence.

B. Within the licensed capacity, the age distribution restrictions specify the maximum number of children under school age, infants, and toddlers who are in care at any one time.

Subp. 2. **Specialized infant and toddler group family day care.** In specialized infant and toddler group family day care, the caregivers must be adults.

Subp. 3. **Newborn care.** When a newborn is in care and only one adult caregiver is present, the newborn shall be the only child under 12 months of age and the provider shall not care for more than two other children at the same time unless another adult caregiver is also present or the newborn is the provider's own.

Subp. 4. **Helpers.** A helper may be used in place of a second adult caregiver when there is no more than one infant or toddler present.

Subp. 5. **Supervision and use of substitutes.** A licensed provider must be the primary provider of care in the residence. Children in care must be supervised by a caregiver. The use of a substitute caregiver must be limited to a cumulative total of not more than 30 days in any 12-month period.

9502.0367 CHILD/ADULT RATIOS; AGE DISTRIBUTION RESTRICTIONS.

A. Family Day Care:

Child/Adult Ratio		Age Restrictions	
Licensed Capacity	Adults	Total children under school age	Total infants and toddlers

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10	1	6	Of the total children under school age, a combined total of no more than 3 shall be infants and toddlers. Of this total, no more than 2 shall be infants.
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B. Specialized Infant and Toddler Family Day Care:

(1) 5	1	3	No more than 3 shall be infants.
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(2) 6	1	4	No more than 2 shall be infants.
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C. Group Family Day Care:

(1) 10	1	8	Of the total children under school age, a combined total of no more than 3 shall be infants and toddlers. Of this total, no more than 2 shall be infants.
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(2) 12	1	10	Of the total children under school age, a combined total of no more than 2 shall be infants and toddlers. Of this total, no more than 1 shall be an infant.
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(3) 14	2	10	Of the total children under school age, a combined total of no more than 4 shall be infants and toddlers. Of this total, no more than 3 shall be infants.
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A helper may be used in place of a second adult caregiver when there is no more than 1 infant or toddler present.

D. Specialized Infant and Toddler Group Family Day Care:

9	2	7	Of the total children, no more than 4 shall be infants.
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Both caregivers shall be adults.

9502.0375 REPORTING TO AGENCY.

Subpart 1. **Abuse, neglect reporting.** All caregivers shall report any suspected physical abuse, sexual abuse, or neglect of a child to the agency or police as required by Minnesota Statutes, chapter 260E. If a caregiver has reasonable cause to believe a child has died as a result of physical or sexual abuse or neglect, the caregiver shall report this information to the county medical examiner or coroner.

Subp. 2. **Other reporting.** The provider shall inform the agency:

A. within 30 days of any change in the regular membership of the household within the day care residence or the addition of an employee who will regularly be providing care;

B. immediately of any suspected case of physical or sexual abuse or neglect;

C. within 48 hours after the occurrence of a fire that requires the service of a fire department so the agency may determine continued substantial compliance with parts 9502.0315 to 9502.0445; and

D. immediately after the occurrence of any serious injury or death of a child within the day care residence. A serious injury is one that is treated by a physician.

9502.0395 BEHAVIOR GUIDANCE.

Subpart 1. **Methods.** Caregivers shall give each child guidance which helps the child acquire a positive self-concept, self-control, and teaches acceptable behavior.

A. The provider shall discuss methods of behavior guidance with parents at the time of admission and the parent's standards shall be considered by the provider within the context of this part when guiding the behavior of a child.

B. Behavior guidance used by caregivers must be constructive, positive, and suited to the age of the child. Methods of intervention, guidance, and redirection must be used.

Subp. 2. **Standards.** The following shall apply to all caregivers when guiding behavior in children.

A. No child shall be subject to corporal punishment or emotional abuse. "Corporal punishment" means the nonaccidental infliction of physical pain on a child by a caregiver. Corporal punishment includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking. "Emotional abuse" means the infliction of verbal or psychological abuse on a child by a caregiver. Emotional abuse includes, but is not limited to, name calling, ostracism, shaming, derogatory remarks about the child or child's family, and threats which threaten, humiliate, or frighten the child.

B. Food, light, warmth, clothing, and medical care shall not be withheld from the child.

C. Discipline and punishment shall not be delegated to another child.

D. The separation of a child from a group to guide behavior must be appropriate to the age of the child and circumstances requiring the separation.

E. An infant shall not be separated from the group for disciplinary reasons.

F. A child shall not be separated from the group for a period longer than ten minutes.

G. A child separated from the group must be placed in an area or separate room that is well-lighted, free from hazards, ventilated, and open to the view of caregivers.

H. No child shall be placed in a locked room to separate the child from the group.

Subp. 3. **Toilet training.** If toilet training is undertaken, the provider and parent shall cooperatively develop a plan for the timing and method of training.

A. No child shall be punished for toileting accidents.

B. A child shall be offered opportunity for toileting.

9502.0405 ADMISSIONS; PROVIDER RECORDS; REPORTING.

Subpart 1. **Cooperating with parents.** When admitting a child to day care, the provider and parents shall discuss child rearing, sleeping, feeding, and behavior guidance practices essential for the care of the child.

Subp. 2. **Rule summary for parents.** A descriptive summary of parts 9502.0315 to 9502.0445 shall be distributed to the parent by the provider at the time a child is admitted to care. The summary shall be provided by the department to the agency for distribution to the provider. The summary shall be written in language that is understandable to the general public and:

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A. state that parts 9502.0315 to 9502.0445 govern the licensing of day care residences;

B. specify the rule part headings contained in parts 9502.0315 to 9502.0445; and

C. state that a complete copy of parts 9502.0315 to 9502.0445 may be seen at the day care residence, the agency, department, or State Law Library, or purchased from the Print Communications Division, Department of Administration, State of Minnesota, 117 University Avenue, Saint Paul, Minnesota 55155.

Subp. 3. **Provider policies.** The provider shall have the following written information available for discussion with parents or the agency:

A. the ages and numbers of children in care in the residence;

B. the hours and days of operation;

C. meals and snacks to be served;

D. labeling requirements for food brought from the child's home;

E. sleeping and rest arrangements;

F. nondiscrimination practices to comply with subpart 6;

G. policies for the care of ill children, disease notification procedures, immunizations, and medicine permission policies;

H. emergency, fire, and storm plans and the monthly fire drill log;

I. seat belt and transportation plans and field trip and transportation permission requirements;

J. fees;

K. termination and notice procedures;

L. plans for a helper and substitute for emergencies, vacations, or holidays;

M. the presence of pets in the residence;

N. a complete copy of parts 9502.0315 to 9502.0445;

O. insurance coverage; and

P. whether or not smoking is permitted in the residence during the hours children are in care.

Subp. 4. **Records for each child.** The provider shall obtain the information required by items A to C from parents prior to admission of a child. The provider shall keep this information up-to-date and on file for each child.

A. The signed and completed admission and arrangements form of the department must be on file in the provider's home and contain the following information:

(1) Name and birthdate of the child.

(2) Full name of parents.

(3) Home address, work address, and telephone numbers where parents may be reached.

(4) Name, address, and telephone number of physician, dentist, and hospital to be used for emergencies when parents cannot be reached.

(5) Name, address, and telephone number of persons to be notified in case of emergency, when parents cannot be reached.

(6) Names of all persons authorized to remove the child from the residence.

- (7) Enrollment dates.
- (8) Financial arrangements.
- (9) Insurance notification specified in part 9502.0355, subpart 4.

B. Special instructions from the parent shall be obtained in writing and followed about toilet training, eating, sleeping or napping, allergies, and any health problems.

C. Immunization records must be kept in accordance with Minnesota Statutes, section 121A.15. The provider shall request, update, and keep on file the dates of immunizations received by a child in regular attendance at the residence as follows:

- (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. Signed written consent must be obtained in advance from the parent so the provider can obtain emergency medical care or treatment. The consent may be used if the parent cannot be reached or is delayed in arriving.

E. Written permission to transport children must be obtained from parents if the provider will be transporting a child.

F. A provider shall release a child from care only to a parent or a person authorized by the parent.

Subp. 5. **Children with disabilities.** For children with disabilities requiring special therapy, program, or behavior guidance, the parents, physician, or therapist shall provide and the provider shall follow written instructions for any special needs. "Child with a disability" means a child who has been determined by a physician, a school district multidisciplinary team, or other person licensed to identify disabling conditions, to have a hearing, mental, neurological, developmental, serious emotional, social, learning, speech or language, physical, or visual impairment.

Subp. 6. **Nondiscrimination.** No caregiver shall discriminate in relation to admissions on the basis of race, creed, color, national origin, religion, or sex.

9502.0415 ACTIVITIES AND EQUIPMENT.

Subpart 1. **General activities.** Day care activities must provide for the physical, intellectual, emotional, and social development of the child. The environment must facilitate the implementation of the activities. Activities must:

- A. be scheduled indoors and outdoors, weather permitting;
- B. be appropriate to the developmental stage and age of the child;
- C. include active and quiet activity; and
- D. contain provider-directed and child-initiated activity.

Subp. 2. [Repealed, 10 SR 2617]

Subp. 3. **Equipment.** The provider must have the equipment specified in this part in adequate quantities for the number and ages of children in care and to carry out the activities specified in this part. Equipment may be new, used, commercial, or homemade, as long as it is appropriate for the ages of the children and activities for which it will be used, safe, and in good repair.

Subp. 4. **Newborn or infant activities.** The provider shall:

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A. Hold the infant or newborn during bottle feedings until the child can hold its own bottle. Bottles must not be propped.

B. Respond to the infant or newborn's attempts to communicate.

C. Provide freedom of movement to the infant or newborn during a large part of the waking day to the extent that safety and weather permits. The noncreeping child shall spend part of each day out of a crib or infant seat. The creeping infant or newborn shall have freedom to explore outside of the crib or infant seat.

D. Give the infant or newborn opportunity to stimulate the senses by providing a variety of activities and objects to see, touch, feel, smell, hear, and taste.

E. Provide activities for the infant or newborn that develop the child's manipulative and fine motor skills, self-awareness, and social responsiveness.

Subp. 5. **Newborn or infant equipment.** The following minimum equipment is required for each infant or newborn:

A. an infant seat or high chair; and

B. a crib, portable crib, or playpen with waterproof mattress or pad which meets the requirements in part 9502.0425, subpart 9.

Subp. 6. **Toddler activities.** The provider shall:

A. Provide the toddler with freedom of movement and freedom to explore outside the crib or playpen.

B. Talk to, listen to, and interact with the toddler to encourage language development.

C. Provide the toddler with large muscle activities and activities which develop the child's small muscles and manipulative skills.

D. Develop and stimulate learning by reading stories to the child or looking at picture books together.

E. 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.

Subp. 7. **Toddler equipment.** Each toddler shall be provided with a mat, crib, cot, bed, sofa, or sleeping bag.

Subp. 8. **Preschooler activities.** The provider shall:

A. Encourage conversation between the child and other children and adults.

B. 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; allow for unplanned time and individual play time.

C. Foster understanding of personal and peer feelings and actions and allow for the constructive release of feelings and anger through discussion or play.

D. Give assistance in toileting and provide time to carry out self-help skills and provide opportunity to be responsible for activities like putting away play equipment and helping around the house.

E. Provide opportunity for each child to make decisions about daily activities and to take credit for the consequences of decisions.

F. Provide time and areas for age appropriate large muscle play.

G. Provide learning, small muscle, manipulative, creative or sensory activities.

H. Read stories, look at books together, and talk about new words and ideas with the child.

Subp. 9. **Preschooler equipment.** Each preschooler shall be provided with a mat, bed, cot, sofa, or sleeping bag.

Subp. 10. **School-age activities.** The provider shall:

A. provide opportunities for individual discussion about the happenings of the day and planning for activities;

B. provide space and opportunity for games, activities, or sports using the whole body, outdoors, weather permitting;

C. provide space and opportunity for individual rest and quiet time;

D. allow increased freedom as the child demonstrates increased responsibility;

E. provide opportunities for group experiences with other children;

F. provide opportunities to develop or expand self-help skills or real-life experiences; and

G. provide opportunities for creative and dramatic activity, arts and crafts, or field trips.

Subp. 11. [Repealed, 10 SR 2617]

Subp. 12. **Written permission.** Written permission must be obtained from the parent to allow a school-age child in care to participate in activities away from the residence.

9502.0425 PHYSICAL ENVIRONMENT.

Subpart 1. **Indoor space.** The licensed capacity of the day care residence 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.

A. 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.

B. Usable indoor space may include a basement if it has been inspected by a fire marshal, is free of hazard, and meets the minimum exiting standards specified in subpart 4.

Subp. 2. **Outdoor play space.** There must be an outdoor play space of at least 50 square feet per child in attendance, adjacent to the residence, for regular use, or a park, playground, or play space within 1,500 feet of the residence. On-site supervision must be provided by a caregiver for children of less than school age when play space is not adjacent to the residence. Enclosure may be required by the agency to provide protection from rail, traffic, water, or machinery hazard. The area must be free of litter, rubbish, toxic materials, water hazards, machinery, unlocked vehicles, human or animal wastes, and sewage contaminants.

Subp. 3. **Water hazards.** Swimming and wading pools, beaches, or other bodies of water on or adjacent to the site of the residence must be inaccessible to children except during periods of supervised use. Wading pools, as defined in chapter 4717, must be kept clean. When children use a swimming pool, as defined in chapter 4717, or beach, an attendant trained in first aid and resuscitation shall be present. Any public swimming pool, as defined in chapter 4717, used by children must meet the requirements of chapter 4717.

Subp. 4. [Repealed, L 2019 1Sp9 art 2 s 134]

Subp. 5. [Repealed, L 2024 c 115 art 19 s 30]

Subp. 6. **Vertical separations.** For group family day care homes with a licensed capacity of more than ten children, a 1-3/4 inch solid wood core door or a door and frame with at least a 20-minute fire protection rating, must be provided whenever more than two

floors of the residence are connected. These doors must be equipped with self-closing devices.

Subp. 7. **Heating and venting systems.** The following heating and venting guidelines must be met:

A. Stove and heater locations must not block escape in case of a fire.

B. Gas, coal, wood, kerosene, or oil heaters must be vented to the outside in accordance with the State Building Code.

C. Combustible items must not be located within 36 inches of the furnace or other heating sources.

D. Whenever in use, fireplaces, wood-burning stoves, solid fuel appliances, space heaters, steam radiators, and other potentially hot surfaces, such as steam pipes, must be protected by guards to prevent burns. All fireplaces, wood-burning stoves, space heaters, steam radiators, and furnaces must be installed according to the State Building Code.

E. The furnace, hot water heater, and workshop area must be inaccessible to children. Separation may be by a door, partition, or gate. There must be allowance for air circulation to the furnace.

F. 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.

Subp. 8. **Temperature.** A minimum temperature of 62 degrees Fahrenheit must be maintained in indoor areas used by children.

Subp. 9. **Infant and newborn sleeping space.** There must be a safe, comfortable sleeping space for each infant and newborn. A crib, portable crib, or playpen with waterproof mattress or pad must be provided for each infant or newborn in care. The equipment must be of safe and sturdy construction that conforms to volume 16, parts 1508 to 1508.7 and parts 1509 to 1509.9 of the Code of Federal Regulations, its successor, or have a bar or rail pattern such that a 2-3/8 inch diameter sphere cannot pass through. Playpens with mesh sidings must not be used for the care or sleeping of infants or newborns.

Subp. 10. [Repealed, L 2024 c 115 art 19 s 30]

Subp. 11. **Decks.** Decks, balconies, or lofts used by children more than 30 inches above the ground or floor must be surrounded by a protective guardrail and be constructed in accordance with the State Building Code. Wooden decks must be free of splinters and coated with wood preservative, paint, or constructed with treated wood.

Subp. 12. **Locks and latches.** Door locks and latches must meet the following guidelines:

A. a closet door latch must be made so that children can open the door from inside the closet;

B. every bathroom door lock must permit opening of the locked door from the outside and the opening device must be readily accessible to all caregivers; and

C. double cylinder (key required both sides) locks on exit doors are prohibited.

Subp. 13. **Sewage disposal.** Day care residences must have toilet facilities and sewage disposal systems that conform to the State Building Code or local septic system ordinances. The toilets must flush thoroughly. Outdoor toilets are permissible when local ordinances allow.

Subp. 14. **Construction, remodeling.** During construction or remodeling, children shall not have access to dangerous construction or remodeling areas within or around the residence.

Subp. 15. **Interior walls and ceilings.** The interior walls and ceilings within the residence, as well as corridors, stairways, and lobbies must have a flame spread rating of 200 or less.

Subp. 16. [Repealed, L 2019 1Sp9 art 2 s 134]

Subp. 17. [Repealed, L 2019 1Sp9 art 2 s 134]

Subp. 18. **Electrical services.** The following electrical guidelines must be met:

A. all electric receptacles accessible to children under first grade must be tamper-proof or shielded when not in use;

B. all major electrical appliances must be properly installed, grounded in accordance with the state electric code, and in good working order;

C. extension cords shall not be used as a substitute for permanent wiring; extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings, floors, under doors or floor coverings, nor be subject to environmental damage or physical impact; and

D. electrical wiring must be sized to provide for the load and be in good repair.

Subp. 19. **Smoking prohibited in group family child care home.** Pursuant to Minnesota Statutes, section 144.414, subdivision 2, smoking is prohibited in a group family child care provider's home during hours of operation.

9502.0435 SANITATION AND HEALTH.

Subpart 1. **Sanitation and cleanliness.** The residence must be free from accumulations of dirt, rubbish, or peeling paint.

Subp. 2. **Pest control.** Effective measures must be taken to protect the home against vermin and insects. Chemicals for insect and rodent control must not be applied in areas accessible to children when children are present.

Subp. 3. **Rubbish.** Indoor and outdoor garbage and rubbish containers must not be accessible to infants and toddlers.

Subp. 4. **Toxic substances.** All medicines, chemicals, detergents, poisonous plants, alcoholic beverages, and other toxic substances must be inaccessible to children. They must be stored away from food products. Equipment or toys which are mouthed or may be chewed must be free of lead-based paint. Toys and equipment with chipped, cracked, or peeling paint must be tested to verify the absence of lead or be replaced.

Subp. 5. **Firearms.** All firearms must be unloaded and inaccessible to children. Ammunition and firearms must be stored in separate locked areas.

Subp. 6. **Hazardous activity materials.** Knives, matches, plastic bags, and other potential hazards must be kept out of the reach of infants, toddlers, and preschoolers. The use of potentially hazardous materials and tools must be supervised.

Subp. 7. **First aid kit.** The provider shall have a first aid kit that contains bandages, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap, and adhesive tape. A first aid manual must be included. The kit and manual must be accessible and taken on field trips.

Subp. 8. **Emergencies.** The provider shall be prepared for emergencies.

A. An operable telephone must be located within the residence.

B. Emergency phone numbers must be posted by the telephone. The numbers must be those of the local fire department, police department, emergency transportation, and poison control center.

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C. The emergency phone numbers of the parents and child's physician and dentist must be readily available within the residence and taken on field trips.

D. Prior arrangements must be made for a substitute to provide care during emergencies.

E. For severe storms and tornadoes, the provider shall have a designated area within the residence that children shall go to for cover, and an operable battery flashlight, and portable radio or TV available.

F. The provider shall have a written fire escape plan and a log of monthly fire and storm drills on file in the residence. The plan must be approved by the agency and specify:

- (1) emergency phone numbers;
- (2) a place to meet outdoors for roll call;
- (3) smoke detector and fire extinguisher locations;
- (4) plans for monthly fire and tornado drill sessions; and

(5) 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.

Subp. 9. **Transportation of children.** When transportation is given to children in a motor vehicle other than a bus or school bus operated by a common carrier, the following provisions for their safety must be made.

A. A child may be transported only if the child is fastened in a safety seat, seat belt, or harness appropriate to the child's weight and the restraint is installed and used in accordance with the manufacturer's instructions.

B. A child under the age of four may be transported only if the child is securely fastened in a child passenger restraint system which meets the federal motor vehicle safety standards contained in Code of Federal Regulations, title 49, section 571.213 or its successor.

C. Any vehicle operated by the provider for the transportation of children must be licensed in accordance with the laws of the state and the driver shall hold a current, valid driver's license.

D. Written permission to transport children must be obtained from parents.

E. No child is permitted to remain unattended in any vehicle.

Subp. 10. **Separation of personal articles.** Separate towels, wash cloths, drinking cups, combs, and other personal articles must be used for each child.

Subp. 11. **Bedding.** Clean, separate bedding must be provided for each child in care.

Subp. 12. **Pets.** All pets housed within the residence shall be maintained in good health and limited to dogs, cats, fish, guinea pigs, gerbils, rabbits, hamsters, rats, mice, and birds if the birds are clear of chlamydia psittaci. The provider shall ensure that:

- A. parents are notified prior to admission of the presence of pets in the residence;
- B. children handle animals only with supervision;
- C. rabies shots and tags are current for all dogs and cats;
- D. pet cages are located and cleaned away from any food preparation, storage, or serving areas;
- E. play areas are free of animal excrement not confined to pet cages;

F. parents of a child whose skin is broken by an animal bite or scratch, are notified of the injury on the day the injury occurs; and

G. the agent of a community health board as authorized under Minnesota Statutes, section 145A.04 is immediately notified whenever a child in care is bitten by an animal, the notification shall be given before any steps are taken to destroy the animal, and the provider shall take reasonable steps to confine the animal.

Subp. 13. **Diapers.** Children in diapers shall be kept clean and dry. The following sanitary procedures must be used to reduce the spread of communicable disease.

A. An adequate supply of clean diapers must be available for each child and stored in a clean place inaccessible to children. If cloth diapers are used, parents must provide a change of the outer plastic pants for each fecally soiled diaper change. Cloth diapers, except those supplied by a commercial diaper service, and plastic pants, if supplied by parents, must be labeled with the child's name.

B. Diapers and clothing must be changed when wet or soiled.

C. For disposable diapers, a covered diaper disposal container must be located in the diaper changing area and lined with a disposable plastic bag. The container must be emptied when full, and at least daily.

D. Diapering must not take place in a food preparation area. The diaper changing area must be covered with a smooth, nonabsorbent surface. If the surface is not disposable and is wet or soiled, it must be washed with soap and water to remove debris and then disinfected with a solution of at least two teaspoons of chlorine bleach to one quart of water. If the surface is not soiled with feces or urine, then it must be disinfected with the solution of chlorine bleach and water after each diapering.

E. Single service disposable wipes or freshly laundered cloths must be used for washing a soiled child. A child who has soiled or wet must be washed with a disposable wipe or a freshly laundered cloth before rediapering.

F. Cloth diapers, except those supplied by a commercial diaper service, plastic pants, and soiled clothing must be placed in the plastic bag after removal and sent home with the parent daily.

Subp. 14. **Toilet training chairs.** Toilet training chairs, chairs, stools, and seats must be washed with soap and water when soiled, and at least daily.

Subp. 15. **Hand washing.** A child's hands must be washed with soap and water when soiled, after the use of a toilet or toilet training chair, and before eating a meal or snack. The provider shall monitor and assist the child who needs help.

A. In sinks and tubs accessible to children, the water temperature must not exceed 120 degrees Fahrenheit to prevent children from scalding themselves while washing.

B. Caregivers shall 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. Hands must be dried on a single use towel.

Subp. 16. **Care of ill children, medicine administration.** The following provisions must be followed for the care of ill children and the administration of medicine.

A. The provider shall notify the parent immediately when a child in care develops any of the following symptoms:

(1) underarm temperature of 100 degrees Fahrenheit or over, or an oral temperature of 101 degrees Fahrenheit or over;

(2) vomiting;

(3) diarrhea; or

(4) rash, other than mild diaper or heat-related rash.

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B. The provider shall follow written instructions from an authorized agent or the physician of an ill child placed in the provider's care if the child has any of the illnesses specified in item E.

C. The provider shall require that a child's parent notify the provider within 24 hours of the diagnosis of a serious contagious illness or parasitic infestation listed in item E so the provider may notify the parents of other children in care.

D. The provider shall inform a parent of each exposed child the same day the provider is notified a positive diagnosis has been made for any of the illnesses or parasitic infestations in item E.

E. The provider shall notify the authorized agent or Minnesota Department of Health of any suspected case of reportable disease as specified in part 4605.7040. The agency shall provide the provider with a copy of part 4605.7040 at the time of initial licensure.

F. The following govern the administration of medicine by the provider to children in care:

(1) The provider shall obtain written permission from the child's parent prior to administering medicine, diapering products, sunscreen lotions, and insect repellents. Nonprescription medicines, diapering products, sunscreen lotions, and insect repellents must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.

(2) The provider shall obtain and follow written instructions from a licensed physician or dentist prior to administering each prescription medicine. Medicine with the child's name and current prescription information on the label constitutes instructions.

9502.0445 WATER, FOOD, AND NUTRITION.

Subpart 1. **Water.** There must be a safe water supply in the residence.

A. Water from privately owned wells, must be tested annually by a Minnesota Health Department certified laboratory for coliform bacteria and nitrate nitrogens to verify safety. The provider shall file a record of the test results with the agency. Retesting and corrective measures may be required by the agency if results exceed state drinking water standards or where the supply may be subject to off-site contamination.

B. Drinking water must be available to the children and offered at frequent intervals in separate or single service drinking cups or bottles.

Subp. 2. **Milk.** Milk served to children in care must be pasteurized.

Subp. 3. **Meals and snacks.** Well-balanced meals and snacks must be offered daily.

A. Food served during the day must include servings from each of the basic food groups as defined by the United States Department of Agriculture's Code of Federal Regulations, title 7, section 226.20.

B. The provider shall follow written instructions obtained from the parents, at the time of enrollment, on each child's special diet or food needs. Parents shall be consulted about special food preferences.

C. Flexible feeding schedules must be provided for infants and toddlers, and the infant or toddler's usual diet and feeding schedule must be followed.

D. Food, lunches, and bottles brought from home must be labeled with the child's name and refrigerated when necessary. Bottles must be washed after use.

Subp. 4. **Food safety.** Food must be handled and stored properly to prevent contamination and spoilage.

A. All food and cooking utensils must be stored to protect them from dust, vermin, pipe leakage, or other contamination.

B. Food requiring refrigeration must be maintained at no more than 40 degrees Fahrenheit. Food requiring heating must be maintained at no less than 150 degrees Fahrenheit until ready to serve. Frozen food must be maintained in a solid state until used.

C. Appliances used in food storage and preparation must be safe and clean.

D. No hermetically sealed (canned), nonacid or low-acid food which has been processed in a place other than a commercial food-processing establishment shall be served to children in care. Low-acid food includes meats, fish, and poultry and most vegetables and is required to be steam-pressure canned by the United States Department of Agriculture in Bulletin number 8, "Home Canning of Fruits and Vegetables," 1983 Edition. Fresh and frozen foods, properly canned tomatoes, pickled foods, and canned fruits such as apples, berries, peaches, apricots, jams, and jellies may be served to children in care. The USDA "Home Canning of Fruits and Vegetables," Home and Garden Bulletin number 8, 1983 Edition, is incorporated by reference. It is not subject to frequent change and is available through Minitex interlibrary loan system, or by writing the Superintendent of Documents, U.S. Government Printing Office, Washington D.C., 20402.

9503.0005 DEFINITIONS.

Subpart 1. **Scope.** The definitions in this part apply to parts 9503.0005 to 9503.0170.

Subp. 2. **Age category.** "Age category" means the designation given a child according to the child's age. The age categories are as follows:

A. "Infant" means a child who is at least six weeks old but less than 16 months old.

B. "Toddler" means a child at least 16 months old but less than 33 months old.

C. "Preschooler" means a child who is at least 33 months old but who has not yet attended the first day of kindergarten.

D. "School-age child" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 16.

The age designation given a child may be further modified in accordance with part 9503.0040, subpart 4.

Subp. 3. **Applicant.** "Applicant" means a person, corporation, partnership, voluntary association, or other organization that has applied for licensure under Minnesota Statutes, chapter 245A, and parts 9503.0005 to 9503.0170. The term includes license holders that have applied for a new license to continue operating a child care program after the expiration date of their current license.

Subp. 4. **Building official.** "Building official" means a person appointed according to Minnesota Statutes, section 326B.133, to administer the State Building Code. The term includes the appointee's authorized representative.

Subp. 5. **Center.** "Center" means a facility in which a child care program is operated when the facility is not excluded by Minnesota Statutes, section 245A.03, subdivision 2, and is not required to be licensed under parts 9502.0315 to 9502.0445 as a family or group family day care home.

Subp. 6. **Child.** "Child" means a person 12 years old or younger.

Subp. 7. **Child care program.** "Child care program" means the systematic 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.

Subp. 8. **Child care program plan.** "Child care program plan" means the written document that states the 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.

Subp. 9. **Clean.** "Clean" means free from dirt or other contaminants that can be detected by sight, smell, or touch.

Subp. 10. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designated representative.

Subp. 11. **Disinfected.** "Disinfected" means treated to reduce microorganism contamination after an object has been cleaned. Disinfection must be done by rinsing or wiping with a solution of one-fourth cup chlorine bleach plus water to equal one gallon, or an equivalent product or process approved by the community health board as defined in Minnesota Statutes, section 145A.02, or its designee.

Subp. 12. **Facility.** "Facility" means the indoor and outdoor space in which the child care program is provided.

Subp. 13. **Fire marshal.** "Fire marshal" means the person designated by Minnesota Statutes, section 299F.011, to administer and enforce the Minnesota Uniform Fire Code. The term includes the fire marshal's authorized representative.

Subp. 14. **Health consultant.** "Health consultant" means a physician licensed to practice medicine under Minnesota Statutes, chapter 147; a public health nurse or registered nurse licensed under Minnesota Statutes, section 148.171; or the community health board as defined in Minnesota Statutes, section 145A.02, or its designee.

Subp. 15. **License.** "License" means a certificate issued by the commissioner authorizing the license holder to operate a child care program in a center for a specified period of time in accordance with the terms of the license, rules of the commissioner, and provisions of Minnesota Statutes, chapter 245A.

Subp. 16. **License holder.** "License holder" means the individual, corporation, partnership, voluntary association, or other organization legally responsible for the operation of the child care program in a center that has been granted a license by the commissioner under Minnesota Statutes, chapter 245A, and parts 9503.0005 to 9503.0170.

Subp. 17. **Licensed capacity.** "Licensed capacity" means the maximum number of children for which the license holder is licensed to operate a child care program in a center at any one time.

Subp. 18. **Medicine.** "Medicine" means a substance used to treat disease or injuries, maintain health, heal, or relieve pain. The term applies to prescription and nonprescription substances taken internally or applied externally.

Subp. 19. **Minnesota Uniform Fire Code.** "Minnesota Uniform Fire Code" means those codes and regulations adopted by the state fire marshal according to Minnesota Statutes, section 299F.011.

Subp. 20. **Parent.** "Parent" means the person or persons with legal custody of the child.

Subp. 21. **Program staff person.** "Program staff person" means a teacher, assistant teacher, or aide, whether paid or unpaid, who carries out the child care program plan in the center and has direct contact with children.

Subp. 21a. **School-age child care program.** "School-age child care program" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 17.

Subp. 22. **Sick child.** "Sick child" means a child with a condition or illness as specified in part 9503.0080.

Subp. 23. **Staff person.** "Staff person" means a person, whether paid or unpaid, who works in the center.

Subp. 24. **State Building Code.** "State Building Code" means those codes and regulations adopted by the commissioner of the Department of Administration according to Minnesota Statutes, section 326B.101, and contained in chapter 1300.

Subp. 25. **Supervision.** "Supervision" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 18.

Subp. 26. **Variance.** "Variance" means time limited written permission by the commissioner for an applicant or license holder to depart from the provisions of parts 9503.0005 to 9503.0170 if equivalent alternative measures are taken to ensure the health, safety, and rights of the children in care.

9503.0010 APPLICABILITY.

Parts 9503.0005 to 9503.0170 govern the licensure of the applicants for and license holders operating a child care program in a center.

9503.0015 OPTIONS FOR CHILD CARE PROGRAMS.

A license holder must provide one or more of the following child care programs:

A. A "day program" means a child care program operated during normal waking hours (approximately 6 a.m. to 6 p.m.). The program:

(1) operates for more than 30 days in any 12 month period and is not excluded by Minnesota Statutes, section 245A.03, subdivision 2; and

(2) provides care to any child for more than 30 days in any 12 month period and 45 hours in any calendar month.

B. A "drop-in child care program" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 6a.

C. A "night care program" means a child care program operated during normal sleeping hours (approximately 6 p.m. to 6 a.m.).

D. A "sick care program" means a child care program that provides care to a sick child.

E. A "school-age child care program" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 17.

9503.0030 QUALIFICATIONS OF APPLICANT AND STAFF.

Subpart 1. **Definitions.** In parts 9503.0030 to 9503.0034:

A. "Accredited course" means a course that is offered for credit by or through an accredited postsecondary institution.

B. [Repealed, L 2025 1Sp3 art 14 s 22]

C. "Experience" means paid or unpaid employment serving children as a teacher, assistant teacher, or aide, in a licensed child care center, or work as a student intern in a licensed center, a school operated by the commissioner of education or by a legally constituted local school board, or a private school approved under rules administered by the commissioner of education.

D. "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. The term includes a person who is practice teaching, student teaching, or carrying out a practicum or internship.

E. "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.

Subp. 2. [Repealed, 18 SR 2748]

Subp. 3. [Repealed, 18 SR 2748]

Subp. 4. [Repealed, 18 SR 2748]

9503.0031 DIRECTORS.

Subpart 1. **General requirements for a director.** A director must:

A. be at least 18 years old;

B. 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;

C. have at least 1,040 hours of paid or unpaid staff supervision experience; and

D. have at least nine quarter credits or 90 hours earned in any combination of accredited courses in staff supervision, human relations, and child development.

Subp. 2. **Additional requirements.** If a director functions as a teacher or develops or revises the child care program plan, the director must meet the qualifications of a teacher specified in part 9503.0032.

9503.0032 TEACHERS.

Subpart 1. **Teacher qualifications, general.** A teacher must be at least 18 years old and meet the qualifications in subpart 2 with the following exceptions:

A. A registered nurse or licensed practical nurse is qualified as a teacher for infants only.

B. A registered nurse may be used to meet the staff-to-child ratios for a teacher for sick care in a center licensed to operate a sick care program.

Subp. 2. **Teacher education and experience requirements.** A teacher with the credential listed in column A must have the education and experience listed in column B.

Column A	Column B
(1) A high school diploma or commissioner of education-selected high school equivalency certification	Experience: 4,160 hours as assistant teacher Education: 24 quarter credits
(2) Diploma from Association Montessori Internationale; preprimary credential, primary diploma, or provisional certificate from the American Montessori Society, without a baccalaureate degree	Experience: 2,080 hours as assistant teacher, aide, or student intern Education: 12 quarter credits
(3) Preprimary credential, primary diploma, or provisional certificate from the American Montessori Society; or diploma from the Association Montessori Internationale with a baccalaureate degree	Experience: 1,040 hours as assistant teacher, aide, or student intern Education: no additional required

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(4) Minnesota technical institute certificate as a Child Development Assistant Experience: 2,080 hours as an assistant teacher

Education: six quarter credits

(5) Child Development Associate credential (center based or family day care) for preschool or for infants and toddlers from the Council for Early Childhood Professional Recognition Experience: 1,560 hours as assistant teacher, aide, or student intern

Education: no additional required

(6) License from the Minnesota Department of Education for Prekindergarten Associate; or a certificate or credential for a two-year program from an accredited community college or technical college in child development or early childhood education Experience: 1,040 hours as assistant teacher, aide, or student intern

Education: six quarter credits

(7) Baccalaureate degree from an accredited college or university in any field Experience: 1,040 hours as assistant teacher, aide, or student intern

Education: 18 quarter credits

(8) License from the Minnesota Department of Education for elementary education without kindergarten endorsement Experience: 520 hours as assistant teacher, aide, or student intern if teaching children under school age

Education: six quarter credits within one year of initial employment if teaching children under school age

(9) License from the Minnesota Department of Education for prekindergarten/nursery, or a license from the Minnesota Department of Education for elementary education with a kindergarten endorsement Experience: no additional required
Education: no additional required

9503.0033 ASSISTANT TEACHERS.

Subpart 1. **Assistant teacher qualifications, general.** An assistant teacher must work under the supervision of a teacher. An assistant teacher must be at least 18 years old and meet the qualifications in subpart 2 with the following exceptions:

A. A registered nurse or licensed practical nurse is qualified as an assistant teacher for infants only.

B. A registered nurse may be used to meet the staff-to-child ratios for an assistant teacher for sick care in a center licensed to operate a sick care program.

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Subp. 2. **Assistant teacher education and experience requirements.** An assistant teacher with the credential listed in column A must have the education and experience listed in column B.

Column A	Column B
(1) High school diploma or commissioner of education-selected high school equivalency certification	Experience: 2,080 hours as an aide or student intern Education: 12 quarter credits
(2) Minnesota license as a family day care or group family day care provider	Experience: 2,080 hours as a licensed family day care or group family day care provider Education: 12 quarter credits
(3) Diploma from Association Montessori Internationale or preprimary credential, primary diploma, or provisional certificate from the American Montessori Society	Experience: 520 hours as an aide or student intern Education: three quarter credits
(4) Minnesota technical institute certificate as a Child Development Assistant	Experience: 520 hours as an aide or student intern Education: no additional required
(5) Two years full-time postsecondary education from a college or university	Experience: 1,040 hours as an aide or student intern Education: nine quarter credits
(6) Child Development Associate credential, center based or for family day care, from the Council for Early Childhood Professional Recognition	Experience: no additional required Education: no additional required
(7) Baccalaureate degree in any field from an accredited college or university	Experience: no additional required Education: nine quarter credits
(8) Certificate or credential for a two year program in child development or early childhood education at a Minnesota community college or technical college	Experience: no additional required Education: no additional required
(9) License from the Minnesota Department of Children, Families, and Learning for Prekindergarten Associate	Experience: no additional required Education: no additional required

9503.0034 AIDES, VOLUNTEERS, SUBSTITUTES.

Subpart 1. **Aide qualifications.** In this part, "aide" means a staff person who carries out child care program activities under the supervision of a teacher or assistant teacher. An aide who is under 18 years old must be directly supervised by a teacher or assistant teacher at all times except when the aide is assisting with the supervision of sleeping children or assisting children with washing, toileting, and diapering. An aide must be at least 16 years old.

Subp. 2. **Volunteers used as staff.** A volunteer who is included in the staff-to-child ratio must meet the requirements for the assigned staff position as specified in parts 9503.0030 to 9503.0034. Volunteers who have direct contact with or access to children must be supervised by a staff person who meets the qualifications for director, teacher, or assistant teacher.

Subp. 3. **Substitute staff.** A person designated as a substitute must meet the qualifications for the assigned staff position as specified in parts 9503.0030 to 9503.0034, except that the license holder may use substitutes who do not meet the qualifications for teacher in part 9503.0032, subpart 2, or assistant teacher in part 9503.0033, subpart 2, only if:

A. the amount of unqualified substitute hours per center per calendar year does not exceed 40 hours multiplied by the number of the center's full-time teacher and assistant teacher positions;

B. unqualified substitutes are not used as teachers or assistant teachers for more than ten consecutive working days for the same group of children per calendar year; and

C. there is always a person qualified as a teacher present within the center except as qualified in part 9503.0040, subpart 2, item B.

9503.0040 STAFF RATIOS AND GROUP SIZE.

Subpart 1. **Staff-to-child ratios and maximum group size.** Except as provided in subpart 2, the minimally acceptable staff-to-child ratios and the maximum group size within each age category are:

Age Category	Minimum Staff:Child Ratio	Maximum Group Size
Infant	1:4	8
Toddler	1:7	14
Preschooler	1:10	20
School-age child	1:15	30

Subp. 2. **Staff distribution.** The license holder must ensure that the following requirements for staff distribution are met and a written staff distribution record is kept in the administrative record.

A. Only a staff person who is qualified as a teacher, assistant teacher, or aide and who works directly with children can be counted in meeting the staff-to-child ratios.

B. An assistant teacher may be substituted for a teacher during morning arrival and afternoon departure times if the total arrival and departure time does not exceed 25 percent of the center's daily hours of operation.

C. The maximum group size applies at all times except during meals, outdoor activities, field trips, naps and rest, and special activities such as films, guest speakers, and holiday programs.

D. Except as provided in item B, staff distribution within each age category must follow the pattern in subitems (1) to (4).

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- (1) The first staff member needed to meet the required staff-to-child ratio must be a teacher.
- (2) The second staff member must have at least the qualifications of a child care aide.
- (3) The third staff member must have at least the qualifications of an assistant teacher.
- (4) The fourth staff member must have at least the qualifications of a child care aide.

The pattern in subitems (1) to (4) must be repeated until the number of staff needed to meet the staff-to-child ratio for each age category has been achieved.

Subp. 3. **Age category grouping.** Children in different age categories may be grouped as follows:

A. During morning arrival and afternoon departure times, children in different age categories may be grouped together if:

- (1) the total arrival and departure time does not exceed 25 percent of the daily hours of operation;
- (2) the staff-to-child ratio, group size, and staff distribution applied are for the age category of the youngest child present; and
- (3) the group is divided when the number of children present reaches the maximum group size of the youngest child present.

B. During the center's regular hours of operation, 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;
- (3) the staff-to-child ratios, group size, and staff distribution applied are for the youngest child present; and
- (4) program staff are qualified to teach the ages of all children present within the group.

The restriction in subitem (2) may be waived if all children in the group are school age.

Subp. 4. **Age designation.** A child must be designated as a member of the age category that is consistent with the child's date of birth with the following exceptions:

A. A child may be designated as an "infant" up to the age of 18 months for purposes of staff ratios, group size, and child care programming, if the parent, teacher, and center director determine that such a designation is in the best interests of the child. A child may be designated as a "toddler" up to the age of 35 months, or as a "preschooler" at the age of 31 months for purposes of staff ratios, group size, and child care programming, if the parent, teacher, and center director determine that the designation is in the best interests of the child.

B. A child attending kindergarten must be designated a school-age child.

9503.0045 CHILD CARE PROGRAM PLAN.

Subpart 1. **General requirement.** The applicant must develop a written child care program plan, and the license holder must see that it is carried out. The child care program plan must:

- A. mandate that children have supervision at all times;
- B. describe the age categories and number of children to be served by the program;

- C. describe the days and hours of operation of the program;
- D. describe the general educational methods to be used by the program and the religious, political, or philosophical basis, if any;
- E. be developed and evaluated in writing annually by a staff person qualified as a teacher under part 9503.0032;
- F. have stated goals and objectives to promote the physical, intellectual, social, and emotional development of the children in each age category in part 9503.0005, subpart 2, for which care is provided;
- G. specify activities designed to promote the intellectual, physical, social, and emotional development of a child in a manner consistent with the child's cultural background;
- H. specify that the intellectual, physical, social, and emotional progress of each child be documented in the child's record and conveyed to the parent during the conferences specified in part 9503.0090, subpart 2;
- I. provide a daily schedule for both indoor and outdoor activities;
- J. provide for activities that are both quiet and active, teacher directed and child initiated;
- K. provide for a variety of activities that require the use of varied equipment and materials; and
- L. be available to parents for review on request.

Subp. 2. **Interest areas.** A child care program that operates for more than three hours a day must provide daily access to interest areas of the center that are supplied with the equipment and materials needed to carry out the activities specified in items A to H, except that a child care program serving only school-age children and operating for less than 90 consecutive calendar days or any program operating for less than three hours a day must provide each child with daily access to indoor or outdoor large muscle activities specified in item G and at least five of the following interest areas:

- A. creative arts and crafts;
- B. construction;
- C. dramatic or practical life activities;
- D. science;
- E. music;
- F. fine motor activities;
- G. large muscle activities; or
- H. sensory stimulation activities.

9503.0050 NAPS AND REST.

Subpart 1. **Naps and rest policy.** The applicant must develop a policy for naps and rest that is consistent with the developmental level of the children enrolled in the center.

Subp. 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.

Subp. 3. **Confinement limitation.** A child who has completed a nap or rested quietly for 30 minutes must not be required to remain on a cot or mat or in a crib or bed.

Subp. 4. **Placement of equipment.** Naps and rest must be provided in a quiet area that is physically separated from children who are engaged in activity that will disrupt a napping or resting child. Cribs, cots, beds, and mats must be placed so there are clear aisles

and unimpeded access for both adults and children on at least one side of each piece of napping and resting equipment. Cribs, cots, beds, and mats must be placed directly on the floor and must not be stacked when in use.

Subp. 5. **Crib standard.** A crib or portable crib must be provided for each infant for which the center is licensed to provide care. The equipment must be of safe and sturdy construction that conforms to Code of Federal Regulations, title 16, sections 1508 to 1508.7 and 1509 to 1509.9, as amended through October 27, 1982, or have a bar, mesh, or rail pattern such that a 2-3/8 inch diameter sphere cannot pass through.

Subp. 6. **Bedding.** Separate bedding must be provided for each child in care. Bedding must be washed weekly and when soiled or wet. Blankets must be washed or dry cleaned weekly and when soiled or wet.

9503.0055 BEHAVIOR GUIDANCE.

Subpart 1. **General requirements.** The applicant must develop written behavior guidance policies and procedures, and the license holder must see that the policies and procedures are carried out. The policies and procedures must:

- A. ensure that each child is provided with a positive model of acceptable behavior;
- B. be tailored to the developmental level of the children the center is licensed to serve;
- C. redirect children and groups away from problems toward constructive activity in order to reduce conflict;
- D. teach children how to use acceptable alternatives to problem behavior in order to reduce conflict;
- E. protect the safety of children and staff persons; and
- F. provide immediate and directly related consequences for a child's unacceptable behavior.

Subp. 2. **Persistent unacceptable behavior.** The license holder must have written procedures for dealing with persistent unacceptable behavior that requires an increased amount of staff guidance and time. The procedures must specify that staff:

- A. observe and record the behavior of the child and staff response to the behavior; and
- B. develop a plan to address the behavior documented in item A in consultation with the child's parent and with other staff persons and professionals when appropriate.

Subp. 3. **Prohibited actions.** The license holder must have and enforce a policy that prohibits the following actions by or at the direction of a staff person:

- A. Subjection of a child to corporal punishment. Corporal punishment includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
- B. Subjection of a child to emotional abuse. Emotional abuse includes, but is not limited to, name calling, ostracism, shaming, making derogatory remarks about the child or the child's family, and using language that threatens, humiliates, or frightens the child.
- C. Separation of a child from the group except as provided in subpart 4.
- D. Punishment for lapses in toilet habits.
- E. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
- F. The use of physical restraint other than to physically hold a child when containment is necessary to protect a child or others from harm.

G. The use of mechanical restraints, such as tying.

For children with developmental disabilities or children under the age of five, as specified in parts 9525.0004 to 9525.0036, physical and mechanical restraints may be permitted if they are implemented in accordance with the aversive and deprivation procedures governed by parts 9525.2700 to 9525.2810.

Subp. 4. **Separation 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 which have been ineffective and the child's behavior threatens the well being of the child or other children in the center. A child who requires separation from the group must remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person. When separation from the group is used as a behavior guidance technique, the child's return to the group must be contingent on the child's stopping or bringing under control the behavior that precipitated the separation, and the child must be returned to the group as soon as the behavior that precipitated the separation abates or stops. A child between the ages of six weeks and 16 months must not be separated from the group as a means of behavior guidance.

Subp. 5. **Separation report.** All separations from the group must be noted on a daily log. The license holder must ensure that notation in the log includes the child's name, staff person's name, time, date, and information indicating what less intrusive methods were used to guide the child's behavior and how the child's behavior continued to threaten the well being of the child or other children in care. If a child is separated from the group three times or more in one day, the child's parent shall be notified and notation of the parent notification shall be indicated on the daily log. If a child is separated five times or more in one week or eight times or more in two weeks, the procedure in subpart 2 must be followed.

Subp. 6. **Children with developmental disabilities.** For children with developmental disabilities or children under the age of five, as specified in parts 9525.0004 to 9525.0036, the standards governing the use of aversive and deprivation procedures in parts 9525.2700 to 9525.2810 apply.

9503.0060 FURNISHINGS, EQUIPMENT, MATERIALS, AND SUPPLIES.

Subpart 1. **General requirements.** Each child care program must have the quantity and type of equipment specified in subparts 3 to 6 for the age categories of children served. Equipment must be appropriate to the age categories and any special needs of the children served. A center must have enough equipment for the number of children for which the center is licensed unless the use of equipment is rotated among groups of children. If the equipment is rotated among groups of children, the center must have enough for the maximum group size of the age category scheduled to use the equipment at times shown on the child care program plan. When the term "group" is used in this part it means the maximum group size for the age category specified in part 9503.0040, subpart 1. The minimum equipment specified for an age category in subparts 3 to 6 must be accessible every day to the children of that age category and arranged as specified in the child care program plan. Centers operating for less than three hours a day do not have to provide the outdoor equipment required in subpart 4, item B, subitem (9); subpart 5, item B, subitem (9); and subpart 6, item B, subitem (7).

Subp. 2. **Definitions.** For the purpose of this part, the following terms have the meanings given them.

A. "Cognitive development equipment and materials" means equipment and materials designed to enhance components of intellectual development, such as problem solving abilities, observation skills, group skills, and symbol recognition.

B. "Dramatic play equipment" or "practical life activity equipment" means equipment, such as dress up clothes, large or miniature play sets, figures, and small and large building blocks that can be used to design a setting or space that stimulates the child's imagination and encourages role playing and the learning of practical life skills.

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C. "Large muscle equipment" means equipment that is designed to enhance large muscle development and coordination, such as playground equipment, large boxes and pillows, large wheel toys, pull toys, balls, jump ropes, climbers, and rocking boats.

D. "Manipulative equipment" means equipment that is designed to enhance fine motor development and coordination, such as pegs and peg boards, puzzles, beads and strings, interlocking plastic forms, and carpentry materials.

E. "Sensory stimulation materials" means equipment, other than pictures, that has different shapes, colors, and textures that stimulate the child's visual and tactile senses. Examples of sensory stimulation materials include mobiles, crib attached activity boxes, sand and water activity materials, swatches of different textures of cloth, and wooden or plastic items of different shapes and colors.

Subp. 3. **Equipment and materials for infants.** The minimum equipment and materials required for a center serving infants are as follows:

A. Furnishings:

- (1) one area rug or carpet per group;
- (2) a variety of nonfolding child size chairs including infant seats and high chairs, one per child, or a minimum of four per group;
- (3) one changing table for every group of 12 infants and succeeding group of 12 or fewer infants;
- (4) one foot operated, covered diaper container per changing table;
- (5) one crib or portacrib and waterproof mattress per child; and
- (6) one linear foot of low, open shelving per child.

B. Program equipment and materials:

- (1) one book per child;
- (2) two large, soft building blocks per child;
- (3) two pieces of infant mobility equipment, such as strollers and wagons per group;
- (4) two pieces of manipulative equipment per child such as shape toys and clutch balls;
- (5) one mirror at least 12 inches by 36 inches in size made of Plexiglas or a similar plastic or of safety glass per group;
- (6) one music source such as a tape player or record player per group and music selections appropriate for the music source;
- (7) one noise or music making toy per child;
- (8) visual and tactile sensory stimulation materials as needed to provide visual and tactile stimulation; and
- (9) one soft washable toy per child.

C. Supplies:

- (1) two sets of blankets and sheets for each crib;
- (2) an adequate amount of disposable paper for the changing table;
- (3) an adequate amount of diapers;
- (4) an adequate amount of facial tissue;
- (5) an adequate amount of single service towels; and

(6) an adequate amount of liquid hand soap.

Subp. 4. **Equipment and materials for toddlers.** The minimum equipment required for a center serving toddlers is as follows:

A. Furnishings:

- (1) one area rug or carpet per group;
- (2) one nonfolding child size chair, including high chairs, per child;
- (3) one changing table for every group of 14 toddlers and succeeding group of 14 or fewer toddlers;
- (4) one foot operated, covered diaper container per changing table;
- (5) one cot per child (mats are acceptable for programs operating during the day for less than five hours);
- (6) one partially enclosed space equipped for quiet activity per group;
- (7) one linear foot of low open shelving per child; and
- (8) 20 linear inches of child size table edge per child.

B. Program equipment and materials:

- (1) arts and crafts supplies, such as clay or playdough, tempera or finger paints, colored and white paper, paste, collage materials, paint brushes, washable felt type markers, crayons, blunt scissors, and smocks;
- (2) one book per child;
- (3) 24 large building blocks per group;
- (4) 100 small building blocks per group;
- (5) three pieces of dramatic play equipment or sets of Montessori Practical Life equipment per group;
- (6) materials and accessories required for subitem (5) as needed to carry out the theme of the activity, or six Montessori Practical Life exercises;
- (7) one double easel per group;
- (8) three pieces of durable, indoor, large muscle equipment per group;
- (9) three pieces of durable, outdoor, large muscle equipment per group;
- (10) one mirror, at least 12 inches by 36 inches, made of Plexiglas or a similar plastic or safety glass, per group;
- (11) one music source such as a tape recorder or record player per group and music selections appropriate for the source;
- (12) one set of cognitive developmental equipment and materials, such as puzzles and matching games, per child;
- (13) two sets of manipulative equipment, such as interlocking plastic forms or beads and string, per child;
- (14) one music making toy per child;
- (15) one soft washable toy per child; and
- (16) sensory stimulation materials as needed to provide visual and tactile stimulation.

C. Supplies:

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- (1) an adequate amount of disposable paper for the changing table;
- (2) an adequate amount of diapers;
- (3) an adequate amount of facial tissue;
- (4) an adequate amount of single service towels; and
- (5) an adequate amount of liquid hand soap.

Subp. 5. **Equipment and materials for preschoolers.** The minimum equipment required for a center serving preschoolers is as follows:

A. Furnishings:

- (1) one area rug or carpet per group;
- (2) one nonfolding child size chair per child;
- (3) one cot or bed and waterproof mattress per child (mats are acceptable for programs operating during the day for less than five hours). This subitem is not required for preschoolers in programs operating for less than five hours per day if rest is not indicated as part of the center's child care program;
- (4) two square feet of wall or bulletin board display space per child, one-half at child's eye level;
- (5) one partially enclosed space equipped for quiet activity per group;
- (6) one linear foot of open shelving per child; and
- (7) 20 linear inches of child size table edge per child.

B. Program equipment and materials:

- (1) arts and crafts supplies, such as clay or playdough, tempera or fingerpaints, white or colored paper, paste, collage materials, paint brushes, washable felt type markers, crayons, scissors, and smocks;
- (2) two books per child;
- (3) 48 large building blocks per group;
- (4) 200 small building blocks per group;
- (5) five pieces of dramatic play equipment or sets of Montessori Practical Life equipment per group;
- (6) materials and accessories required for subitem (5) to carry out the theme of the activity;
- (7) one double easel per group;
- (8) three pieces of durable, indoor, large muscle equipment per group;
- (9) three pieces of durable, outdoor, large muscle equipment per group;
- (10) one mirror, at least 12 inches by 36 inches, made of Plexiglas or a similar plastic or safety glass, per group;
- (11) one music source such as a tape recorder or record player per group and music selections appropriate for the source;
- (12) one set of cognitive developmental equipment and materials, such as puzzles and number and letter games, per child;
- (13) two sets of manipulative equipment, such as interlocking plastic forms, per child;

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(14) pictures at child's eye level, mobiles, and other items as needed to create a pleasant environment and provide sensory stimulation; and

(15) one rhythm instrument per child.

C. Supplies:

(1) an adequate amount of facial tissue;

(2) an adequate amount of single service towels; and

(3) an adequate amount of liquid hand soap.

Subp. 6. **Equipment and materials for school-age children.** The minimum equipment and materials required for a program serving school-age children are as follows:

A. Furnishings:

(1) one area rug or carpet per group;

(2) two square feet of wall or bulletin board display space per child;

(3) one nonfolding child size chair per child;

(4) one partially enclosed space equipped for quiet activity per group;

(5) one linear foot of open shelving per child; and

(6) 20 linear inches of table edge space per child.

B. Program equipment and materials:

(1) arts and crafts supplies, such as clay or playdough, tempera or fingerpaints, white or colored paper, paste, collage materials, paint brushes, felt type markers, crayons, and scissors;

(2) two books per child;

(3) three sets of dramatic play equipment or Montessori Practical Life area equipment per group;

(4) materials and accessories for subitem (3) as required to carry out the theme of the activity;

(5) one music source such as a tape recorder or record player per group and music selections appropriate for the source;

(6) five musical or rhythm instruments per group;

(7) three pieces of durable, outdoor, large muscle equipment per group;

(8) pictures at child's level, mobiles, and other items as needed to create a pleasant environment and provide sensory stimulation;

(9) one set of cognitive developmental equipment and materials, such as puzzles and games, per child;

(10) five sets of manipulative equipment, such as interlocking plastic forms, per group; and

(11) ten pieces of sports or recreational equipment, such as bats, balls, hoops, and jump ropes, per group.

C. Supplies:

(1) an adequate amount of facial tissue;

(2) an adequate amount of single service towels; and

(3) an adequate amount of liquid hand soap.

9503.0065 CHILD CARE FOR CHILDREN WITH SPECIAL NEEDS.

Subpart 1. **Definition.** "Child with special needs" for purposes of this part means a child at least six weeks old but younger than 13 years old who:

A. has developmental disabilities or is otherwise eligible for case management as specified in parts 9525.0004 to 9525.0036 and has an individual service plan specifying child care to be provided by the center;

B. has been identified by the local school district as a child with a disability as specified in Minnesota Statutes, section 125A.02, subdivision 1, and has an individualized education program specifying child care to be provided by the center according to Minnesota Statutes, section 125A.05; or

C. has been determined by a licensed physician, psychiatrist, licensed psychologist, or licensed consulting psychologist as having a special need relating to physical, social, or emotional development.

Subp. 2. **Report to parent.** The license holder must inform the parent of any diagnosed or identified special need of a child that was not reported by the parent at the time of admission.

Subp. 3. **Individual child care program plan.** When a license holder admits a child with special needs, the license holder must ensure that an individual child care program plan is developed to meet the child's individual needs. The individual child care program plan must be in writing and specify methods of implementation and be reviewed and followed by all staff who interact with the child.

If the child has developmental disabilities or is otherwise eligible for case management as specified in subpart 1, item A, then the individual child care plan must be coordinated with the child's individual service plan developed under parts 9525.0004 to 9525.0036.

If the child has a disability as specified in subpart 1, item B, then the individual child care plan must be coordinated with the child's individualized education program developed under Minnesota Statutes, chapter 125A.

If the child has a special need determined under subpart 1, item C, the individual child care plan must be coordinated with reports from the licensed physician, licensed psychiatrist, licensed psychologist, or licensed consulting psychologist. The individual child care plan must be evaluated at least annually by the licensed physician, licensed psychiatrist, licensed psychologist, or licensed consulting psychologist and with the child's parent to determine if the needs of the child are being met.

Subp. 4. **Service contracts.** The license holder must have copies of all service contracts with the center for care or services provided under parts 9525.0004 to 9525.0036 and Minnesota Statutes, chapter 125A, when the care or service is provided to a child while at the center.

Subp. 5. **Additional staff, staff qualifications, or training.** The license holder must ensure that any additional staff, staff qualifications, or training required by the child's individual child care plan in subpart 3 are provided.

9503.0070 NIGHT CARE PROGRAM.

Subpart 1. **Applicability.** A license holder operating a night care program must comply with this part as well as with all other requirements of parts 9503.0005 to 9503.0170.

Subp. 2. **Furnishings.** Each child enrolled in a night care program must be provided with a crib, a bed, or a cot with a mattress. A crib and two sets of clean linens must be provided for each infant and meet the standards specified in part 9503.0050. A bed or a cot with a mattress, two sets of sheets, a blanket or quilt, and personal towels and washcloths must be provided for each child in all other age categories.

Subp. 3. **Garments for sleeping.** The license holder must ensure that all children are put to bed in garments for sleeping as designated by the child's parent.

Subp. 4. **Personal effects.** The license holder must ensure that all children have the personal effects needed to clean up and prepare for sleep. The effects must include an individual wash cloth, towel, toothbrush, toothpaste, and liquid hand soap.

Subp. 5. **Meals and snacks.** The license holder must ensure that a child who will be present in the center between 6:00 p.m. and 7:00 p.m. 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 child's parents.

Subp. 6. **Staffing.** At least two staff persons, one of whom must qualify as a teacher under part 9503.0032, 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 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 and dressed and provide supervision to children who are sleeping.

Subp. 7. **Wash-up assistance.** The license holder must ensure that children have the opportunity to wash up and cleanse their teeth before bedtime and be assisted by program staff when necessary.

Subp. 8. **Privacy.** To ensure privacy, school-age boys and girls must be separated during bedtime washing and changing activities.

Subp. 9. **Infants.** Infants must have a sleep area separate from the center's play and activity areas.

Subp. 10. **Bedtime.** A child's bedtime must be scheduled in consultation with the child's parent.

Subp. 11. **Light.** In rooms used for sleep during children's bedtime, light must be reduced to no less than one footcandle.

Subp. 12. **Program emphasis.** A license holder operating a night care program must comply with the child care program standards in part 9503.0045. However, the child care program plan must emphasize quiet activities.

Subp. 13. **Exceptions.** The outdoor activity area, outdoor activities, and outdoor equipment required by part 9503.0060 for children enrolled in a night care program need not be provided.

9503.0075 DROP-IN AND SCHOOL-AGE CHILD CARE PROGRAMS.

Subpart 1. **Exemptions for drop-in and school-age child care programs.** A license holder operating a drop-in or school-age child care program as defined in part 9503.0015 must comply with parts 9503.0005 to 9503.0170 with the following exceptions:

A. The staff ratios and group size restrictions in part 9503.0040 do not apply and are replaced by the requirements in subparts 2 to 6.

B. Part 9503.0045, subpart 1, items F and G, of the child care program plan do not apply.

C. The requirement in part 9503.0050, subpart 6, that separate bedding be provided for each child in care applies only to those children in care who are less than 30 months old. The provisions in part 9503.0050, subpart 6, requiring washing and cleaning of bedding and blankets remain in effect and apply to all bedding or blankets used by the drop-in child care program.

D. Half the furnishings, equipment, materials, or supplies specified by the following subparts of part 9503.0060 are required:

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- (1) subpart 4, item A, subitems (2), (5), and (8);
- (2) subpart 5, item A, subitems (2), (3), and (7); and
- (3) subpart 6, item A, subitems (3) and (6).

E. Part 9503.0070, regarding night care programs, does not apply.

F. Part 9503.0090, subpart 2, regarding parent conferences and daily reports, does not apply.

Subp. 2. **Supervision.** A drop-in and school-age child care program must:

A. be operated under the supervision of a person who qualifies both as a director under part 9503.0031 and as a teacher under part 9503.0032; and

B. have at least two staff persons present at the center whenever the program is operating even when the ages and numbers of children present are such that the staff-to-child ratio requirements established in subpart 3 could be met by having only one staff person.

Subp. 3. **Staff ratios; drop-in programs.** The minimum ratio of staff persons to children that a license holder may maintain in a drop-in program is:

A. for infants ages six weeks through 16 months, one staff person for every four infants;

B. for children ages 17 months through 29 months, one staff person for every seven children; and

C. for children ages 30 months through 12 years, one staff person for every ten children.

Subp. 3a. **Staff ratios; school-age programs.** A school age program must maintain a minimum staff ratio as provided in Minnesota Statutes, section 245A.14, subdivision 6, paragraph (f).

Subp. 4. **Exception to staff ratio for ages 30 months through 12 years in a drop-in program.** The number of children per staff person specified in subpart 3 for a drop-in program may be increased only with children ages 30 months through 12 years, only by a maximum of four children, and only for a time period, not to exceed 20 minutes, required for additional staff to arrive at the center. A center that exceeds the ratio in subpart 3, item C, must be able to document having staff persons who, as a condition of their employment, are on call to come to the center as needed and arrive at the center within 20 minutes after receiving notification to report.

Subp. 5. **Age category grouping; drop-in programs.** Whenever the total number of children present to be cared for at a drop-in child care center is more than 20, the center shall comply with Minnesota Statutes, section 245A.14, subdivision 6, paragraph (e).

Subp. 5a. **Care provided to siblings.** A drop-in child care program may group siblings together as provided in Minnesota Statutes, section 245A.14, subdivision 6, paragraph (k).

Subp. 6. **Staff distribution.** Staff distributions for drop-in child care programs must meet the requirements in items A and B.

A. If a drop-in child care program serves both infants and older children, the following minimum staff distribution pattern applies for the supervision of infants ages six weeks through 16 months and children ages 17 months through 29 months:

(1) The first staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an assistant teacher as specified in part 9503.0033.

(2) The second staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an aide as specified in part 9503.0034, subpart 1.

(3) The third staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an assistant teacher as specified in part 9503.0033.

(4) The fourth staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an aide as specified in part 9503.0034, subpart 1.

(5) The fifth staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an assistant teacher as specified in part 9503.0033.

(6) The sixth staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an aide as specified in part 9503.0034, subpart 1.

B. The following minimum staff distribution pattern applies for the supervision of children 30 months and older.

(1) The first staff person needed to meet the required staff-to-child ratio specified in subpart 3, item C, must meet the qualifications for teachers specified in part 9503.0032.

(2) The second, third, and fourth staff persons needed to meet the required staff-to-child ratio specified in subpart 3, item C, must have at least the qualifications of an aide as specified in part 9503.0034, subpart 1.

(3) The fifth staff person needed to meet the staff-to-child ratio required in subpart 3, item C, must have at least the qualifications of an assistant teacher as specified in part 9503.0033.

(4) The sixth, seventh, and eighth staff persons needed to meet the staff-to-child ratio required in subpart 3, item C, must have at least the qualifications of an aide as specified in part 9503.0034, subpart 1.

(5) For any additional staff persons needed after the eighth staff person to meet ratio requirements, the pattern of required staff qualifications established in subitems (3) and (4) applies.

9503.0080 EXCLUSION OF SICK CHILDREN.

A child with any of the following conditions or behaviors is a sick child and must be excluded from a center not licensed to operate a sick care program. If the child becomes sick while at the center, the child must be isolated from other children in care and the parent called immediately. A sick child must be supervised at all times. The license holder must exclude a child:

A. with a reportable illness or condition as specified in part 4605.7040 that the commissioner of health determines to be contagious and a physician determines has not had sufficient treatment to reduce the health risk to others;

B. with chicken pox until the child is no longer infectious or until the lesions are crusted over;

C. who has vomited two or more times since admission that day;

D. who has had three or more abnormally loose stools since admission that day;

E. who has contagious conjunctivitis or pus draining from the eye;

F. who has a bacterial infection such as streptococcal pharyngitis or impetigo and has not completed 24 hours of antimicrobial therapy;

G. who has unexplained lethargy;

- H. who has lice, ringworm, or scabies that is untreated and contagious to others;
- I. who has a 100 degree Fahrenheit axillary or higher temperature of undiagnosed origin before fever reducing medication is given;
- J. who has an undiagnosed rash or a rash attributable to a contagious illness or condition;
- K. who has significant respiratory distress;
- L. who is not able to participate in child care program activities with reasonable comfort; or
- M. who requires more care than the program staff can provide without compromising the health and safety of other children in care.

9503.0085 SICK CARE PROGRAM.

Subpart 1. **Licensure of sick care programs.** If a license holder chooses to care for a sick child, then the license holder must operate a sick care program that complies with the standards specified by this part and with all other applicable provisions of parts 9503.0005 to 9503.0170, and any standards of the commissioner of health governing the group care of children.

Subp. 2. **Review of admission and health policies and practices.** At the time of initial license application, after the first six months of initial operation, and annually after that time, a sick care program's admission policies must be reviewed and approved by a licensed physician with a specialization in pediatric care. The physician's review must include consultation with the licensed registered nurse or physician responsible for admissions. A report of the physician's 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.

The license holder operating a sick care program must ensure that the program's health policies and practices are reviewed quarterly by a health consultant.

Subp. 3. **Evaluation of a sick child.** A license holder who operates a sick care program must provide for the evaluation of the condition of a sick child before admitting the child to the center. 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, and the ability of the program to provide the care the child requires. A physician or registered nurse affiliated with the center must perform the evaluations specified in items A to C.

A. A preliminary evaluation must be made before the parent brings the child to the center. The preliminary evaluation must consist of the parent's reporting the child's symptoms to the center's physician or registered nurse by phone. The physician or registered nurse must tell the parent whether the parent may bring the child to the center for further evaluation. Children with a communicable reportable illness or condition as specified in part 4605.7040 must be evaluated by a physician prior to admission to the center.

B. The physician or registered nurse must do a physical assessment of the child and obtain a health history from the parent when the child is brought to the center.

C. The decision of the physician or registered nurse not to admit the child for care is final.

Subp. 3a. **Illness separation.** Children recovering from a noncontagious condition must be cared for in a room separate from children with contagious conditions.

Subp. 4. **Chicken pox.** Children with chicken pox must be excluded from any child care program, including a sick care program, unless care is provided in a room that is separate from other parts of the facility and has its own air circulation system and street entrance.

Subp. 5. **Gastrointestinal illness.** Children with gastrointestinal illness must be at least two years old to be in a sick care program and must be cared for in a separate room used exclusively for the care of gastrointestinal illness.

Subp. 6. **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 at the time a child is admitted.

Subp. 7. **Parent conference exception.** Centers licensed to provide child care exclusively to sick children need not provide parent conferences as specified in part 9503.0090, subpart 2, item B.

Subp. 8. **Child care program emphasis.** A sick care program must meet the child care program plan standards in part 9503.0045. However, the child care program plan for the care of sick children must emphasize quiet activities.

Subp. 9. **Group size and age category grouping exceptions.** The maximum group sizes specified in part 9503.0040, subpart 1, and the age category grouping restrictions in part 9503.0040, subpart 3, are not required except that there must be no more than 16 children in care in a room at the same time and the provisions in subparts 5 and 14 apply.

Subp. 10. **Additional staff-to-child ratios and staff distribution requirements.** A one to four staff to child ratio must be maintained at all times in a room used to care for sick children. At least two staff persons must be present in a center operating a sick care program whenever sick children are in care. The first staff person must be a nurse registered by the Board of Nursing to practice professional nursing. The second staff person must meet the qualifications for a teacher in part 9503.0032. The remaining staff persons must at least meet the qualifications and follow the staff distribution pattern specified in part 9503.0040.

Subp. 11. **Limitation on staff assignment.** Staff must not care for well children or prepare food for well children on the same day they care for sick children. Staff caring for sick children must not enter the kitchen used to prepare food for well children.

Subp. 12. **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 chapter 4626.

Subp. 13. **Menus.** Menus for sick children must be modified to meet the individual needs of the child.

Subp. 14. **Additional facility requirements.** A license holder operating a sick care program must provide:

A. 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

B. 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.

Subp. 15. **Outdoor activity area, activities and equipment exception.** A license holder operating a sick care program that provides care exclusively to sick children need not provide the outdoor activity area required in part 9503.0155, subpart 7; outdoor activities as specified in part 9503.0045, subpart 1, item I; and the outdoor equipment required in part 9503.0060, subpart 4, item B, subitem (9); subpart 5, item B, subitem (9); and subpart 6, item B, subitems (7) and (11).

Subp. 16. **Disinfection.** Walls and floors in rooms where sick care is provided and all linens, furnishings, objects, and equipment used by sick children must be cleaned and disinfected at least daily and as needed.

Subp. 17. **Linens and changes of clothing.** All linens used by a sick child must be washed after each use, and each child must be in clean clothing at all times.

Subp. 18. **Additional equipment.** Each sick child must be provided with a crib, bed, or cot, two sheets, a pillow, a pillowcase, and a blanket or quilt.

9503.0090 INFORMATION FOR PARENTS.

Subpart 1. **Policies given to parents.** At the time of a child's enrollment, the parent must be provided with written notification of the:

- A. ages and numbers of children the center is licensed to serve;
- B. hours and days of operation;
- C. child care program options the center is licensed to operate, including a description of the program's educational methods and religious, political, or philosophical basis, if any, and how parents may review the center's child care program plan;
- D. center's policy on parent conferences and notification to a parent of a child's intellectual, physical, social, and emotional development;
- E. center's policy requiring a health care summary and immunization record of a child;
- F. 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 or when there is an emergency or injury requiring medical attention;
- G. center's policies and procedures for administering first aid and sources of care to be used in case of emergencies;
- H. center's policies on the administration of medicine;
- I. procedures for obtaining written parental permission for field trips;
- J. procedures for obtaining written parental permission before each occasion of research, experimental procedure, or public relations activity involving a child;
- K. center's policies on the provision of meals and snacks;
- L. center's behavior guidance policies and procedures;
- M. presence of pets;
- N. center's policy that parents of enrolled children may visit the center any time during the hours of operation; and
- O. telephone number of the Department of Human Services, Division of Licensing.

Subp. 2. **Parent conferences and daily reports.** The license holder must ensure that the parent of a child is informed of the child's progress. The license holder must ensure that:

- A. individual parent conferences are planned and offered by program staff at least twice a year;
- B. documentation is made in the child's record that individual parent conferences were planned and offered;
- C. the status of the child's intellectual, physical, social, and emotional development is reported to the parent during the conference; and
- D. daily written reports are made to the parent of an infant or toddler about the child's food intake, elimination, sleeping patterns, and general behavior.

9503.0095 PARENT VISITATION.

Parents of enrolled children may visit the center any time during the hours of operation.

9503.0100 PARTICIPATION IN FIELD TRIPS.

The license holder must ensure that written permission is obtained from each child's parent before taking a child on a field trip. A written permission form must be obtained before each field trip or on a form that annually summarizes all field trips that will be taken. The parent's written permission must state that the parent has been informed of the purpose and destination of the field trip.

On field trips, staff must take emergency phone numbers for the child's parent and the persons to be called if a parent cannot be reached, the phone number of the child's physician, and a first aid kit.

9503.0105 RESEARCH AND PUBLIC RELATIONS PERMISSION.

The license holder must ensure that written permission is obtained from a parent before a child is involved in experimental research or public relations activity involving a child while at the center. A separate written permission form must be obtained before each occasion of experimental research or public relations activity or on a form that annually summarizes all research and public relations activities that will be undertaken. The permission form must be maintained in the child's record.

9503.0110 EMERGENCY AND ACCIDENT POLICIES AND RECORDS.

Subpart 1. **Policies and records.** The applicant must develop written policies governing emergencies, accidents, and injuries. The license holder must ensure that written records are kept about incidents, emergencies, accidents, and injuries that have occurred.

Subp. 2. **Instruction record.** The license holder must keep a record of instruction to all staff persons and, when appropriate, to children and parents, about how to carry out the policies.

Subp. 3. **Policy content.** The policies must contain:

- A. Procedures for administering first aid.
- B. Safety rules to follow in avoiding injuries, burns, poisoning, choking, suffocation, and traffic and pedestrian accidents.
- C. Procedures for the daily inspection of potential hazards.
- D. Procedures for fire prevention and procedures to follow in the event of a fire. Fire procedures must:
 - (1) mandate monthly fire drills and a log of drill times and dates;
 - (2) identify primary and secondary exits, building evacuation routes, the phone number of the fire department, persons responsible for the evacuation of children, and areas for which they are responsible;
 - (3) contain instruction on how to use a fire extinguisher and how to close off the fire area; and
 - (4) provide for the training of staff persons to carry out the fire procedures.
- E. Procedures to follow in the event of a blizzard, tornado, or other natural disaster that include the location of emergency shelter, procedures for monthly tornado drills from April to September, and a log of times and dates showing that the drills were held.
- F. Procedures to follow when a child is missing.
- G. Procedures to follow if an unauthorized person or a person who is incapacitated or suspected of abuse attempts to pick up a child or if no one comes to pick up a child.
- H. Sources of emergency medical care.

I. Procedures for recording accidents, injuries, and incidents involving a child enrolled in the center. The written record must contain the name and age of the persons involved; date and place of the accident, injury, or incident; type of injury; action taken by staff; and to whom the accident, injury, or incident was reported.

J. Procedures mandating an annual analysis of the record in item I and any modification of the center's policies based on the analysis.

Subp. 4. **Records.** The following records must be maintained in the center's administrative record:

- A. the procedures specified in subpart 3;
- B. a log of fire and tornado drills; and
- C. a written record of accidents, injuries, emergencies, and incidents.

9503.0115 CENTER ADMINISTRATIVE RECORDS.

The records required by this part must be maintained within the center and be available for inspection at the request of the commissioner. The license holder must ensure that the following are maintained:

- A. a record of the information given to parents specified in part 9503.0090;
- B. the personnel records specified in part 9503.0120;
- C. the children's records specified in part 9503.0125;
- D. the child care program plan specified in part 9503.0045;
- E. the accident, injury, emergency, and incident records specified in part 9503.0110;
- F. the staff distribution schedule specified in part 9503.0040;
- G. the separation reports mandated in part 9503.0055; and
- H. the report by the health consultant mandated in part 9503.0140.

9503.0120 PERSONNEL RECORDS.

The license holder must ensure that a personnel record for each staff person is maintained at the center. The personnel record for each staff person must contain:

- A. the staff person's name, home address, home telephone number, and date of birth;
- B. the staff person's documentation indicating that the staff person meets the requirements of the staff person's job position and the education and experience requirements specified in parts 9503.0031 to 9503.0034;
- C. documentation that the staff person has completed the orientation to the center required in part 9503.0035, subpart 1;
- D. documentation, when applicable, that the staff person has completed the first aid and CPR training required in part 9503.0035, subparts 2 and 3; and
- E. documentation of completion of the in-service training required by part 9503.0035, subpart 4, showing the training topic, source of training, number of hours completed, and method used to document mastery of the subject.

9503.0125 CHILDREN'S RECORDS.

At the time of enrollment in the center, the license holder must ensure that a record is maintained on each child. The record must contain:

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- A. the child's full name, birthdate, and current home address;
- B. the name, address, and telephone number of the child's parent;
- C. instructions on how the parent can be reached when the child is attending the center;
- D. the names and telephone numbers of any persons authorized to take the child from the center;
- E. the names, addresses, and telephone numbers of the child's source of regular medical and dental care and the source of medical and dental care to be used in case of an emergency;
- F. the names, addresses, and telephone numbers of two persons to be contacted if a parent cannot be reached in an emergency or when there is an injury requiring medical attention;
- G. the health form and immunization information required by part 9503.0140;
- H. written authorization for the license holder to act in an emergency, or when a parent cannot be reached or is delayed;
- I. the hours and days of the week the child will attend the center;
- J. for children age six weeks to 36 months, a description of the child's eating, sleeping, toileting, and communication habits, and effective methods for comforting the child;
- K. documentation of any dietary or medical needs of the child;
- L. documentation of any individual child care program needs for the child; and
- M. the date of parent conferences and a summary of the information provided to the parent at the conference.

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 commissioner unless the child's parent or guardian has given written consent or as otherwise required by law.

9503.0130 REPORTING.

Subpart 1. **Abuse; neglect.** The license holder must comply with the reporting requirements for abuse and neglect specified in Minnesota Statutes, chapter 260E.

Subp. 2. **Other reporting.** The license holder must inform the commissioner within:

- A. 24 hours of the death of a child in care in the center;
- B. 24 hours of any injury to a child in care in the center that required treatment by a physician;
- C. 48 hours of the occurrence of a fire during the hours of operation that requires the service of a fire department; and
- D. 24 hours of the use of any emergency medical service by a child while in care.

Subp. 3. [Repealed, 18 SR 2748]

Subp. 4. [Repealed, 18 SR 2748]

9503.0140 HEALTH.

Subpart 1. **Health policies.** The license holder must develop written health policies approved by the commissioner and must ensure that they are carried out.

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Subp. 2. **Health consultation.** The center must have a health consultant who must review the center's health policies and practices specified in items A to C and certify that they are adequate to protect the health of children in care.

The review must be done before initial licensure, submitted with the application for initial licensure and repeated every year after the date of initial licensure. For programs serving infants, this review must be done initially and monthly thereafter. Additionally, the license holder must request a review by the health consultant of the center's health policies and practices if there is a proposed change in the center's health policies or practices or an outbreak of contagious reportable illness as specified in part 4605.7040. A copy of the consultant's findings must be placed in the center's administrative record.

The consultant must review:

A. The first aid and safety policies and procedures required by part 9503.0110, subpart 3, items A, B, and C.

B. The diapering procedures and practices specified in subpart 12.

C. The sanitation procedures and practices for food not prepared by or provided by the license holder as specified in part 9503.0145, subpart 3, and for infants as specified in part 9503.0145, subpart 7.

Subp. 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 source of medical care.

Subp. 4. **Reexamination.** For children already admitted to the center, the license holder shall obtain an updated report of physical examination signed by the child's source of medical care at least annually for children under 24 months of age, and whenever a child 24 months or older advances to an older age category.

Subp. 5. **Immunizations.** When a child is enrolled in the center, the license holder must obtain documentation of current immunization according to Minnesota Statutes, section 121A.15, a signed notarized statement of parental objection to the immunization, or a medical exemption.

Subp. 6. **Notice about a sick child.** Notices about the illness or condition of a child must be given as required in items A to D:

A. The license holder must ensure that a parent is notified immediately when the parent's child becomes sick at the center.

B. The license holder 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 source of medical or dental care as having a contagious reportable disease specified in part 4605.7040, or lice, scabies, impetigo, ringworm, or chicken pox.

C. The license holder must post or give a notice to the parents of exposed children the same day a parent notifies the center of a child's illness or condition listed in item B.

D. The license holder must ensure that the health authority is notified of any suspected case of reportable disease as specified in part 4605.7040 within 24 hours of receiving the parent's report.

Subp. 7. **Administration of medicine.** A license holder who chooses to administer medicine must ensure that the procedures in items A to E are followed.

A. The license holder must get written permission from the child's parent before administering medicine, diapering products, sunscreen lotions, and insect repellents. Nonprescription medicines, diapering products, sunscreen lotions, and insect repellents must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.

B. The license holder must get and follow written instructions from a licensed physician or dentist before administering each prescription medicine. Medicine with the child's name and current prescription information on the label constitutes instructions.

C. All medicine must be kept in its original container and have a legible label stating the child's name. The medicine must be given only to the child whose name is on the label. The medicine must not be given after an expiration date on the label, and any unused portion must be returned to the child's parent or destroyed. The license holder must ensure that the administration of medicine is recorded and give the name of the child, name of the medication or prescription number, date, time, dosage, and the name and signature of the person who dispensed the medicine. The record must be available to the parent and maintained in the child's record.

D. Sunscreen lotions and insect repellents supplied by the license holder may be used on more than one child. 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 name and used only for the individual child whose name is written on the label.

E. Medicines, insect repellents, sunscreen lotions, and diaper rash control products must be stored according to directions on the original container and so that they are inaccessible to children.

Subp. 8. [Repealed, 18 SR 2748]

Subp. 9. **Cleanliness.** The indoor and outdoor space and equipment of the center must be clean.

Subp. 10. **Toilet facilities.** The toilet rooms of the center must be cleaned daily. Toilet training chairs must be emptied, washed with soap and water, and disinfected after each use. Toilets and seats must be washed with soap and water and disinfected when soiled or at least daily.

Subp. 11. **Diaper changing area.** A diaper must be changed only in the diaper changing area. The diaper changing area must be separate from areas used for food storage, food preparation, and eating. The area must have a hand sink equipped with hot and cold running water within three feet of the diaper changing surface, a smooth nonabsorbent diaper changing surface and floor covering, and a sanitary container for soiled and wet diapers.

Subp. 12. **Diaper changing procedures.** The center must have and follow diaper changing procedures that have been developed in consultation with a health consultant. The license holder must post the diaper changing procedures in the diaper changing area.

Subp. 13. **Hand washing: child.** 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 before eating a meal or snack. Staff must monitor hand washing and assist a child who needs help. The use of a common basin or a hand sink filled with standing water is prohibited.

Subp. 14. **Hand washing: staff person.** A staff person must wash his or her hands with soap and water after changing a child's diaper, after using toilet facilities, and before handling food or eating.

Subp. 15. **Toilet articles.** The license holder shall provide the following supplies and make them accessible to children: toilet paper, liquid hand soap, facial tissues, and single use paper towels or warm air hand dryers.

Subp. 16. **First aid kit.** The license holder must ensure that a first aid kit is available within the center. The kit must contain sterile bandages and band-aids, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, and adhesive tape. A current first aid manual must be included. The first aid kit and manual must be accessible to the staff in the center and taken on field trips.

Subp. 17. **Hazardous objects.** Sharp objects, medicines, plastic bags, and poisonous plants and chemicals, including household supplies, must be stored out of reach of children.

Subp. 18. **Emergency equipment.** The center must have a battery operated flashlight and battery operated portable radio.

Subp. 19. **Condition of equipment and furniture.** Equipment and furniture must be durable, in good repair, structurally sound and stable following assembly and installation. Equipment must be free of sharp edges, dangerous protrusions, points where a child's extremities could be pinched or crushed, and openings or angles that could trap part of a child's body. Tables, chairs, and other furniture must be appropriate to the age and size of children who use them. Toys and equipment that are likely to be mouthed by infants and toddlers must be made of a material that can be disinfected. These must be cleaned and disinfected when mouthed or soiled and at least daily.

Infant rattles must meet the United States consumer product safety standards contained in the Code of Federal Regulations, title 16, sections 1510.1 to 1510.4, as adopted on May 23, 1978. All toys and other articles intended for use by children under three years of age that present choking, aspiration, or ingestion hazards because of small parts must meet the size standards in Code of Federal Regulations, title 16, sections 1501.1 to 1501.5, as adopted on June 15, 1979.

Subp. 20. **Maintenance of areas used by children.** The areas used by children must be free from debris, loose flaking, peeling, or chipped paint, loose wallpaper, or crumbling plaster, litter, and holes in the walls, floors, and ceilings. Rugs must have a nonskid backing or be firmly fastened to the floor and be free from tears, curled or frayed edges, and hazardous wrinkles.

Subp. 21. **Emergencies.** The license holder must ensure that written procedures for emergencies and accidents are posted in a visible place. The procedures must:

- A. identify persons responsible for each area;
- B. identify primary and secondary exits;
- C. identify a tornado shelter area;
- D. identify building evacuation routes;
- E. describe how to use a fire extinguisher and close off the fire area; and
- F. list the phone numbers and sources of emergency medical and dental care, poison control center, fire department, health authority, and licensing division of the Department of Human Services.

Subp. 22. **Pets.** If pets are permitted at the center, parents must be informed at the time of admission that a pet is present.

9503.0145 FOOD AND WATER.

Subpart 1. **Food.** The license holder must see that meals and supplemental snacks are available. Bag lunches provided by the parent are acceptable as specified in subpart 4.

Subp. 2. **Menus.** When food is provided by the license holder, menus must comply with the nutritional requirements of the United States Department of Agriculture, Food and Nutrition Service, Code of Federal Regulations, title 7, section 226.20.

Subp. 3. **Sanitation.** Procedures for preparing, handling, and serving food, and washing food, utensils, and equipment must comply with the requirements for food and beverage establishments in chapter 4626. 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 chapter 4626. 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 40 degrees Fahrenheit or less. Tables and highchair trays used for meals must be washed with soap and water before and after each use.

Subp. 4. **Meals and snacks.** Each meal must provide one-third of the child's daily nutritional needs as specified by the United States Department of Agriculture, Food and Nutrition Service, in Code of Federal Regulations, title 7, section 226.20. The license holder must provide or ensure the availability of:

- A. a snack for a child in attendance for more than two hours, but fewer than five hours;
- B. one meal and two snacks or two meals and one snack for a child in attendance five to ten hours unless four or more of these hours are spent in sleep;
- C. a minimum of two meals and two snacks for a child in attendance more than ten hours unless four or more of these hours are spent in sleep; and
- D. program staff who are seated with the children during meal and snack times.

Subp. 5. **Prescribed diet needs.** The license holder must provide for a child's dietary needs prescribed by the child's source of medical care or require the parent to provide the prescribed diet items that are not part of the menu plan approved in subpart 2. A license holder serving a child who has a prescribed diet must keep the diet order and its duration specified in the child's record. All staff designated to provide care to the child must be informed of the diet order.

Subp. 6. **Food allergy information.** Information about food allergies of the children in the center must be available in the area where food is prepared or served to children with allergies. All staff providing care to the child must be informed of the allergy.

Subp. 7. **Infant diets.** The diet of an infant must be determined by the infant's parent. The license holder must ensure that sanitary procedures and practices are used to prepare, handle, and store formula, milk, breast milk, solid foods, and supplements. Procedures must be reviewed and certified by a health consultant. A center serving infants must:

- A. obtain written dietary instructions from the parent of the child;
- B. have the infant's feeding schedule available in the food preparation area;
- C. offer the child formula or milk and nutritionally adequate solid foods in prescribed quantities at specified time intervals; and
- D. label each child's bottle.

Subp. 8. **Water.** The center must have a safe water supply. A center that uses water from a privately owned well that is not governed by chapter 4720 must be tested annually by a Minnesota Health Department certified laboratory for coliform bacteria and nitrate nitrogens to verify safety. The license holder must ensure that a record of the test results is in the center's administrative record. The commissioner of health may issue an advisory order for retesting and corrective measures.

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 or from drinking fountains accessible to children.

9503.0150 TRANSPORTATION.

A license holder who provides transportation for children or contracts to provide transportation must comply with the following transportation policies:

- A. The vehicle must be driven by a person who holds a current Minnesota driver's license appropriate to the vehicle driven.
- B. Staff ratios must be maintained on all transportation provided on all field trips.

C. When children are driven in a private car or van, a second adult must be present when more than four children under the age of five are being transported.

D. When the license holder provides transportation to and from the center, a second adult must be present in the vehicle and children must not be transported more than one hour per one-way trip. A two-way communication system can be used in lieu of a second adult when ten or fewer children are being transported.

E. When children are transported, they must be restrained in accordance with Minnesota Statutes, section 169.686, and a child under the age of four may be transported only if the child is properly fastened in a child passenger restraint system that meets the federal motor vehicle safety standards contained in Code of Federal Regulations, title 49, section 571.213.

9503.0155 FACILITY.

Subpart 1. **Occupancy designation.** In areas of the state that have adopted the Minnesota State Building Code, the applicant must comply with the standards specified by the code if the application is an initial one. In those areas of the state that have not adopted the Minnesota State Building Code, an applicant for licensure must comply with any applicable local building ordinances if the application is an initial one. The commissioner must not grant an initial license until written verification of compliance with the State Building Code or local building ordinance, when applicable, has been received by the commissioner from the building official with jurisdiction.

Subp. 2. **Fire inspection.** The center must be inspected by a fire marshal within 12 months before initial licensure. The commissioner must not grant an initial license until the commissioner has received written approval of compliance with the Minnesota Uniform Fire Code from the fire marshal with jurisdiction.

Subp. 3. **Reinspection for cause.** If the commissioner has reasonable cause to believe that a potential hazard exists, the commissioner may request another inspection and written report by a fire marshal, building official, or health authority to verify the absence of hazard.

Subp. 4. **Facility floor plan and designated areas.** Indoor and outdoor space to be used for child care must be designated on a facility floor plan. This space must be exclusively used for child care by the center during the hours of operation. 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 the:

A. dimensions and location of all areas of the center designated for the provision of child care;

B. planned use of each area; and

C. size and location of areas used for outdoor activity.

Subp. 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 to the age of the child.

Subp. 6. **Space for children who become sick.** 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 part 9503.0085. The space must be separate from activity areas used by other children. A cot and blanket must be provided. The space must be within sight and hearing of a staff person and supervised by a staff person when occupied by a sick child.

Subp. 7. **Outdoor activity area.** An outdoor activity area that complies with the following items must be provided or available for all child care programs except those licensed to exclusively provide sick care as specified in part 9503.0085, drop in care as specified in part 9503.0075, and those operating for less than three hours a day.

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A. 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 area at any given time during use.

B. 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.

C. The area must be enclosed if it is located adjacent to a traffic, rail, water, machinery, or other environmental hazard, unless the area is a public park or playground.

D. The area must be free of litter, rubbish, toxic materials, water hazard, machinery, animal waste, and sewage contaminants.

E. The area must contain the outdoor large muscle equipment required by part 9503.0060.

Subp. 8. [Repealed, L 2019 1Sp9 art 2 s 134]

Subp. 9. **Indoor space.** The licensed capacity of the center must be limited by the amount of indoor space. A minimum of 35 square feet of indoor space must be available for each child in attendance. Hallways, stairways, closets, utility rooms, lavatories, water closets, kitchens, and space occupied by cribs may not be counted as indoor space. Twenty-five percent of the space occupied by furniture or equipment used by staff or children may be counted as indoor space.

Subp. 10. **Shielding of hot surfaces.** Radiators, fireplaces, hot pipes, and other hot surfaces in areas used by children must be shielded or insulated to prevent burns.

Subp. 11. **Electrical outlets.** Except in a center that serves only school-age children, electrical outlets must be tamper proof or shielded when not in use.

Subp. 12. **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.

Subp. 13. **Room temperature.** A minimum temperature of 68 degrees Fahrenheit must be maintained in indoor areas used by children.

Subp. 14. [Repealed, 18 SR 2748]

Subp. 15. **Hazardous areas.** Kitchens, stairs, and other hazardous areas must be inaccessible to children except during periods of supervised use.

Subp. 16. **Fire extinguisher inspection.** Fire extinguishers must be serviced annually by a qualified inspector. The name of the inspector and date of the inspection must be written on a tag attached to the extinguisher.

Subp. 17. **Screens.** Outside doors and windows used for ventilation must be screened to provide protection from insects.

Subp. 18. **Toilets and hand sinks.** Toilets and hand sinks must be provided as specified in items A to G:

A. The center must have at least one hand sink and one toilet for each 15 children or portion of 15 children specified in the licensed capacity. One toilet training seat or training chair must be provided for every 15 toddlers specified in the licensed capacity. Any hand sink required for children, other than infants, must be in the toilet area.

B. 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.

C. Hand sinks for children must not be used for custodial work or food preparation.

D. The temperature of hot water in the hand sinks used by children must not exceed 120 degrees Fahrenheit.

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E. Single service towels or air dryers must be available to dry hands and designed for easy use by the children.

F. 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.

G. Portable steps may be used to meet the requirement in item F for toddlers and preschoolers, if the steps are sturdy and washable.

9503.0170 LICENSING PROCESS.

Subpart 1. **License required.** A person, corporation, partnership, voluntary association, or other organization may not operate a child care program in a center unless licensed by the commissioner under parts 9503.0005 to 9503.0170 and Minnesota Statutes, chapter 245A.

Subp. 2. [Repealed, 18 SR 2748]

Subp. 3. **Posting license.** A license holder must post the license in a conspicuous place within the child care center.

Subp. 4. [Repealed, 18 SR 2748]

Subp. 5. [Repealed, 18 SR 2748]

Subp. 6. [Repealed, 18 SR 2748]

Subp. 7. [Repealed, L 1997 c 248 s 51 subd 3]