



Draft 2 Revised Family Child Care Licensing Standards (245J)

For Minnesota's child care community to review and provide feedback on

January 2025



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These draft licensing standards were developed by the Minnesota Department of Human Services (DHS) Licensing Division. Your feedback will help DHS to further refine and improve these draft standards.

Contents

Draft 2 Revised Family Child Care Licensing Standards (245J)	1
Contents	3
Introduction to Revised Licensing Standards	5
Comparison of Draft 2, Draft 1, and Existing Rule and Statute	6
245J.01 Definitions	9
245J.02 Licensing of Facilities.....	15
245J.03 Licensing Process.....	16
245J.04 Agency Records	21
245J.05 Reporting to Agency.....	22
245J.06 Admissions; License Holder Records; Reporting.....	23
245J.07 Licensed Capacity, Child and Adult Ratios, Age Distribution Restrictions, and Supervision of License Holder’s Own Child	27
245J.08 Caregiver Qualifications	31
245J.09 Substitute Caregivers and Replacements	33
245J.10 Applicant, Primary Provider of Care, and Second Adult Caregiver Training Requirements	34
245J.11 Substitute and Intermittent Caregiver Training Requirements	41
245J.12 Helper Training Requirements	45
245J.13 Behavior Guidance	47
245J.14 Physical Space Requirements.....	49
245J.15 Cleaning, Sanitizing, and Disinfecting	56
245J.16 Environmental Health	58
245J.17 Activities and Equipment	60
245J.18 Infant Sleep and Crib Requirements	64
245J.19 Health Policies and Safety Requirements	65

Draft – not final language

245J.20 Food and Nutrition 70

245J.21 Children with Special Health Care Needs or Disabilities 72

245J.22 Community-based Child Care..... 73

Introduction to Revised Licensing Standards

Message from the Deputy Inspector General, Alyssa Dotson

Thank you for taking the time to engage with the second draft of Minnesota’s revised family child care licensing standards. This draft represents an important step forward in our ongoing effort to modernize and improve the standards that guide family child care in our state.

We heard your concerns and feedback on the [first draft](#) shared this past summer, and they have been critical to informing this next version of draft licensing standards. Your input provided important insights into the challenges and opportunities within our state’s licensing system. For a summary of the feedback received, please refer to the [Key Themes Report](#), available on the [project website](#).

In 2019, the [Family Child Care Task Force](#) recommended a comprehensive update to existing standards. Subsequently, in 2021, the Legislature directed the Department of Human Services (DHS) to collaborate with the National Association for Regulatory Administration (NARA) to [develop revised licensing standards for family child care](#) and child care centers. The Legislature emphasized that the final proposal must be “grounded in national regulatory best practices” and “must protect the health and safety of child and be child-centered, family friendly, and fair to providers.”

This second draft is not final language, but a working document designed to reflect the next step of modernizing the licensing standards. Your continued engagement is crucial. Feedback received on this draft will shape the final draft, which will be proposed during the 2026 legislative session. In early 2025, we will offer additional opportunities for providers, licensors, families, and others to share their perspectives.

We look forward to continuing to learn from Minnesota’s child care community in this next round of engagement. Thank you for your dedication to this process and for sharing your expertise and perspectives. Together, we can create a stronger future for child care in Minnesota.

Sincerely,



Alyssa Dotson
Deputy Inspector General, Licensing Division
Department of Human Services, Office of Inspector General

Comparison of Draft 2, Draft 1, and Existing Rule and Statute

Public Draft 2 Section Title	Draft Statute Number	<u>Public Draft 1</u> Section Title	Existing statute or rule number
Definitions	245J.01	Definitions	9502.0315
Licensing of facilities	245J.02	Licensing of Facilities	9502.0325
Licensing Process	245J.03	Community-based Child Care <i>previously known as "special family child care"</i>	245A.14, Subd. 4
Agency Records	245J.04	Licensing Process	9502.0335
Reporting to Agency	245J.05	Agency Records	9502.0345
Admissions; License Holder Records; Reporting	245J.06	Caregiver Qualifications	9502.0355
Licensed Capacity; Child and Adult Ratios; Age Distribution; Supervision of Own Child <i>This section combined Capacity/Ratios & supervision of License Holder's own child.</i>	245J.07	License Holder and Second Adult Caregiver Training Requirements	245A.50
Caregiver Qualifications	245J.08	Substitute and Intermittent Caregiver Training Requirements	245A.50
Substitute Caregivers and Replacements	245J.09	Helper Training Requirements	245A.50

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Public Draft 2 Section Title	Draft Statute Number	Public Draft 1 Section Title	Existing statute or rule number
Applicant, Primary Provider of Care, and Second Adult Caregiver Training Requirements <i>This section was renamed to include “Applicant” and “Primary Provider of Care”</i>	245J.10	Substitute Caregivers and Replacements	245A.53
Substitute and Intermittent Caregiver Training Requirements	245J.11	Supervision of Family Child Care License Holder’s Own Child	245A.149
Helper Training Requirements	245J.12	Licensed Capacity, Child and Adult Ratios, Age Distribution Restrictions	9502.0365 and 9502.0367
Behavior Guidance	245J.13	Reporting to Agency	9502.0375
Physical Space Requirements <i>This section was renamed to not include “Environment” in the section title.</i>	245J.14	Behavior Guidance	9502.0395
Cleaning, Sanitizing, and Disinfecting	245J.15	Admissions; License Holder Records; Reporting	9502.0405
Environmental Health	245J.16	Children with Special Health Care Needs or Disabilities	9502.0405 Subpart 5
Activities and Equipment	245J.17	Activities and equipment	9502.0415
Infant Sleep and Crib Requirements <i>This section combined Infant Sleep Supervision Requirements and Crib Safety</i>	245J.18	Physical Environment and Space Requirements	9502.0425

Draft – not final language

Public Draft 2 Section Title	Draft Statute Number	Public Draft 1 Section Title	Existing statute or rule number
Health Policies and Safety Requirements <i>This section combined Health Policies and Health & Safety Requirements</i>	245J.19	Crib Safety Requirements	Refers to 245A.146
Food and Nutrition	245J.20	Infant Sleep Supervision Requirements	245A.147
Children with Special Health Care Needs or Disabilities	245J.21	Health and Safety Requirements	245A.51
Community-based Child Care <i>previously known as “special family child care”</i>	245J.22	Cleaning, Sanitizing, and Disinfecting	245A.148
NA	245J.23	Health Policies <i>Moved to 245J.19 in Draft 2</i>	9502.0435
NA	245J.24	Food and Nutrition <i>Moved to 245J.20 in Draft 2</i>	9502.0445
NA	245J.25	Environmental Health <i>Moved to 245J.16 in Draft 2</i>	NA

245J.01 Definitions

Subdivision 1. **Scope.** The terms used in this chapter have the meanings given in this section.

Subd. 2. **Accessible to children.** “Accessible to children” means items, areas, or materials of a child care program that a child can reach, enter, use, or get to on their own.

Subd. 3. **Accredited.** “Accredited” means a postsecondary institution or technical college recognized and listed in The Database of Accredited Postsecondary Institutions and Programs maintained by the U.S. Department of Education. Accredited is the status of public recognition that a nationally recognized accrediting agency grants to an institution or educational program that meets the agency's established requirements. Federal Regulations, subtitle B, chapter VI, title 34, part 600.

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

Subd. 5. **Agency.** “Agency” means the county or multi-county social or human services agency governed by the county board or multi-county human services board.

Subd. 6. **Age categories.** For the purposes of family child care, group family child care, and community-based child care licensing under this statute, the following terms have the meanings given them in this subdivision.

(a) “Newborn” means a child between birth and six weeks old.

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

(c) “Toddler” means a child who is at least 12 months old but less than 24 months old, except that for purposes of specialized infant and toddler family and group family child care, “toddler” means a child who is at least 12 months old but less than 30 months old.

(d) “Preschooler” means a child who is at least 24 months old but less than 5 years of age.

(e) “School age” means a child who is at least 5 years of age but is 10 years of age or younger.

Subd. 7. **Agent of a community health board.** “Agent of a community health board” as authorized under section 145A.04, means the designated representative of the state or community health board authorized to enforce state and local health codes.

Subd. 8. **Annual or Annually.** “Annual or Annually” means at least once each calendar year.

Subd. 9. **Applicant.** “Applicant” means an individual, individuals, or an organization seeking licensure of a family child care or a community-based child care program.

Subd. 10. **Behavior guidance.** “Behavior guidance” means an ongoing process whereby caregivers offer constructive, positive, and developmentally appropriate guidance to children, to help them manage their own behavior in a socially acceptable manner.

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

Subd. 12. **Care.** "Care" means any activity necessary for the health, welfare, maintenance, and protection of a child including but not limited to supervising, holding, feeding, and diapering.

Subd. 13. **Caregiver.** "Caregiver" means the license holder, primary provider of care, second adult caregiver, intermittent caregiver, helper, substitute, or another adult providing care in the program. Adult caregivers are at least 18 years of age.

Subd. 14. **Child.** "Child" means a person 10 years of age or younger.

Subd. 15. **Child care.** "Child care" means the care of a child in a program outside the child's own home. This includes the license holder's children of child care age who receive child care during child care hours.

Subd. 16. **Child care program.** "Child care program" means family child care, group family child care, and community-based child care.

Subd. 17. **Child with special health care needs or disabilities.** "Child with special health care needs or disabilities" means a child of child care age who:

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

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

(c) has been determined by another person licensed to identify disabling conditions as having a special need relating to physical, social, or emotional development.

Subd. 18. **Cleaning.** "Cleaning" means the process of using soap or detergent and water to physically remove dirt, debris, and most germs.

Subd. 19. **Commissioner.** "Commissioner" means the Minnesota commissioner of the Department of Human Services or the commissioner's delegated representative.

Subd. 20. **Community-based child care program.** "Community-based child care program" means nonresidential child care programs serving 18 or fewer children that are operating at a location other than the residence of the license holder and includes locations as provided in section 245J.02, subdivision 3.

Subd. 21. **Department.** "Department" means the Minnesota Department of Human Services.

Subd. 22. **Direct supervision.** "Direct supervision" means the caregiver positions themselves so that they can always observe all children under school age by watching, counting, listening, and intervening to protect the health and safety of the children in care.

Subd. 23. **Disinfecting.** "Disinfecting" means cleaning surfaces and objects to kill most germs and viruses.

Subd. 24. **Emergency replacement.** “Emergency replacement” means an adult who has not completed the training requirements under this chapter or the background study requirements under chapter 245C who supervises children in a family child care program due to an emergency.

Subd. 25. **Family child care.** "Family child care" means licensed family child care for no more than ten children at one time of which no more than six are under school age, including all children on the premises and the children of any caregiver present.

Subd. 26. **Fire marshal.** "Fire marshal" means the person designated by section 299F.011 to administer and enforce the State Fire Code, or the fire marshal's authorized representative.

Subd. 27. **Group family child care.** "Group family child care" means care for no more than 18 children 10 years of age or younger at any one time including all children on the premises and children of any caregiver present.

Subd. 28. **Hazards.** “Hazards” means potential sources that would cause harm. Substances, events, or circumstances can constitute hazards when their nature would allow them to cause damage to physical health, mental health, life, or property. Hazardous materials include but are not limited to knives, fire ignitors, plastic bags.

Subd. 29. **Helper.** "Helper" means a minor, 13 through 17 years of age, who assists an adult caregiver with the care of children.

Subd. 30. **High hazard bodily fluid.** “High hazard bodily fluid” means urine, feces, vomit, blood, and other bodily fluids that contain blood.

Subd. 31. **Inaccessible to children.** “Inaccessible to children” means items, areas, or materials of a child care program that a child cannot reach, enter, use, or get to without the aid of a caregiver.

Subd. 32. **Intermittent caregiver.** “Intermittent caregiver” means an adult who cares for children in the licensed program along with an adult caregiver for a cumulative total of not more than 500 hours annually.

Subd. 33. **License holder.** "License holder" means an individual, individuals, organization, or government entity that is legally responsible for the operation of the program and has been granted a license by the commissioner under this chapter and the rules of the commissioner.

Subd. 34. **Licensed capacity.** "Licensed capacity" means the total number of children 10 years of age or younger permitted at any one time in the program. The licensed capacity includes all children of any caregiver when the children are present in the program. When the program is located in a residence where the license holder lives, all children 10 years of age and younger in the residence count towards the capacity of the program.

Subd. 35. **License child care space.** “licensed child care space” means the space that is used for children in care.

Subd. 36. **Medication.** "Medication" means any substance or preparation which is used to prevent or treat a wound, injury, infection, or disease. This includes medication that is over the counter, or prescribed by a licensed physician, physician assistant, dentist, certified nurse practitioner, or advanced practice registered

nurse, and permitted by the parent for administration or application. This term applies to substances taken internally or applied externally.

Subd. 37. **Minnesota State Fire Code.** "Minnesota State Fire Code" or "State Fire Code" means those codes and regulations adopted by the state fire marshal in accordance with section 299F.011 and contained in Minnesota Rules, chapter 7511.

Subd. 38. **Mixed occupancy building.** "Mixed occupancy building" means a program in a structure that contains nonresidential occupancies, such as an attached garage or out buildings.

Subd. 39. **Multiple occupancy building.** "Multiple occupancy building" means a structure with two or more residential dwelling units such as a duplex, apartment building, or townhome.

Subd. 40. **Owner or renter.** "owner or renter" means the individual, individuals, organization, or government entity listed in the property title, deed, lease, or equivalent legal document.

Subd. 41. **Parent.** "Parent" means a person who has the legal responsibility for a child such as the child's mother, father, or legally appointed guardian.

Subd. 42. **Perishable foods.** "Perishable foods" means any foods that are prone to spoilage, decay, or becoming unsafe to consume if not stored properly or past their expiration date.

Subd. 43. **Pests.** "Pests" means any animals, insects, or other living creatures that are not housed within the licensed program and are considered harmful or detrimental to the health, safety, and well-being of individuals within a child care program. This includes, but is not limited to ants, cockroaches, bedbugs, bats, or other harmful wildlife.

Subd. 44. **Pets.** "Pets" means all animals housed at the licensed program and that have contact with children. Pets must be limited to dogs, cats, fish, guinea pigs, gerbils, rabbits, hamsters, rats, mice, and birds.

Subd. 45. **Primary provider of care.** "Primary provider of care" means the person responsible for providing care to children during the hours of operation and operating the program in compliance with all applicable laws and regulations under chapters 245A, 245C, and 245J. For purposes of this statute:

- (a) When a license holder is one or more individuals, they are required to identify a primary provider of care.
- (b) When the license holder is an organization, they are required to follow the provisions found in section 245J.22, subdivision 1.

Subd. 46. **Program.** "Program" means the care of children outside the children's own home which is provided for fewer than 24 hours a day and includes supervision of a license holder's own children when present during child care operations, including in community-based child care programs.

Subd. 47. **Radon testing.** "radon testing" means the measurement of radon gas levels in the indoor air of the building.

Subd. 48. **Redirection.** “Redirection” means when a caregiver intervenes and guides a child toward constructive activity through positive techniques.

Subd. 49. **Related.** "Related" means any of the following relationships by marriage, blood, or adoption: a spouse, a parent, an adoptive parent, a birth or adopted child or stepchild, a stepparent, a stepbrother, a stepsister, a niece, a nephew, a grandparent, a sibling, an aunt, an uncle, or a legal guardian.

Subd. 50. **Regularly or regular basis.** "Regularly or regular basis" means a cumulative total of more than 30 days within any 12-month period.

Subd. 51. **Sanitizing.** “Sanitizing” means cleaning with chemical products or by using a heating process to reduce germs.

Subd. 52. **Second adult caregiver.** "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.

Subd. 53. **Separation.** “Separation” is a form of behavior guidance that involves interruption of unacceptable behavior by the removal of a child from a situation, with the intention of allowing the child an opportunity to pause and gain self-control. During a separation a child is isolated from participating in activities with other children.

Subd. 54. **State Building Code.** "State Building Code" means those codes and regulations adopted by the commissioner of administration in accordance with section 326B.107 and contained in Minnesota Rules, chapter 1300.

Subd. 55. **Substitute.** "Substitute" means an adult who is responsible for the duties of a license holder when the license holder or primary provider of care in community-based child care programs is not present at the program for a cumulative total of not more than 500 hours annually.

Subd. 56. **Supervision.** For purposes of licensed family child care, “supervision” means:

(a) Caregivers must be within sight or hearing of newborns, infants, toddlers, and preschoolers at all times and must intervene to protect the health and safety of the child.

(b) For a school age child, supervision means a caregiver is available for assistance and care without the aid of a mechanical or electronic device so that the child's health and safety is protected.

(c) The caregiver has an awareness of and responsibility for the activity of each child and is near enough to respond and reach children immediately, including responding to the child's basic needs and protecting them from harm.

Subd. 57. **Toxic substances.** “Toxic substances” are substances, chemicals, chemical compounds, or similar items that even in small quantities are likely or capable to cause injury, illness, or death when they are ingested, inhaled, absorbed, or come into contact with a child’s skin, eyes, mouth, or mucous membranes.

Subd. 58. **Variance.** "Variance" means written permission by the commissioner in accordance with the requirements in section 245A.04, subdivision 9, for a license holder or applicant to depart from a specific requirement in this chapter.

245J.02 Licensing of Facilities

Subdivision 1. **Purpose.** The purpose of sections 245J.01 to 245J.22 is to establish procedures and standards for licensing family child care, group family child care, and community-based child care programs to ensure that minimum standards of care and service are given, and the protection, proper care, health, safety, and development of the children are assured.

Subd. 2. **Applicability.** Sections 245J.01 to 245J.22 as authorized by chapter 245A, govern the licensing of family child care programs, group family child care programs, and community-based child care programs.

245J.03 Licensing Process

Subdivision 1. **License application.** A license to operate a family child care, group family child care, or community-based child care must be obtained from the department.

(a) License applicants must use the application issued by the department. The application must be made in the county where the applicant or applicants for family child care or group family child care resides, and where the applicant or applicants for community-based child care programs will operate.

(b) Applicants seeking to operate a family child care, group family child care, or community-based child care must be the individual, individuals, or organization that is legally responsible for the operation of the program. When the applicant is one or more individuals, the primary provider of care is present during the hours of operation and is legally responsible for the operation of the program.

(c) Applicants and license holders who use a private, non-public water supply must comply with section 245J.16.

(d) An applicant must comply with radon regulations found in section 245J.16.

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

Subd. 2. **Licensing study.** The applicant or license holder must give the agency access to the program for a licensing study to determine compliance with this chapter and applicable rules and statutes.

(a) If, in the judgment of the agency representative, a potentially hazardous condition may be present, due to a violation of parts of this chapter, the applicant must obtain an inspection from a fire marshal, building official, or agent of a community health board as authorized under section 145A.04 to verify the absence of hazard and report to the agency.

(b) The program 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 subdivision 6 prior to issuance of a license.

(c) An initial inspection of the program by a fire marshal to determine compliance with the Minnesota Uniform Fire Code and compliance with orders issued are conditions of licensure for all programs located in a commercial space and all residences with one or more of the following conditions:

- (1) freestanding solid fuel heating appliances;
- (2) manufactured or mobile homes;

- (3) child care programs which use the basement for child care; or
- (4) programs in mixed or multiple occupancy buildings.

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

- (a) abuse prescription drugs or use controlled substances as specified in chapter 152, or alcohol, to the extent that the use or abuse has or may have a negative effect on the ability of the license holder or primary provider of care to give care or is apparent during the hours of operation. Caregivers who have abused prescription drugs or have been dependent on controlled substances as specified in 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 of operation, or required treatment or therapy, must have 12 months of verified abstinence before licensure;
- (b) have 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 license holder or the primary provider of care to give care. This requirement does not apply if the primary reason for the placement was due to a physical illness of the parent, a disability of the child, including developmental disability of the child, or for the temporary care of a newborn or infant being relinquished for adoption;
- (c) have had a child placed in a residential facility within the past 12 months and the agency determines that the reasons for the placement reflect on the ability of the license holder or the primary provider of care to give care; or
- (d) have a household member whose needs or behavior could potentially pose a risk to children being served in the program.

Subd. 4. **Variance standard.** An applicant or provider may request a variance from compliance with licensing regulations. When reviewing a variance request, the agency shall assess whether alternative methods are identified by the applicant or provider to ensure the health, safety, and protection of children in care. The agency or commissioner may add additional terms as part of the approval process.

- (a) A variance may only be granted if:
 - (1) the applicant or provider complies with all applicable laws, ordinances, and regulations; and
 - (2) specific equivalent measures are identified by the applicant or provider to ensure the health, safety, and protection of the children in care.
- (b) Variances may be granted by the agency through a form prescribed by the commissioner in line with their county policies.
 - (1) Except as provided in section 245J.07, a county agency must not grant a license holder a variance to exceed the maximum allowable family child care license capacity of 18 children.
 - (2) A second adult caregiver must be present if the program is serving 12 or more children.
 - (3) The provider must meet the requirements found in section 245J.07, subdivision 9 before caring for 14 or more children.

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

- (1) Section 245J.09;
- (2) Section 245A.1435; and
- (3) Section 245A.16.

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

- (1) Section 245J.18, subdivisions 3 and 4; and
- (2) Section 245A.146.

Subd. 5. **Variance procedure.** A request for a variance must comply with and be handled according to the requirements in section 245A.04, subdivision 9.

(a) An applicant or license holder 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 section 245J.14 is requested. These requirements can be found in section 245J.14, subdivisions 4, Emergency escape routes; 9, Door to attached garage; 10, Ventilation, heating, and cooling systems; 14, Interior walls and ceilings; 16, Fire extinguisher; 17, Carbon monoxide and smoke alarms; and 20, Locks and latches.

(b) An applicant or license holder 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 section 245J.14 relating to subdivisions 12, Sewage disposal; 18, Stairways; and 19, Decks.

Subd. 6. **Posting license.** The license holder must post the license in the program in a location where parents, visitors and authorized representatives of the commissioner can easily access and view it.

Subd. 7. **Change in license terms.** The following must apply to changes in the terms of a license.

(a) A new department application form must be submitted by the license holder under the following circumstances:

- (1) the license holder must notify the commissioner before changes are made in accordance with section 245A.04;
- (2) the license holder is requesting to relocate the child care program;
- (3) the license holder is requesting to change the type of license from family child care to group family child care;
- (4) the license holder is requesting to change the type of license from group family child care to family child care;

(5) the license holder is requesting to change from family child care or group family child care to community-based child care; or

(6) the license holder is requesting to change from community-based child care to family child care or group family child care.

(b) When the license holder is requesting to change to group family child care from family child care, the notification to the commissioner in paragraph (a) must include the changes in the ages and numbers of children in care.

Subd. 8. **Number of licenses.** Each individual applicant is limited to one family or group family child care license.

Subd. 9. **Access to program.** As required in section 245A.04, subdivision 5, the license holder must give authorized representatives of the commissioner access to the program during the hours of operation to determine whether the program complies with the standards in chapters 245A, 245C, and 245J. Access must include:

(a) the physical location of the program;

(b) any adjoining land or buildings owned or operated by the applicant or license holder;

(c) noninterference in interviewing all caregivers and household members present in the residence on a regular basis and present during the hours of operation.

Subd. 10. **Return of license to commissioner.** When a program is closed, or if a license is revoked, suspended, or not renewed, the license holder must return the license to the commissioner within 14 days of ceasing operation or immediately upon the final order of revocation, denial, or suspension of license, stop all advertising and refrain from providing care to children as required in section 245A.03.

Subd. 11. **Local government authority.** The authority of local units of government to establish requirements for family child care programs is limited by section 299F.011, subdivision 4a, clauses (1) and (2).

Subd. 12. **Human Services Background Studies Act.** All individuals subject to a background study must comply with the requirements of chapter 245C.

Subd. 13. **Child care license holder insurance.**

(a) A license holder must provide a written notice to all parents 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 must inform parents in writing that a current certificate of coverage for insurance is available for inspection to all parents of children receiving services and to all parents seeking services from the family child care program;

(2) the notice must provide the parent 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 of children receiving services of the change and indicating whether the insurance policy has lapsed.

(4) 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. 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 prescribed by the commissioner, to the parents of children in care indicating that the license holder does not carry liability insurance.

(d) The license holder must notify all parents 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, that the parent received the notices required by this section.

245J.04 Agency Records

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

- (a) A copy of the completed licensing application form signed by the applicant and the agency.
- (b) A physical health report on any adult caregiver prior to giving care in the program. The physical health report must verify that the adult caregiver is physically able to care for children.
- (c) Any written reports from the fire marshal, building official, or agent of a community health board as authorized under section 145A.04.
- (d) If the applicant has been licensed through another jurisdiction, the agency must request and keep a reference from the licensing authority in that jurisdiction.
- (e) The initial and annual inspection by the agency of the license holder. Any comments of the license holder about the inspections by the agency must also be noted in the agency record.
- (f) Notification to parents prior to admission of the presence of pets in the residence and documentation as required in section 245J.19, subdivision 6.
- (g) Documentation of any variance requests and the approval or denial of the request in accordance with section 245J.03, subdivision 6.
- (h) Information used to disqualify an individual required to have a background study under section 245C.15.

Subd. 2. **Data privacy.** The agency, commissioner, and the authorized agent as defined in section 245A.02, subdivision 3b must have access to license holder records on children in care to determine compliance with this chapter. The license holder and all caregivers must maintain the privacy of records on children by refraining from discussing or disclosing any records, including electronic records, or information on children in care to any persons other than the parent of the child, the agency, the commissioner, and medical or public safety persons if information is necessary to protect the health and safety of the child.

245J.05 Reporting to Agency

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

Subd. 2. **Other reporting.** License holders must report to the agency:

- (a) prior to anyone moving into the residence where family child care services are provided, the license holder must notify the agency and a background study must be completed;
- (b) once a household member has moved out of the residence where family child care services are provided, the license holder has 10 days to notify the agency;
- (c) before a caregiver provides direct contact services unless an individual is acting as an emergency replacement as defined in section 245J.02, subdivision 2 and according to section 245J.09, subdivision 2;
- (d) after the occurrence of a fire that requires the service of a fire department the license holder must notify the agency so the agency may determine continued substantial compliance with this chapter prior to resuming care; and
- (e) within 24 hours after the occurrence of any serious injury or hospitalization of a child in care. A serious injury is one that is assessed or treated by a licensed physician, physician assistant, advanced practice registered nurse, or certified nurse practitioner.
- (f) an animal bite within 24 hours of occurrence in accordance with section 245J.19, subdivision 6, paragraph (h).

245J.06 Admissions; License Holder Records; Reporting

Subdivision 1. **Admission and ongoing information.** Prior to admission and ongoing the license holder and parents shall discuss program policies and licensing requirements.

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

(a) state that this chapter governs the licensing of family child care programs;

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

(c) state that a complete copy of this chapter may be seen at the child care program, agency, department, Minnesota State Law Library, or through the Minnesota Office of the Revisor of Statutes website.

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

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

(a) the first and last name of each child in care;

(b) the name of the person picking up the child; and

(c) the time of the child's arrival and departure.

Subd. 5. **License holder policies.**

(a) The license holder shall monitor implementation of the policies and procedures by all caregivers as required in section 245A.04, subdivision 14.

(b) The license holder must have the following written information available for discussion with parents and the commissioner and provide an electronic or hard copy of the materials to the parent at the time of admission or any other time upon request:

(1) a policy regarding the ages and numbers of children the family care program is licensed to serve;

(2) a policy regarding the hours and days of operation, including plans for holiday closings, personal time, and policies for inclement weather closings;

(3) a policy regarding fees, including payment schedule, overtime charges, and registration fees as applicable;

(4) a policy regarding allergy prevention and response policy and procedure;

(5) a policy regarding meals and snacks to be served;

- (6) a policy regarding formula, breast milk, and providing supplemental foods;
- (7) a policy regarding labeling requirements for food brought from the child's home;
- (8) a policy regarding sleeping and resting arrangements;
- (9) a policy regarding nondiscrimination practices to comply with section 245J.21, subdivision 2;
- (10) a policy regarding the care of ill children, isolation precautions, symptoms for discharge and return, immunizations, and medicine permission policies; and whether the license holder will care for an ill child;
- (11) a policy regarding disease notification procedures including notifying the parents of exposed children as required within 24 hours of when a parent or caregiver notifies the license holder of a reportable disease under section 245J.19, Subd. 11. The notice must be posted in a clearly visible, accessible place or provided individually to each parent of a child who was exposed;
- (12) a policy regarding the administration and storage of medication and topical products, including sunscreen;
- (13) a policy regarding emergency, fire, and storm plans;
- (14) a policy regarding field trips, including by foot and whether parent permission is required;
- (15) a policy regarding transporting in an emergency including whether parent permission is required;
- (16) a policy regarding behavior guidance and discipline;
- (17) a policy regarding the termination of child care and expulsion notice procedures;
- (18) a plan regarding the use of a helper;
- (19) a plan regarding the use of a substitute for personal leave or holidays;
- (20) a plan regarding the use of an emergency substitute and the licensing requirements found in section 245J.09, subdivision 2;
- (21) a policy regarding the presence of pets in the program, including notification prior to the introduction of a new pet to the program;
- (22) a policy about notifying parents and the licensing agency when any animal bite or scratch occurs from an animal housed at the licensed program on the day the injury occurs;
- (23) a policy about notifying an agent of a community health board, as authorized under section 145A.04, whenever an individual is bitten by an animal. The notification must be made immediately and must be given before any steps are taken to destroy the animal, and the provider must take reasonable steps to confine the animal;
- (24) a policy on screen time that is consistent with screen time recommendations from the American Academy of Pediatrics;

(25) a policy regarding photo or video sharing. Photo or video sharing must be limited to sharing updates with parents about the enrolled child in care who have given signed permission. Photo or video sharing may be permitted during investigations. Photos or videos must be shared with the commissioner upon request;

(26) a policy regarding social media posting or business communications. Social media posting must be limited to the license holder's account or business account;

(27) a statement regarding whether the license holder has obtained liability insurance coverage;

(28) a policy prohibiting smoking, use of tobacco products, vaping, and electronic cigarettes on the premises of both indoor and outdoor licensed program environments, and in any vehicles used by the program during hours of operation. The policy must also state if smoking is permitted inside the program space outside of child care hours;

(29) a policy that prohibits the license holder, employees, subcontracts, and volunteers when working at the program from:

(i) abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care as required by section 245A.04, subdivision 1, paragraph (c);

(ii) using controlled substances as specified in chapter 152 and chapter 342;

(iii) using illegal drugs;

(iii) consuming alcohol;

(iv) abusing or using controlled substances or alcohol to the extent that the use or abuse has or may have a negative effect on the ability of the license holder or caregiver to give care; and

(v) abusing or using controlled substances or alcohol to the extent that the use or abuse is apparent during the hours the children are in care.

(30) a policy regarding parental access to the program that states a parent who enrolls a child must be allowed access to the child and the program at any time while the child is in care;

(31) a policy regarding the presence of firearms at the residence in accordance with section 245J.19, subdivision 9.

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

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

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

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

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

Subd. 7. **Nondiscrimination.** A caregiver is prohibited from discriminating in relation to enrollment in their program based on race, color, creed, religion, national origin, sex, gender identity, marital status, disability, status regarding public assistance, sexual orientation, or familial status.

245J.07 Licensed Capacity, Child and Adult Ratios, Age Distribution Restrictions, and Supervision of License Holder’s Own Child

Subdivision 1. **Capacity limits.** Family child care and group family child care license holders must comply with the following requirements which limit the total number of children and the number of preschoolers, toddlers, infants, and newborns who may be in care at any one time and establishes the number of adults who are required to be present.

- (a) License holders must be licensed for the total number of children, 10 years of age or younger, who are present in the program at any one-time during child care hours. The licensed capacity must include all children of child care age, including foster children, when the children are present at the program. When the program is in a residence, the license capacity must include all children of any caregiver when the children are present at the residence.
- (b) Within the licensed capacity, the age distribution restrictions specify the maximum number of children under school age, toddlers, infants, and newborns who are in care at any one time.

Subd. 2. **Specialized infant and toddler group family child care.** In specialized infant and toddler group family child care, caregivers must be adults. Helpers are permitted for additional support but cannot be used in place of an adult caregiver.

Subd. 3. **Specialized infant and toddler family child care.** A group family child care program licensed as a class B3 specialized infant and toddler group family child care under section 245.J.12, may operate as a class B2 or B1 specialized infant and toddler family child care program on days when only one caregiver is present.

Subd. 4. **Newborn care.** When a newborn is in care and only one adult caregiver is present, the newborn must be the only child under 12 months of age and the license holder must not care for more than two other children at the same time unless the newborn is the license holder's child. When a second adult caregiver is also present or the newborn is the child of the license holder, then the newborn is considered an infant for the purposes of child-to-adult ratios and age distribution restrictions.

Subd. 5. **Helpers.** Excluding specialized infant and toddler group family child care, a helper may be used in place of a second adult caregiver when there is no more than one newborn, infant, or toddler present.

Subd. 6. **Supervision, primary provider of care, and use of substitutes.** A license holder must comply with the following supervision requirements:

- (a) Children in care must be supervised by an adult.
- (b) The caregiver must have knowledge of each child's needs and be accountable for their care at all times, including but not limited to, developmental and behavioral needs and parental preferences.
- (c) All caregivers must be awake while caring for children.
- (d) A license holder or the primary provider of care in a community-based child care program must be the primary caregiver in the licensed family child care program unless a substitute is being used.
- (e) The use of a substitute caregiver must be limited to the requirements in section 245J.09.

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Subd. 7. **Capacity, ratios, and age distribution restrictions.** Family child care and group family child care license holders must comply with the following requirements and restrictions:

(a) Family Child Care - Class A License. A helper may be used in place of a second adult caregiver when there is no more than one infant or toddler present.

Setting	Class	Capacity	Adults	Children Under School Age	Infant and Toddler Restrictions
Family Child Care	A	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. If a newborn is in care, please refer to subdivision 4.

(b) Specialized Infant and Toddler Family Child Care License.

Setting	Class	Capacity	Adults	Children Under School Age	Infant and Toddler Restrictions
Specialized Infant & Toddler Family Child Care	B1	5	1	3	Maximum 3 infants. If a newborn is in care, please refer to subdivision 4.
	B2	6	1	4	Maximum 2 infants. If a newborn is in care, please refer to subdivision 4.
	B3	10	2	10	Maximum 6 infants and toddlers. Of this total, no more than 4 shall be infants. If a newborn is in care, please refer to subdivision 4.

(c) Group Family Child Care License.

Setting	Class	Capacity	Adults	Children Under School Age	Infant and Toddler Restrictions
Group Family Child Care	C1	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. If a newborn is in care, please refer to subdivision 4.
	C2	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. If a newborn is in care, please refer to subdivision 4.
	C3	18	2	10	Of the total children under school age, a combined total of no more than 5 shall be infants and toddlers. Of this total, no more than 3 shall be infants. If a newborn is in care, please refer to subdivision 4.

Subd. 8. **Group family child care operation option.** A group family child care program licensed as a C3 program may operate as a C2 or C1 program on days when the adult-to-child ratios allow it to operate at a lower capacity. Additionally, a group family child care program licensed as a C2 program may operate as a C1 program on days when the adult-to-child ratios allow it to operate at a lower capacity.

Subd. 9. **Additional licensing requirements.** To hold a B3 or C3 license class, a license holder must meet the following criteria:

(a) The license holder must be in substantial compliance with all applicable licensing requirements found under this chapter for a period of at least 24 consecutive months prior to licensure under the B3 or C3 classification.

(b) The license holder must not have had a licensing action, including temporary immediate suspension, conditional license, suspension, revocation, or a settlement agreement resulting from such action relating to the health and safety of children including but not limited to behavior guidance, child development, training, or supervision during the prior 24 months.

(c) All caregivers must complete at least four additional hours of annual training in the following areas:

- (1) Behavior guidance;

(2) Child development; and

(3) Active supervision strategies to ensure the health and safety of children.

Subd. 10. Care of the license holder's own child or children.

(a) With the license holder's consent, an individual may be present in the licensed space and care for the family child care license holder's own child both inside and outside of the licensed space and is exempt from the training and supervision requirements of section 245J.10 if the individual:

(1) is related to the license holder or to the license holder's child, as defined in section 245A.02, subdivision 13, 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 at the time that they are supervising the license holder's own child;

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

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

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

(c) The entirety of this chapter applies at all times, including when caregivers care for their own children of child care age in the program, except as provided in paragraph (d).

(d) The following sections do not apply to caregivers with regards to the care of their own children of child care age in the program:

(1) Section 245J.13 [Behavior Guidance];

(2) Section 245J.17 [Activities and Equipment];

(3) Section 245J.20, subdivisions 1 through 3 [Food/Feeding]; and

(4) Section 245J.21 [Children with Special Health Needs or Disabilities].

(e) The exceptions identified in paragraph (d) do not exempt the caregiver from the applicability of other requirements found in chapter 260E on maltreatment of minors, chapter 609 on criminal code, and other related laws.

(f) The exceptions identified in paragraph (d) do not exempt the agency from enforcing these standards when the caregiver's actions in regard to their own child affect the other children in care.

245J.08 Caregiver Qualifications

Subdivision 1. **Age.** An applicant for a family child care, group family child care, or community-based child care license must be an adult at the time of application.

Subd. 2. **Physical and behavioral health.** An adult caregiver must be physically and mentally able to care for children.

(a) The commissioner shall require the applicant to provide documentation to the agency with the license application that the applicant has had a physical examination from a licensed physician, advanced practice registered nurse or physician assistant within 12 months prior to the application for initial licensure and this documentation must indicate that the applicant is physically able to care for children.

(b) Prior to assisting with care of children, the commissioner shall require the applicant to provide documentation verifying that the adult caregiver is physically able to care for children. The documentation must be provided by a licensed physician, advanced practice registered nurse, or physician assistant who examined the individual within the past 12 months.

(c) The commissioner may require an applicant, license holder, or caregiver to provide reports in a form prescribed by the commissioner, on the individual's physical or behavioral health from a licensed physician, physician assistant, or advanced practice registered nurse when there is reason to believe or it is shown by credible evidence that an individual exhibits physical or behavioral health symptoms which might impair the individual's ability to ensure the health and safety of children. The reports must not be used for any other purpose than to determine whether the individual's physical or behavioral health impacts the health and safety of children.

Subd. 3. **Additional group family child care requirements.** A group family child care applicant must also meet the following requirements:

(a) a minimum of one year of substantial compliance with this chapter as a licensed family child care license holder, primary provider of care, or second adult caregiver with a minimum of 520 hours of direct care with children in Minnesota; or

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

(1) a minimum of 520 hours of experience as an assistant teacher, student teacher, or intern in an elementary school, after school program or Minnesota licensed child care center, or as an adult caregiver in a Minnesota licensed family child care program, and thirty hours of child care, health, and nutrition training as specified in section 245J.10; or

(2) a minimum of 520 hours of experience as a licensed practical or registered nurse, and thirty hours of child development or early childhood education training, as specified in section 245J.10;

(c) certification or licensure indicating one of the following:

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- (1) completion of a two-year child development or early childhood education associate or certificate program at an accredited college or university;
- (2) Child Development Assistant Certification;
- (3) bachelor's degree or higher in early childhood education from an accredited college or university;
- (4) elementary education degree from an accredited university or college that includes a minimum of thirty hours of child development training; or
- (5) six months experience as a full-time teacher at a Minnesota licensed child care center.

245J.09 Substitute Caregivers and Replacements

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

Subd. 2. **Emergency replacement supervision.**

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

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

(c) When an emergency occurs:

(1) The license holder or emergency replacement must contact the parents of the children attending the program and inform them that the program is closing, and they need to pick up their children as soon as practicable;

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

(3) The license holder must make reasonable efforts to minimize the time the emergency replacement has unsupervised contact with the children in care not to exceed 24 hours per emergency incident;

(4) The program must be for the day once the last unrelated child has left the program; and

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

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

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

245J.10 Applicant, Primary Provider of Care, and Second Adult Caregiver Training Requirements

Subdivision 1. Applicant, primary provider of care, and second adult caregiver initial training requirements.

(a) Applicants, primary providers of care and second adult caregivers must comply with the training requirements in this section.

(b) County licensing staff must accept approved training in the Develop data system: Minnesota's Quality Improvement and Registry tool for early education and school-age care professionals on the provider's the Develop data system learning record for the provider including:

(1) face-to-face or classroom training;

(2) online training; and

(3) relationship-based professional development, such as mentoring, coaching, and consulting.

(c) Training requirements under this subdivision must be completed prior to initial licensure for a new family child care applicant who has not held an active child care license in Minnesota in the previous 12 months.

(1) A family child care primary provider of care who voluntarily closes their license and who seeks to open a new license within 12 months of the date of closure has one year from the effective date of the new license to complete the annual ongoing training requirements according to the schedules established in this section and is not required to complete the training requirements that must be completed prior to initial licensure.

(2) A primary provider of care who relocates from one location to another within the state has until the end of the calendar year to complete the annual ongoing training requirements according to the schedules established in this section and is not required to complete the training requirements under this section that the family child care primary provider of care completed prior to initial licensure.

(3) If a primary provider of care relocates to a new county, the new county is prohibited from requiring the primary provider of care to complete any orientation class or training for new primary providers of care or applicants.

(d) The applicant, primary provider of care, and each second adult caregiver must 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.

(1) Individuals are exempt from the requirement in paragraph (d) if they have documentation verifying that they:

(i) have taken a three-credit course on early childhood development within the past five years;

(ii) have received a baccalaureate or master's degree in early childhood education or school-age child care within the past five years;

(iii) are licensed in Minnesota as an early childhood educator, a kindergarten to sixth grade teacher or an early childhood or kindergarten to sixth grade special education teacher,

(iv) have received a bachelor's degree with a Montessori certificate within the past five years.

(e) Before initial licensure and before caring for children, all family child care applicants, primary providers of care, and each second adult caregiver must complete and document the completion of the six-hour Supervising for Safety for Family Child Care course developed by the commissioner.

(f) Before initial licensure and before caring for children, applicants, primary providers of care, and second adult caregivers must be trained in pediatric first aid.

(1) Pediatric first aid training must be provided by an individual certified to provide pediatric first aid instruction.

(2) Primary providers of care, and second adult caregivers must maintain current documentation of the training at the program and make it available upon request.

(3) Online training reviewed and approved by the county licensing agency satisfies the training requirement of this paragraph.

(g) Before initial licensure and before caring for children, applicants, primary providers of care, and second adult caregivers must be trained in pediatric cardiopulmonary resuscitation (CPR), including CPR techniques for infants and children, and in the treatment of obstructed airways.

(1) Persons providing pediatric CPR training must use content that has been:

(i) developed by the American Heart Association or the American Red Cross and incorporates a hands-on skill session to support the instruction; or

(ii) uses nationally recognized, evidence-based guidelines for CPR training and incorporates a hands-on skills session to support the instruction.

(2) Pediatric CPR training must be provided by an individual approved to provide CPR instruction.

(3) Pediatric CPR courses must be either instructor led or a blended course of online instruction with a hands-on skill component.

(4) Online-only CPR courses that do not include a hands-on skill session component do not meet the requirements of this paragraph.

(h) Before initial licensure and before caring for infants, applicants, primary providers of care, and second adult caregivers must complete training on the standards in section 245A.1435 and receive training on reducing the risk of sudden unexpected infant death; and before the applicant, primary provider of care and each second

adult caregiver assist in the care of children under school age, they must complete training on reducing the risk of abusive head trauma from shaking infants and young children.

(1) Training for applicants, primary providers of care, and second adult caregivers must be designated by the commissioner to meet the requirements in this paragraph. Reducing the risk of sudden unexpected infant death training and reducing the risk of abusive head trauma training may be provided in a single course.

(2) Reducing the risk of sudden unexpected infant death training required under this paragraph 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 primary provider of care communication with parents regarding reducing the risk of sudden unexpected infant death.

(3) Reducing the risk of abusive head trauma training required under this section 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 primary provider of care communication with parents regarding reducing the risk of abusive head trauma.

(i) The primary provider of care, and each second adult caregiver must comply with all seat belt and child passenger restraint system requirements under section 169.685. Before a primary provider of care or second adult caregiver transports a child under nine years of age in a motor vehicle, the person placing the child in a passenger restraint and the driver must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles.

(1) Training required under this paragraph must be at least one hour in length, completed at initial training and include at a minimum:

(i) the proper use of child restraint systems based on the child's size, weight, and age; and

(ii) the proper installation of a car seat or booster seat in the motor vehicle used to transport the child.

(2) Training under this paragraph must be provided by individuals who are certified and approved by the department of public safety.

(3) Child care primary providers of care, and second adult caregivers that only transport school-age children as defined in section 245J.01, subdivision 6 (e) in child care buses as defined in section 169.448, subdivision 1, paragraph (e), are exempt from this paragraph.

(j) Prior to providing care, the primary provider of care and second adult caregiver must be trained on:

(1) the emergency preparedness plan required under section 245J.19, subdivision 2; and

(2) allergy prevention and response required under section 245J.06, subdivision 5, paragraph (b); and

(3) the Community-Based Program Plan required under section 245J.22 (i).

(k) Prior to licensure or employment, the primary provider of care, and each second adult caregiver must complete training on the family child care and group family child care program policies and procedures listed in section 245J.06.

(l) The applicant, primary provider of care, and second adult caregiver must complete training on the reporting of suspected abuse, neglect or maltreatment of children as required by chapter 260E, prior to licensure or caring for a child.

(m) The applicant, primary provider of care, and second adult caregiver must complete the training requirements in section 245J.14, subdivision 6, paragraph (a) to be eligible to allow a child cared for at the program to use the swimming pool located at the program.

Subd. 2. Primary provider of care, and second adult caregiver annual training requirements.

(a) The primary provider of care, and each second adult caregiver must annually take at least two hours of child development and learning or behavior guidance training. A three-credit early childhood development course taken within the calendar year meets the requirements of this paragraph.

(b) Each calendar year, the primary provider of care, and each second adult caregiver must complete and document:

(1) a two-hour active supervision course developed by the commissioner; or

(2) any course 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.

(c) Each calendar year, primary providers of care, and second adult caregivers must ensure and document that the primary provider of care, and each second adult caregiver receive training on reducing the risk of abusive head trauma from shaking infants and young children if caring for children under school aged and reducing the risk of sudden unexpected infant death if caring for infants.

(1) Reducing the risk of sudden unexpected infant death training and reducing the risk of abusive head trauma training required under this paragraph must be completed at least once every two years either in-person or online.

(2) On the years when the individual receiving training is not receiving training in-person or online, the individual receiving training in accordance with this subdivision must receive reducing the risk of sudden unexpected infant death training and reducing the risk of 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.

(d) The primary provider of care, and each second adult caregiver must complete 16 hours of ongoing training each calendar year. Repeat of topical training requirements in paragraph (e) must count toward the annual 16-hour training requirement.

(e) Additional ongoing training subjects to meet the annual 16-hour training requirement must be selected from the following Knowledge and Competency Frameworks (KCF) areas:

- (1) KCF content area I - 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) KCF content area II - 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) KCF content area III - relationships with families, including training in building a positive, respectful relationship with the child's family;
- (4) KCF content area IV - 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) KCF content area V - 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;
- (6) KCF content area VI - professionalism, including training in knowledge, skills, and abilities that promote ongoing professional development;
- (7) KCF content area VII - health, safety, and nutrition, including training in establishing healthy practices; ensuring safety; and providing healthy nutrition;
- (8) KCF content area VII.D or KCF I - an understanding and support of the importance of culture and differences in ability in children's identity development;
- (9) KCF content area VII.D or KCF III - understanding the importance of awareness of cultural differences and similarities in working with children and their families;
- (10) KCF content area III - understanding and support of the needs of families and children with differences in ability;
- (11) KCF content area VII.D or KCF I and II - developing skills to help children develop unbiased attitudes about cultural differences and differences in ability;
- (12) KCF content area VII.D or KCF II - developing skills in culturally appropriate caregiving;
- (13) KCF content area II - developing skills in appropriate caregiving for children of different abilities;
- (14) KCF content area IX – trauma informed care and practices; and

(15) KCF content area X - working with multilingual children and their families.

(f) A caregiver who is approved as a trainer through the Develop data system may count up to two hours of training instruction toward the annual 16-hour training requirement in paragraph (e) if all of the following is met:

(1) The caregiver may only count training instruction hours for the first instance in which they deliver a particular content-specific training during each training year.

(2) The caregiver must be a Develop-approved, active trainer.

(3) 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 a Knowledge and Competency Framework content area VII A (Establishing Healthy Practices) or B (Ensuring Safety).

(g) County licensing staff must accept training designated by the commissioner as satisfying training requirements if the training is within the Knowledge and Competency Framework for child development and learning, behavior guidance, and active supervision as indicated on the department's website.

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

Subd. 3. Primary provider of care and second adult caregiver ongoing training requirements.

(a) Primary providers of care and second adult caregivers must repeat certification in pediatric CPR training every two years within 90 days of the date the training was previously taken. Primary providers of care and second adult caregivers must maintain documentation of the training at the program or electronically and make it available upon request.

(1) Persons providing pediatric CPR training must use content that has been:

(i) developed by the American Heart Association or the American Red Cross and incorporates a hands-on skill session to support the instruction; or

(ii) uses nationally recognized, evidence-based guidelines for CPR training and incorporates a hands-on skills session to support the instruction.

(2) Pediatric CPR training must be provided by an individual approved to provide CPR instruction.

(3) Pediatric CPR courses must be either instructor led or a blended course of online instruction with a hands-on skill component.

(4) Online-only CPR courses that do not include a hands-on skill session component do not meet the requirements of this paragraph.

(b) Primary providers of care and second adult caregivers must be trained in pediatric first aid.

(1) Primary providers of care and second adult caregivers must repeat pediatric first aid training every two years within 90 days of the date the training was previously taken.

(2) Pediatric first aid training must be provided by an individual certified to provide pediatric first aid instruction.

(3) Primary providers of care and second adult caregivers must maintain documentation of the training at the program or electronically and make it available upon request.

(4) Online training reviewed and approved by the county licensing agency satisfies the training requirement of this paragraph.

(c) The primary provider of care and second adult caregiver must complete and document completion of both Health and Safety I and Health and Safety II at least once every five years. A primary provider of care's or second adult caregiver's completion of either training in a given year meets the annual active supervision training requirement in subdivision 2, paragraph (b).

(d) Before a primary provider of care or second adult caregiver transports a child under age nine in a motor vehicle, the person placing the child in a passenger restraint and the driver must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles.

(1) Training required under this paragraph must be at least one hour in length 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 primary provider of care to transport the child or children.

(2) Training under this paragraph must be provided by individuals who are certified and approved by the Department of Public Safety.

(3) Child care primary providers of care and second adult caregivers that only transport school-age children as defined in section 245J.01, subdivision 6(e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e), are exempt from this paragraph.

(e) If there are changes to any of the policies and procedures, primary provider of care and each second adult caregiver must do the following:

(1) complete training on the revised policies and procedures within 10 days of the change; and

(2) maintain documentation of each training on the revised policies and procedures at the program.

245J.11 Substitute and Intermittent Caregiver Training Requirements

Subdivision 1. **Substitute and intermittent caregiver initial training requirements.**

- (a) Substitutes and intermittent caregivers must comply with the training requirements in this section.
- (b) County licensing staff must accept training on the substitute or intermittent caregiver’s Develop data system learning record, including:
- (1) face-to-face or classroom training;
 - (2) online training; and
 - (3) relationship-based professional development, such as mentoring, coaching, and consulting.
- (c) The license holder must ensure and document that, before caring for a child, all substitutes and intermittent caregivers have completed the four-hour Basics of Licensed Family Child Care for Substitutes course developed by the commissioner.
- (d) Before caring for a child, substitutes and intermittent caregivers must be trained in pediatric first aid.
- (1) Pediatric first aid training must be provided by an individual certified to provide pediatric first aid instruction.
 - (2) Substitutes and intermittent caregivers must maintain documentation of the training at the program or electronically and make it available upon request.
 - (3) Online training reviewed and approved by the county licensing agency satisfies the training requirement of this paragraph.
- (e) Before initial licensure and before caring for children, substitutes and intermittent caregivers must be trained in pediatric cardiopulmonary resuscitation (CPR), including CPR techniques for infants and children, and in the treatment of obstructed airways.
- (1) Persons providing pediatric CPR training must use content that has been:
 - (i) developed by the American Heart Association or the American Red Cross and incorporates a hands-on skill session to support the instruction; or
 - (ii) nationally recognized and uses evidence-based guidelines for CPR training and incorporates a hands-on skills session to support the instruction.
 - (2) CPR training must be provided by an individual approved to provide CPR instruction.
 - (3) CPR courses must be either instructor led or a blended course of online instruction with a hands-on skill component.

(4) Online-only CPR courses that do not include a hands-on skill session component do not meet the requirements of this subdivision.

(g) License holders must ensure and document that before substitutes and intermittent caregivers assist in the care of infants, they receive training on the requirements in section 245A.1435 and receive training on reducing the risk of sudden unexpected infant death; and before substitutes and intermittent caregivers care for children under school age, they receive training on reducing the risk of abusive head trauma from shaking infants and young children.

(1) Training for substitutes and intermittent caregivers must be developed by the commissioner and approved by the Develop data system. Sudden unexpected infant death reduction training and abusive head trauma training may be provided in a single course.

(2) Sudden unexpected infant death reduction training required under this paragraph 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.

(3) Abusive head trauma training required under this paragraph 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.

(h) Before a substitute or intermittent caregiver transports a child under age nine in a motor vehicle, the person placing the child in a passenger restraint and the driver must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles.

(1) A substitute and intermittent caregiver must comply with all seat belt and child passenger restraint system requirements under section 169.685.

(2) Family child care and group family child care programs licensed by the department that serve and plan to transport a child or children under nine years of age must document caregiver training that fulfills the requirements in this subdivision.

(3) Training required under this paragraph must be at least one hour in length. 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.

(4) Training under this subdivision must be provided by individuals who are certified and approved by the department of public safety.

(5) Substitutes and intermittent caregivers that only transport school-age children as defined in section 245J.01, subdivision 6 (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e), are exempt from the requirements of this subdivision.

(i) Before a substitute or intermittent caregiver cares for a child, the license holder must train the substitute or intermittent caregiver on:

- (1) the emergency preparedness plan required under section 245J.19, subdivision 2;
- (2) allergy prevention and response required under section 245J.06, subd. 5(d); and
- (3) the community-based program plan required under section 245J.22 (i).

(j) Prior to employment, substitutes and intermittent caregivers must complete training on the program policies and procedures listed in section 245J.06. If there are changes to any of the policies and procedures the substitute must complete training on the revised policies and procedures within 10 days of the change. Documentation of each training on the revised policies and procedures must be kept at the program or stored electronically and be made available upon request.

(k) The substitute and intermittent caregiver must complete training on the reporting of suspected abuse, neglect or maltreatment of children as required by chapter 260E, prior to caring for a child.

Subd. 2. Substitute and intermittent caregiver annual training requirements.

(a) Substitutes and intermittent caregivers must complete a minimum of one hour of training each calendar year and the training must include the requirements found in section 245J.11.

(b) Each calendar year, license holders must ensure and document that each substitute and intermittent caregiver receives training on reducing the risk of abusive head trauma from shaking infants and young children if caring for children under school aged and reducing the risk of sudden unexpected infant death if caring for infants.

(1) Reducing the risk of sudden unexpected infant death training and reducing the risk of abusive head trauma training required under this paragraph must be completed at least once every two years either in-person or online.

(2) On the years when the individual receiving training is not receiving training in-person or online as allowed under subdivision 1, paragraph (b), clauses (1) or (2), the individual receiving training in accordance with this subdivision must receive reducing the risk of sudden unexpected infant death training and reducing the risk of 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.

Subd. 3. Substitute and intermittent caregiver ongoing training requirements.

(a) At least once every three years, license holders must ensure and document that substitutes and intermittent caregivers have completed the four-hour Basics of Licensed Family Child Care for Substitutes course.

(b) Substitutes and intermittent caregivers must repeat certification in pediatric CPR training every two years within 90 days of the date the training was previously taken. Substitutes and intermittent caregivers must maintain documentation of the training at the program or electronically and make it available upon request.

(1) Persons providing CPR training must use CPR training that has been:

(i) developed by the American Heart Association or the American Red Cross and incorporates a hands-on skill session to support the instruction; or

(ii) using nationally recognized, evidence-based guidelines for CPR training and incorporates a hands-on skills session to support the instruction.

(2) CPR training must be provided by an individual approved to provide CPR instruction.

(3) CPR courses must be either instructor led or a blended course of online instruction with a hands-on skill component.

(4) Online-only CPR courses that do not include a hands-on skill session component do not meet the requirements of this subdivision.

(c) Substitutes and intermittent caregivers must be trained in pediatric first aid.

(1) Substitutes and intermittent caregivers must repeat pediatric first aid training every two years within 90 days of the date the training was previously taken.

(2) Pediatric first aid training must be provided by an individual certified to provide pediatric first aid instruction.

(3) Substitutes and intermittent caregivers must maintain documentation of the training and must maintain documentation at the program and available upon request.

(4) Online training reviewed and approved by the county licensing agency satisfies the training requirement of this paragraph.

(d) Before a substitute or intermittent caregiver transports a child or children under age nine in a motor vehicle, they must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles.

(1) Training required under this paragraph must be at least one hour in length and repeated at least once every five years. When the training expires, it must be retaken no later than the day before the expiration date. 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.

(2) Training under this paragraph must be provided by individuals who are certified and approved by the department of public safety.

(3) Child care substitutes or intermittent caregivers that only transport school-age children as defined in section 245J.01, subdivision 6 (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e), are exempt from this subdivision.

245J.12 Helper Training Requirements

Subdivision 1. **Helper initial training requirements.**

(a) Helpers must comply with the training requirements in this section.

(b) County licensing staff must accept training approved on the helper's Develop data system learning record, including:

(1) face-to-face or classroom training;

(2) online training; and

(3) relationship-based professional development, such as mentoring, coaching, and consulting.

(c) Helpers who assist with care on a regular basis must complete six hours of training within one year after the date of initial employment.

(d) Each calendar year, license holders must ensure and document that before helpers assist in the care of infants, they receive training on the standards in section 245A.1435 and receive training on reducing the risk of sudden unexpected infant death; and before helpers assist in the care of children under school age, they receive training on reducing the risk of abusive head trauma from shaking infants and young children.

(1) Sudden unexpected infant death reduction training and abusive head trauma training may be provided in a single course.

(2) Sudden unexpected infant death reduction training required under this paragraph 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.

(3) Abusive head trauma training required under this paragraph 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.

(e) The helper must complete training on the reporting of suspected abuse, neglect or maltreatment of children as required by chapter 260E prior to licensure or caring for a child.

Subd. 2. **Helper annual training requirements.**

(a) License holders must ensure and document that each helper receives annual training on reducing the risk of abusive head trauma from shaking infants and young children, and sudden unexpected infant death.

(1) Sudden unexpected infant death reduction training and abusive head trauma training required under this paragraph must be completed either in-person or online at least once every two calendar years.

(2) On the years when the individual receiving training is not receiving training in-person or online as allowed under subdivision 1, paragraph (b), clauses (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.

245J.13 Behavior Guidance

Subdivision 1. **Behavior guidance policies and procedures.** The applicant must develop written behavior guidance policies and procedures. The license holder must ensure that the policies and procedures are carried out. The policies and procedures must include:

- (a) methods of promoting positive behavior as specified under subdivision 2;
- (b) prohibited actions as specified under subdivision 3; and
- (c) separation from the group as specified in subdivision 4.

Subd. 2. **Methods of promoting positive behavior.** The license holder must:

- (a) positively role model acceptable behavior to each child;
- (b) tailor methods of promoting positive behavior to the developmental level of the children the program is licensed to serve;
- (c) ensure redirection, as defined in section 245J.01, subdivision 48, is used as appropriate in addressing a child's behavior, to guide a child away from potential challenges toward constructive activity;
- (d) teach children how to use acceptable alternatives to reduce conflict; and
- (e) protect the safety and well-being of children and caregivers.

Subd. 3. **Prohibited Actions.** The license holder must have and enforce a policy that prohibits the following actions by any caregiver:

- (a) subjection of a child to corporal or physical punishment. This includes, but is not limited to rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, spitting, hitting, and spanking;
- (b) subjection of a child to name calling, ostracism, shaming, making derogatory remarks about the child or the child's family, cultural or racial slurs, and yelling or using profane language that threatens, humiliates, or frightens the child;
- (c) forcing a child to maintain an uncomfortable position, or to continuously repeat physical movements;
- (d) group punishments for the behavior of an individual child;
- (e) separation of a child from the group except as provided in subdivision 4;
- (f) punishment for not resting, napping, or sleeping; toileting accidents; failing to eat all or part of meals or snacks; or failing to complete an activity;
- (g) denial of food or drink, or forcing food or drink upon a child;
- (h) denial of light, warmth, clothing, or medical care as a punishment for unacceptable behavior;
- (i) the use of physical restraint other than to physically hold a child when containment is necessary to protect a child or others from harm as defined by section 245A.211;

- (j) the use of mechanical restraints, such as tying, or any device or equipment intended to restrict or prevent movement as a means of discipline or convenience by caregivers, including but not limited to confinement to a swing, highchair, infant carrier, walker, crib, or weighted item as defined by section 245A.211;
- (k) the use of any non-prescribed substance given to a child to subdue or restrict movement or behavior;
- (l) discipline and punishment must not be delegated to another child; and
- (m) punishing or shaming a child for the actions of a parent. This includes, but is not limited to, failure to pay fees, failure to provide appropriate clothing, failure to provide materials for an activity, or any conflict between the license holder or caregiver and the parent.

Subd. 4. **Separation time from the group.** No child may be separated from the group unless the license holder has tried less intrusive methods of guiding the child's behavior which have been ineffective, and the child's behavior threatens the well-being of the child or other children in the program. Separation from the group must meet the following requirements:

- (a) newborns, infants, and toddlers must not be separated from the group as a means of behavior guidance. children under the age of three must not be separated from the group as a means of behavior guidance;
- (b) the separation time or “time-out period” must be limited to the amount of time necessary for the child to gain self-control and rejoin the group while being supported by the provider, or no more than one minute per each year of the child's age or developmental level, whichever period is shorter;
- (c) the child must be supervised as defined under section 245J.01, subdivision 56;
- (d) no child shall be placed in a locked room to separate the child from the group; and
- (e) the caregiver must offer the child the time-out period in a non-humiliating manner.

245J.14 Physical Space Requirements

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

(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 and approved by a fire marshal, is free of hazards, and meets the requirement specified in subdivision 4.

Subd. 2. **Outdoor learning environment and play space.**

(a) There must be an outdoor play space of at least 50 square feet per child in attendance at the program for regular use; or a park, playground, or play space within 1,500 feet of the program.

(b) The license holder and caregivers must comply with the following outdoor play supervision requirements.

(1) The license holder or caregiver shall remain outdoors with infants, toddlers, and preschoolers at all times.

(2) School-age children may be permitted in the approved outdoor play space at the program without the license holder or caregiver if both of the following occur:

(i) The children are engaged in age-appropriate activities using age-appropriate equipment; and

(ii) The license holder or caregiver remains accessible to provide supervision when needed in accordance with section 245J.01, subdivision 56.

(3) When the outdoor play space is not at the program, the license holder or caregiver shall accompany and supervise all children in transit and at the outdoor play space.

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

(d) Outdoor play areas must be protected from traffic and nearby hazards. The program must have:

(i) a continuous fence in good condition with functioning gates or a continuous natural barrier, or a combination of fence and naturally occurring or landscaping barrier. The fence or natural barrier must ensure that children are not able to leave the outdoor play area unsupervised; or

(ii) a supervision and safety plan if a fence is not used that includes alternative methods to ensure the health, safety, and protection of children in care.

(e) Electrical fences must be inaccessible to children in care.

(f) Providers must take measures to protect children from the dangers of sun exposure and extreme heat.

(g) Outdoor equipment, whether stationary or portable, must be safe, in good repair, and meet the developmental needs of the age groups of children using the space.

(h) Equipment such as, but not limited to, climbing gyms, swings, and slides must:

(1) have no openings that are greater than three-and one-half inches, but less than nine inches to avoid entrapment of the head or other body parts;

(2) have protective barriers on platforms that are 30 inches high or higher. A protective barrier means an enclosing product around an elevated platform that is intended to prevent both inadvertent and deliberate attempts to pass through the product; and

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

Subd. 3. Emergency escape routes.

(a) At least one emergency escape route separate from the main exit must be available in each room used for sleeping by anyone receiving licensed care. Additionally, when the basement is used for care, there must be one emergency escape route from the basement.

(b) One means of escape must be a stairway or door leading to the floor with an exit to the outside. 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.

(c) Required escape routes must not be obstructed and must be accessible without special knowledge.

Subd. 4. Portable Wading Pools.

(a) A portable wading pool as defined in section 144.1222 may not be used by a child at a family child care program unless the parent of the child has provided written consent.

(b) The written consent must include a statement that the parent has received and read material provided by the Minnesota Department of Health - Wading Pool Safety for Parents related to the risk of disease transmission as well as other health risks associated with the use of portable wading pools.

(c) Wading pools must be emptied daily.

(d) The caregiver must supervise children at all times while a wading pool is in use and must be able to clearly see all parts of the wading area.

(e) When not in use under the supervision of a caregiver, wading pools must be inaccessible to children.

Subd. 5. Swimming pools.

(a) This subdivision governs swimming pools located at family child care programs. This subdivision does not apply to portable wading pools or whirlpools located at family child care programs. For a license holder to be eligible to allow a child in care at the family child care program to use the swimming pool located at the program, the license holder must not have had a licensing sanction under section 245A.07 or a correction order

or conditional license under section 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 each calendar year;
- (2) obtain written consent from a child's parent allowing the child to use the swimming pool and renew the parent's written consent at least annually;
- (3) the written consent must include a statement that the parent has received and read materials provided by the Minnesota Department of Health related to the risk of disease transmission as well as other health risks associated with swimming pools;
- (4) the written consent must also include a statement that the Minnesota Department of Health, and county agency will not monitor or inspect the license holder's physical swimming pool;
- (5) attend and successfully complete a swimming pool supervision training course annually;
- (6) attend and successfully complete a swimming pool operator training course once every five years. Acceptable training courses are one of the following:
 - (i) the National Swimming Pool Foundation Certified Pool Operator course;
 - (ii) the National Spa and Pool Institute Tech I and Tech II courses, both are required; or
 - (iii) the National Recreation and Park Association Aquatic Facility Operator course.
- (7) require a caregiver trained in pediatric first aid and pediatric cardiopulmonary resuscitation to always be with the children while they use the swimming pool;
- (8) toilet all potty-trained children before they enter the swimming pool;
- (9) require all children who are not potty-trained to wear swim diapers while in the swimming pool;
- (10) 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 subd. 6 (12) whichever is later;
- (11) 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;
- (12) maintain the swimming pool water at a pH of not less than 7.2 and not more than 8.0, maintain the disinfectant concentration between two and five parts per million for chlorine or between 2.3 and 4.5 parts per million for bromine, and maintain a daily record of the swimming pool's operation with pH and disinfectant concentration readings on days when children cared for at the family child care program are present;
- (13) have a disinfectant feeder or feeders;

(14) have a recirculation system that will clarify and disinfect the swimming pool volume of water in ten hours or less;

(15) maintain the swimming pool's water clarity so that an object on the pool floor at the pool's deepest point is easily visible;

(16) comply with the provisions in section 144.1222, subdivisions 1c and 1d;

(17) have in place and enforce written safety rules and swimming pool policies;

(18) have in place at all times a safety rope that divides the shallow and deep portions of the swimming pool;

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

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

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

Subd. 6. Water hazards.

(a) Swimming and wading pools, beaches, or other bodies of water on or adjacent to the site of the program must be inaccessible to children except during periods of supervised use.

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

(c) When children use a swimming pool, as defined in Minnesota Rules, chapter 4717 or beach, an adult caregiver who is trained in first aid and CPR must be present. The program may not allow a child in care to use a swimming pool or beach without an adult caregiver trained in first aid and CPR present.

(d) With the exception of water tables designed for children to play in only with their hands, bodies of water must be separated from the play area by a fence or other physical barrier that prevents children from accessing the water. The house door alone is not a sufficient barrier.

Subd. 7. Water Play.

(a) Splash pads or sprinklers that spray or jet water on the users and do not have standing water do not need parental permission for use by children.

(b) Splash pads or sprinklers that have a standing water component are considered wading pools and required to meet the requirements of subdivision 5.

Subd. 8. **Door to attached garage.** The separation wall between the residence and garage shall meet Minnesota Rules, part 1309.0302.

Subd. 9. **Ventilation, heating, and cooling systems.** The following requirements must be met:

(a) On an ongoing basis, the heating, ventilation, and air conditioning system must be operated according to the manufacturer's instructions. Gas, coal, wood, kerosene, or oil heaters must be vented to the outside in accordance with the State Building Code.

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

- (1) 18 inches of a gas or fuel-oil heater or furnace; or
- (2) 36 inches of a solid-fuel-burning appliance.

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

(c) When in use and while warm to the touch, fireplaces, wood-burning stoves, solid fuel appliances, space heaters, steam radiators, outdoor fire pits, and other potentially hot surfaces, such as steam pipes, must be protected by guards or protective covering to keep hands and bodies away, to prevent burns, and prevent fires.

(d) 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.

(g) Outside doors and windows used for ventilation in summer months must be screened when biting insects are prevalent. The screens must be in good repair.

(h) The source of harmful and unpleasant odors including urine and pet waste must be removed to the extent possible by removing the source of the odor or by removing odors through cleaning and ventilation.

Subd. 10. **Temperature.** A minimum temperature of 62 degrees Fahrenheit must be maintained in indoor areas used by children.

Subd. 11. **Sewage disposal.** Child care residences must have toilet facilities and sewage disposal systems that conform to the State Building Code or local septic system ordinances.

(a) Toilets must be flushed thoroughly and clean. Toilet training equipment must be emptied and cleaned after each use.

(b) Outdoor toilets, including compostable toilets, are permissible in accordance with local septic system ordinances.

Subd. 12. **Construction, remodeling.** During construction or remodeling, children must not have access to construction or remodeling areas within or around the residence.

Subd. 13. **Interior walls and ceilings.** The walls and ceilings within the residence, as well as corridors, stairways, and lobbies must have a flame spread rating of 200 or less.

Subd. 14. **Electrical services.** The following electrical guidelines must be met:

(a) all electric receptacles accessible to children 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 must not be used as a substitute for permanent wiring; extension cords and flexible cords must 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.

Subd. 15. **Fire extinguisher.** A portable, operational, multipurpose, dry chemical fire extinguisher with a minimum 2 A 10 BC rating must be located near the required exit door of the residence at all times. The fire extinguisher must be serviced annually by a qualified inspector and evidence of annual service documented. All caregivers must know how to properly use the fire extinguisher.

Subd. 16. **Carbon monoxide and smoke alarms.**

(a) All programs must have an approved and operational carbon monoxide alarm installed within ten feet of each area used for sleeping children in care.

(b) Smoke alarms that have been listed by the Underwriter Laboratory must be properly installed and maintained on all levels including basements and in hallways outside rooms used for sleeping children in care. Smoke alarms are not required in crawl spaces and uninhabitable attics.

(c) In programs with construction that began on or after March 31, 2020, smoke alarms must be installed and maintained in each room used for children in care to sleep.

Subd. 17. **Stairways.** All stairways must meet the following conditions.

(a) Stairways of four or more steps must have handrails on at least one side.

(b) Any open area between the handrail and stair tread must be enclosed with a protective guardrail as specified in the State Building Code. The back of the stair risers must be enclosed.

(c) Gates must be used when children aged six to 18 months are in care.

(d) Stairways must be well-lit, in good repair, and free of clutter and obstructions.

Subd. 18. **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.

Subd. 19. **Locks and latches.** Door locks and latches must meet the following guidelines:

(a) a door latch on a closet or other confining space must be made so that children can open the door from inside the closet or other confining space;

(b) every interior door lock must permit opening of the locked door from the outside and the opening device must be readily accessible to all caregivers;

(c) double cylinder locks, where a key is required on both sides, on exit doors are prohibited; and

(d) installation of locks may not be used in place of supervision.

Subd. 20. **Tobacco products, vaping, drugs, and alcohol use prohibitions.**

(a) Smoking, including the use of tobacco products, vaping, electronic cigarettes, is prohibited during hours of operation under section 144.414, subdivision 2.

(b) The use of alcohol, illegal or recreational drugs is prohibited during hours of operation.

(c) The use of tobacco products, vaping, electronic cigarettes, alcohol, and illegal or recreational drugs in any vehicles used by the program is prohibited during hours of operation.

(d) If a license holder allows inhaling and exhaling of tobacco products or recreational drugs on the premises outside of child care hours, the license holder must verbally provide notice to parents and must post written notice in an obvious location disclosing this information.

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

245J.15 Cleaning, Sanitizing, and Disinfecting

Subdivision 1. **General Requirements.** The program must be free from accumulations of dirt, peeling paint, visible or known debris, soiled items, hazardous clutter, and pet waste, including odor from pet waste.

- (a) Sanitizers and disinfectants must not be used prior to or in place of cleaning compounds.
- (b) Disinfectants must be mixed and used according to the manufacturer's instructions.
- (c) Disinfectants must be used on surfaces that are contaminated with high hazard bodily fluids.
- (d) Nothing in this section prohibits the use of a dishwashing machine, clothes washing machine, or clothes dryer, for sanitization of toys or other program materials.

Subd. 2. **Toys.** Toys must be cleaned and sanitized to the following specifications:

- (a) Toys that children place in their mouths must be cleaned and sanitized prior to use by another child.
- (b) Toys that come into contact with high hazard bodily fluids must be cleaned and disinfected prior to next use.
- (c) Toys must be cleaned and sanitized weekly or more often as needed if there are visible or known contaminants or debris on them.

Subd. 3. **Food and eating areas.** Surfaces and tools that are used for preparing or serving food must be cleaned and sanitized prior to next use.

Subd. 4. **Indoor and outdoor equipment.** The indoor and outdoor space and equipment of the program must be clean from visible or known illnesses or contaminants, including high hazard bodily fluids or hazardous debris.

Subd. 5. **Sleeping.** Sleeping materials must be cleaned and sanitized if there is visible or known contaminants and follow specifications found in section 245J.17, subdivision 10.

Subd. 6. **Toilet training chairs.** Toilet training chairs, stools, and seats must be cleaned and disinfected after each use.

Subd. 7. **Hand washing.** A child's hands must be washed with soap and running water when soiled, after the use of a toilet or toilet training chair, and before eating a meal or snack. The license holder must monitor and assist the child who needs help. Children's hands must be dried on a separate or single-use towel.

(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 their hands.

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

Subd. 8. **Diapers, changing areas, and disposal.** 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. Diapers may be disposable or made of cloth.

(b) If cloth diapers are used the following requirements must be met:

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

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

(3) cloth diapers supplied by parents, except those supplied by a commercial diaper service, must be labeled with the child's name;

(4) cloth diapers, except those supplied by a commercial diaper service, and soiled clothing must be placed in a plastic bag after removal and sent home with the parent daily; and

(5) no rinsing or dumping of the contents of cloth diapers must be performed at the family child care program.

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

(d) Children in diapers must be kept clean and dry. Diapers and clothing must be changed promptly when wet or soiled.

(e) Single service disposable wipes or freshly laundered cloths must be used for washing a soiled child before rediapering.

(f) Changing tables, changing pads, and other diaper changing areas must be cleaned and disinfected between children, even if using a nonabsorbent covering that is discarded after each use.

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

(h) For disposable diapers, diapers must be disposed of in a covered diaper disposal receptacle located in the diaper changing area and lined with a disposable plastic bag. Diapers must only be disposed of in the diaper changing area or directly outdoors in a garbage can.

(i) Diapering must not take place in a food preparation area.

(j) A caregiver must disinfect the diaper changing areas, tables, and diaper pails with either chlorine bleach in a manner consistent with label directions for disinfection or with a surface disinfectant.

245J.16 Environmental Health

Subdivision 1. **Water supply.** There must be a safe water supply for all programs licensed under this section.

(a) Programs that obtain water from privately owned wells or sources must test any water used for cooking or drinking by a Minnesota Department of Health certified laboratory to verify safety. If the license holder declines to test the program's water supply, they must follow the requirements found in paragraph (c).

(b) A copy of the most recent water testing results must be kept on the licensed premises.

(c) If the water test results are at or above the Minnesota Department of Health recommended levels or if the license holder declined to test the water supply in the program, the license holder must:

(1) supply bottled or packaged water;

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

(3) use a water cooler dispenser;

(4) attempt to reduce the contamination. The program must retest after attempting to reduce contamination to verify that results are below the Minnesota Department of Health levels; or

(5) close the program to prevent children from using or consuming water.

Subd. 2 **Radon exposure.** There must be safe levels of radon in all programs licensed under this section.

(a) Family child care programs must ensure radon testing is performed:

(1) within two calendar years of initial licensure or within two calendar years of the effective date of this section, and

(2) every five calendar years thereafter.

(b) Family child care programs are exempt from the radon testing requirement in paragraph (a)(1) if the program has already completed radon testing according to the requirements of this section, and the testing was conducted within five years of the effective date or initial licensure.

(c) Radon testing must be conducted by:

(1) the owner or renter of the residential building where the program is operating; or

(2) a radon measurement professional licensed by the Minnesota Department of Health and according to the requirements of MN statute 144.4961.

- (d) Testing conducted by owners or renters must be conducted according to the 'ANSI/AARST MAH-2023 Protocol for Conducting Measurements of Radon and Radon Decay Products in Homes' or successor ANSI/AARST standards.
- (e) Radon testing must be conducted in the lowest level of the licensed space.
- (f) Test devices approved by a national radon proficiency program must be used.
- (g) Radon mitigation must be completed when testing indicates a radon level at or over 4.0 picocuries per liter (pCi/L) in a child care room, except when testing is conducted with a continuous monitor that indicates the average is under 4.0 pCi/L during operating hours of the family child care.
- (h) Radon mitigation must be completed within 120 days of completion of testing.
- (i) Radon mitigation must be completed by a radon mitigation professional licensed by the Minnesota Department of Health according to MN Statute 144.4961 Minnesota Radon Licensing Act.
- (j) Mitigation must reduce radon to under 4.0 pCi/L.
- (k) The building must be retested within 30 days after mitigation is completed, to verify radon reduction to under 4.0 pCi/L.
- (l) The results of each radon test must be on file at the program and available for review as requested from the commissioner or parent.
- (m) The license holder must provide the results of the radon test to parents and guardians if the radon level is at or above 4.0 pCi/l.
- (n) Community-based child care programs that are operating in a nonresidential space must comply with the requirements found in this subdivision, except items (c)(1), (d), and (e). Rooms not used for child care are not required to be tested.

245J.17 Activities and Equipment

Subdivision 1. **General activities.** Child care activities must provide for the physical, intellectual, emotional, and social development of the child. The environment must facilitate the implementation of the activities.

(a) Activities must include infants, toddlers, preschoolers, and school age children and:

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

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

(3) include active and quiet activity; and

(4) include both caregiver directed and child-initiated activity.

Subd. 2. **Equipment.** The license holder must meet the following equipment requirements daily.

(a) The license holder must have sufficient equipment that each child can be actively involved in an age-appropriate activity.

(b) The license holder must supply children in care with early learning materials, equipment and space that are age and developmentally appropriate, and culturally diverse.

(c) Unless otherwise restricted by law, equipment may be new, used, commercial, or handmade, as long as it is appropriate for the ages and developmental level of the children who will use it.

(d) Equipment must be safe, in good repair, and used in accordance with manufacturer's instructions.

Subd. 3. **Newborn or infant activities.** The caregiver must:

(a) hold newborns and infants during feedings until the child can hold their own bottle. A bottle cannot be propped up for a newborn or infant.

(b) respond to the infant's or newborn's attempts to communicate;

(c) develop infant language and communication by responding to the newborn's and infant's attempts to communicate by mirroring similar sounds, sharing the child's focus of attention, talking to the newborn or infant, naming objects, and describing actions.

(d) provide the newborn and infant with freedom of movement to sit safely and comfortably, crawl, toddle, walk, and play both indoors and outdoors throughout the day;

(e) provide the newborn and infant an opportunity to stimulate the senses by providing a variety of activities and objects to see, touch, feel, smell, hear, and taste;

(f) provide activities for the infant or newborn that develop the child's manipulative and fine motor skills.

- (g) provide activities for self-awareness;
- (h) provide activities to support the infant or newborn to develop social-emotional skills;
- (i) provide activities to support the infant or newborn to develop gross motor skills; and
- (j) allow each newborn and infant actively supervised tummy time. Tummy time should occur throughout the day when the newborn or infant is awake. Tummy time means placing the newborn or infant in a nonrestrictive prone position, lying on their stomach when not in sleeping equipment.

Subd. 4. **Newborn and infant equipment.** The following minimum equipment is required:

- (a) an infant seat or high chair, as appropriate, for each newborn and infant in attendance;
- (b) a crib, portable crib, or playpen with a mattress or pad for each newborn and infant in attendance, which are in compliance with current Consumer Product Safety Commission safety standards and chapter 245A.146. The license holder must maintain documentation onsite that the equipment used meets these requirements and provide it to the commissioner and parents as requested;
- (c) blocks and dramatic play equipment;
- (d) books and literacy materials;
- (e) gross motor activity equipment; and
- (f) fine motor activity materials.

Subd. 5. **Toddler activities.** The license holder must:

- (a) provide the toddler with freedom of movement and freedom to explore outside the crib or playpen and allow the toddler to comfortably sit, crawl, toddle, walk and play according to the toddler's stage of development;
- (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) give the toddler opportunities to stimulate the senses by providing a variety of age-appropriate activities and objects to see, touch, feel, smell, hear, and taste; and
- (e) provide activities to support the toddler to develop social-emotional skills.

Subd. 6. **Toddler equipment.** The following minimum equipment is required:

- (a) clean and separate sleeping equipment for each toddler such as a mat, crib, cot, bed, sofa, or sleeping bag that is cleaned and maintained as required in section 245J.15, subdivision 5, and section 245J.17, subdivision 10;
- (b) blocks and other large motor equipment;

- (c) books and literacy materials;
- (d) fine motor, math, and science materials; and
- (e) music, movement, and art activity materials.

Subd. 7. **Preschooler activities.** The license holder must:

- (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 opportunities to be responsible for activities;
- (e) provide opportunities 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; and
- (h) read stories, look at books together, and talk about new words and ideas with the child.

Subd. 8. **Preschooler equipment.** The following minimum equipment is required:

- (a) a mat, bed, cot, sofa, or sleeping bag for each preschooler that is clean and maintained as required under section 245J.17, subdivision 10, and section 245J.15, subdivision 5;
- (b) blocks and dramatic play equipment;
- (c) books and literacy materials;
- (d) fine motor materials;
- (e) math materials;
- (f) science materials;
- (g) music and movement materials; and
- (h) art materials.

Subd. 9. **School-age activities and equipment.** The license holder must:

- (a) provide opportunities for individual discussion about the day and planning for activities;

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

(c) provide space and opportunities 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 and materials for creative and dramatic activity, arts, and crafts.

Subd. 10. **Bedding.** Clean, separate, individual bedding such as sheets, towels, blankets, or sleeping bags must be provided for each child in care.

(a) For children not using cribs or playpens, the license holder must provide developmentally appropriate mats, cots, or other sleep equipment that can be cleaned and sanitized.

(b) Mats, cots, and other sleep equipment used in the program must be in good condition and have no tears or holes and be covered in individual bedding.

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

245J.18 Infant Sleep and Crib Requirements

Subdivision 1. **Documentation requirements for license holders.** All license holders must follow the crib safety requirements in section 245A.146.

Subd. 2. **Commissioner inspection.** During routine licensing inspections, and when investigating complaints regarding alleged violations of this section, the commissioner must review the license holder's documentation required under subdivision 1.

Subd. 3. **Infant safe sleep.** All license holders must follow the requirements in section 245A.1435.

Subd. 4. **Monitoring sleeping newborns and infants.**

(a) Caregivers must directly supervise newborns once they are placed in a crib or playpen.

(b) Caregivers must conduct in-person checks every 20 minutes once an infant has been placed in a crib or playpen.

(c) Infant monitors must be used when infants are sleeping in a separate room out of the direct supervision of the primary caregiver. When in use, infant monitors must meet the following conditions:

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

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

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

(d) If music or other sounds are played in the infant sleep area, the music or other sound equipment must not be played at a loud volume that would prevent infants from being heard by the caregiver. Music or sound equipment must not be placed under a crib or within three feet of the sleeping infant. If fans are used to create sound, these standards apply.

245J.19 Health Policies and Safety Requirements

Subdivision 1. **Handling and disposal of bodily fluids.** The license holder must comply with the following procedures for safely handling and disposing of bodily fluids:

- (a) surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, must be cleaned, and disinfected as described in section 245J.15;
- (b) blood-contaminated material must be disposed of in a plastic bag and securely tied;
- (c) sharp items used for a child must be disposed of in a Food and Drug Administration-approved sharps disposal container. The sharps container must be stored out of reach of a child; and
- (d) the license holder must have the following bodily fluid disposal supplies available: disposable gloves, disposal bags, and eye protection. Prescription eyewear does not meet the requirement of eye protection.

Subd. 2. **Emergency preparedness plan.**

(a) A license holder 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 prescribed by the commissioner and updated at least annually. The plan must include:

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

(b) The license holder must train each caregiver before the caregiver provides care and at least annually on the emergency preparedness plan and document completion of this training.

(c) The emergency preparedness plan must be available for review by the agency during inspections.

(d) The licenser holder must complete a monthly fire drill log and have documentation available for review by the agency during inspections.

Subd. 3. **Emergencies.** The license holder must be prepared for emergencies.

- (a) An operable telephone must be located at the program. A license holder may use a cellular telephone if the cellular telephone is sufficiently charged for use at all times.
- (c) The emergency phone numbers of the parents, child's physician, and dentist must be readily available within the program and taken on emergency drills and evacuations.
- (d) For severe storms and tornadoes, the license holder must have a designated area that children go to for shelter, a battery-operated flashlight, and a portable radio or TV available. An application on a smartphone may meet these requirements. The license holder must listen to the Emergency Alert System or local alerting systems for current emergency information and instructions.
- (e) The license holder must have a written fire escape plan. The plan must specify:
 - (1) address of the program;
 - (2) emergency phone numbers;
 - (3) a designated place to meet and confirm that all children in attendance are present;
 - (4) smoke detector and fire extinguisher locations;
 - (5) plans for monthly fire and storm drills;
 - (6) escape routes to the outside from all levels used by children. In buildings with three or more dwelling units, enclosed exit stairs must be indicated.
- (e) The license holder must keep a log of monthly fire and storm drills. The log must include the date of the drill, the time of day the drill occurred, the name of the caregiver who conducted the drill and the length of time taken to evacuate all children safely.

Subd. 4. **Transporting children.** Children shall be transported only in motor vehicles as defined in section 168.002, subdivision 18 and the motor vehicle must be permanently enclosed. When transporting 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) the license holder must ensure compliance with all seat belt and child passenger restraint system requirements under sections 169.685 and 169.686;
- (b) a child may be transported only if the child is fastened in a safety seat, seat belt, or harness appropriate to the age and weight of the child and the restraint is installed and used in accordance with the manufacturer's instructions;
- (c) any vehicle operated by the license holder for the transportation of children must be licensed in accordance with the laws of the state and the driver must hold a current, valid motor vehicle license. A copy of the current driver's license, for each caregiver who transports a child in care, must be kept at the program;

- (d) written permission to transport children must be obtained from parents prior to transport; and
- (e) no child is permitted to remain unattended in any vehicle.

Subdivision 5. **Pets.** All pets housed at the licensed program that have contact with children must be maintained in good health. Pets are limited to dogs, cats, fish, guinea pigs, gerbils, rabbits, hamsters, rats, mice, and birds, if the birds are clear of chlamydia psittaci bacteria. The license holder must ensure that:

- (a) all pets are properly housed, cared for, licensed per local ordinances, and up to date with vaccines. All local and state ordinances governing the keeping of animals must be followed;
- (b) rabies shots and tags are current for all dogs and cats;
- (c) parents are notified prior to admission of the presence of pets in the program and prior to the introduction of a new pet for children already enrolled in care;
- (d) children shall interact with animals only with adult supervision;
- (e) pet cages and enclosures including fish tanks accessible to children in care are located and cleaned away from any food preparation, storage, or serving areas;
- (f) all areas accessible to children are free of animal waste, including litter boxes and their contents;
- (g) the parents of a child that received an animal bite or scratch are immediately notified of the injury;
- (h) the licensing agency is notified when any animal bite occurs from an animal housed at the licensed program; and
- (i) the agent of a community health board as authorized under section 145A.04 is immediately notified whenever an individual is bitten by an animal. The notification must be given before any steps are taken to destroy the animal, and the license holder must take reasonable steps to confine the animal.

Subd. 6. **Pest control.** Effective measures must be taken to protect the program against pests.

- (a) Chemicals for pest control must not be applied in areas accessible to children when children are present. License holder must use chemicals according to manufacturer instructions.
- (b) Steps must be taken to prevent attracting pests.
- (c) Once pests are present inside the program, steps must be taken to remove or exterminate the pests.
- (d) License holders must have a policy stating what their pest control plans are. The policy must emphasize prevention and use chemicals as a last resort.
- (e) Only approved, U.S. Environmental Protection Agency registered insecticides, rodenticides, and herbicides may be used. Application must strictly follow all label instructions.

Subd. 7. **Garbage.** Garbage must be inaccessible to infants, toddlers, and preschoolers. Garbage is considered inaccessible when the garbage container has a lid on it.

Subd. 8. Toxic and hazardous materials.

(a) Toxic and hazardous materials such as chemicals or similar items that are likely to or capable of causing injury, illness, or death when ingested, inhaled, absorbed, or comes into contact with a child's body must be inaccessible to children.

(b) All medicines, vitamins, chemicals, detergents, poisonous plants, alcoholic beverages, cannabigerol compounds (CBG), tetrahydrocannabinol (THC), controlled substances, and other toxic substances must be inaccessible to children. They must be stored away from food products.

(c) Toys and equipment with chipped, cracked, or peeling parts must be removed from the program.

(d) The license holder must check the U.S. Consumer Product Safety Commission's website on a monthly basis or when a new toy is incorporated into the program for warnings of potential lead exposure to children and recalls of play equipment, toys, jewelry used for play, imported vinyl mini-blinds, and bibs, lunchboxes, and other food contact products. If items are found to have lead or be recalled, they must be removed immediately. Signing up for monthly alerts from USCPSC is sufficient.

(e) Knives, sharp objects, fire ignitors, plastic bags, and other potential hazards must be inaccessible to children. The use of potentially hazardous materials and tools must be supervised.

Subd. 9. Weapons. The program must have a policy that requires all parents, household members, and visitors to the program to comply with the following during program hours:

(a) All weapons, including but not limited to pellet or ball bearing (BB) guns, darts, bows, arrows, cap pistols, stun guns, paintball guns or any devices that shoot projectiles must be unloaded and inaccessible to children. Ammunition and firearms must be stored in separate locked areas.

(b) License holders must notify parents prior to admission of the presence of firearms or weapons listed in (a) or status change of ownership.

(c) Loaded and unloaded weapons may be carried by a law enforcement official who is a household member or a parent of a child in care and who can document their jurisdiction requires ready and immediate access to the weapon.

Subd. 10. First aid kit. The license holder must have a first aid kit that is accessible to caregivers in the program at all times and taken on field trips. The first aid kit must contain the following:

(a) adhesive bandages in assorted sizes and tape;

(b) sterile compresses;

(c) scissors;

(d) an ice bag or cold pack;

(e) thermometer;

(f) mild liquid soap, hand sanitizer, or alcohol wipes;

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

(h) access to first aid instructions in a manual or via a smart phone or device.

Subd. 11. **Care of sick children.** The following must be followed for the care of sick children.

(a) If the child becomes sick while at the program, the child must be separated from other children in care to the extent possible while still maintaining appropriate supervision, and the parent must be called immediately.

(b) When notified a child in care is sick with a reportable disease, the license holder must comply with the following requirements:

(1) the caregiver must follow the program policies on reportable or infectious disease.

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

(c) Children with a reportable disease as specified in paragraph (b), item (2) must be excluded from the program for a length of time as specified in the commissioner of health guidelines on infectious diseases in child care settings; or until the health care provider has determined that the child can return; or the child can participate in routine activities without more caregiver supervision than usual.

Subd. 12. **Medication administration requirements.** The administration of medication by the caregiver to children in care must meet the following requirements:

(a) the license holder must obtain written permission from the parent of a child prior to administering nonprescription medicine, diapering products, sunscreen lotions, and insect repellents. These items must be administered according to the instructions of the manufacturer unless there are written instructions for their use provided by a licensed physician, physician assistant, advanced practice registered nurse, certified nurse practitioner or dentist; and

(b) the license holder must obtain and follow written instructions from a licensed physician, advanced practice registered nurse, physician assistant, or dentist prior to administering each prescribed medication. Medicine with child's name and current prescription information on the label constitutes instructions.

245J.20 Food and Nutrition

Subdivision 1. **Feeding.**

(a) Bottles of frozen formula or breast milk must be thawed under warm running water or in a container of warm water or warming device, or in a refrigerator. The date the milk was thawed must be written on the bottle or container.

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

(c) Once bottle feeding is complete, any unused portion must be refrigerated, or disposed of and inaccessible to children in care. Bottles provided by or stored at the program must be washed prior to the next use.

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

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

Subd.3. **Drinking water.** Drinking water must be readily available and offered throughout the day in indoor and outdoor areas.

Subd. 4. **Meals and snacks.** Well-balanced meals and snacks must be supplied by the license holder or parents daily.

(a) Each meal and snack served to children in care must meet the requirements for a reimbursable meal per the Child and Adult Care Food Program, which can be found here [Nutrition Standards for CACFP Meals and Snacks | Food and Nutrition Service](#) regardless of whether the program is registered with or participates in the food program.

(b) Meals and snacks provided from home must be labeled with the child's name and meet United States Department of Agriculture's Child and Adult Care Food Program requirements. If a meal component is missing, the license holder must provide the missing component. When special diets are required for cultural, religious, or medical reasons, the provider shall obtain written, dated, and signed instructions from the child's parent.

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

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

Subd. 5. **Food and liquid safety.** Food and liquids must be handled and stored properly to prevent contamination and spoilage.

(a) Foods and liquids requiring refrigeration must be refrigerated. Perishable foods and liquids are those that are subject to decay, spoilage, or bacteria.

(b) Foods and liquids requiring refrigeration must be maintained at no more than 40 degrees Fahrenheit. Food requiring heating must be maintained at no less than 140 degrees Fahrenheit until ready to serve. Frozen food must be maintained in a solid state until used. Liquids must be refrigerated until time of serving.

(c) Appliances used in food and liquid storage and preparation must be safe and clean.

(d) All canned food provided by the license holder must be commercially processed. Locally grown fresh and frozen fruits and vegetables may be served at the program.

(e) Food canned or preserved at home is not permitted to be served at the program.

(f) Home butchered meats, poultry, and fish are not permitted to be served at the program. Non-commercially prepared wild game is permitted to be served in programs which primarily serve Native American children.

245J.21 Children with Special Health Care Needs or Disabilities

Subdivision 1. **Children with special health care needs or disabilities.** For children with disabilities who require therapy, additional behavior guidance, or programming, or children with alternative accommodations, the parents, physician, or therapist must provide written instructions to the license holder. The license holder must follow the written instructions.

(b) All activities should be designed to include all children unless a specific medical contraindication exists.

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

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

(1) If a child has a known allergy, the license holder must maintain current information about the allergy in the child's record and follow the allergy plan or emergency care plan signed by a treating medical professional including the following:

(i) description of the allergy;

(ii) specific triggers and avoidance techniques;

(iii) symptoms of an allergic reaction;

(iv) procedures for responding to an allergic reaction, including medication and dosage to be administered in an emergency situation.

(2) The caregiver must call emergency medical services when epinephrine is administered to a child in the license holder's care.

(3) The license holder must contact the child's parent immediately after any instance of exposure to an allergen or allergic reaction.

245J.22 Community-based Child Care

Subdivision 1. **Community-Based Child Care.**

(a) When the license holder is an organization, and the program is a community-based program:

- (1) the program must identify only one primary provider of care;
- (2) a program may identify more than one primary provider of care as specified in paragraph (f);
- (3) the license type of the program is determined by the primary provider of care's qualifications as established in section 245J.08;
- (4) the primary provider of care must complete the training that is required by license holders in section 245J.10; and
- (5) the primary provider of care is authorized to communicate with the county licensing agency and the department on matters related to licensing.

(b) Nonresidential child care programs serving 18 or fewer children that are conducted at a location other than the license holder's own home must be licensed under this section in addition to the regulations governing family child care or group family child care if one of the following applies:

- (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 main 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 license holder. For purposes of this subdivision, a community collaborative child care license holder is a license holder participating in a cooperative agreement with a community action agency as defined in section 256E.31;
- (5) the license holder is a not-for-profit agency that provides child care, 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 paragraph to exceed the licensed capacity of 18 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 18 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 sections 245J.10, 245J.11, and 245J.12;

(iv) the facility has square footage required per child under section 245J.14;

(v) the program is in compliance with local zoning regulations; and

(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 Occupancies, as provided in the Minnesota State Fire Code 2015, Section 202, unless the rooms in which the children 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 occupancies, as provided in the Minnesota State Fire Code 2020, Section 202; and

(C) any age and capacity limitations required by the fire code inspection and square footage determinations must be printed on the license;

(6) the individual 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; and

(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 Occupancies, as provided under the Minnesota State Fire Code 2020, Section 202, unless the rooms in which the children 2 ½ 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.

(c) The license issued by the commissioner must contain the statement "This community-based child care license holder is not licensed as a child care center."

(d) The commissioner may issue up to four licenses to an organization licensed under paragraph (b), clauses (2), (3), or (4). Each license must have its own primary provider of care as required under clause (1). Each license must operate as a distinct and separate program in compliance with all applicable laws and regulations.

(e) For licenses issued under paragraph (b), clauses (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 and separate program and within the capacity, age, and ratio distributions of each license as noted by the state fire marshal. Only one license will be issued per single family residential home.

(f) For a license issued under paragraph (b), clauses (2), (3), (4) or (5), the license holder must designate an individual to be the primary provider of care at the licensed location on a form and in a manner prescribed by the commissioner as follows:

(1) When a program operates for 8 or fewer hours per day, the program must identify one individual to be the primary provider of care.

(2) When a program operates for more than 8 hours per day but no more than 16 hours per day, the program may identify up to two primary providers of care.

(3) When a program operates for more than 16 hours per day, the program may identify up to three primary providers of care.

(g) The license holder must notify the commissioner in writing before there is a change of the persons designated to be the primary provider of care. The primary provider of care:

(i) must be present during the hours of operation;

(ii) must operate the program in compliance with applicable laws and regulations under chapters 245A and 245J;

(iii) 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;

(iv) must complete the training that is required of license holders in section 245J.10;

(v) is authorized to communicate with the county licensing agency and the department on matters related to licensing; and

(vi) is a controlling individual as provided in section 245A.02, subdivision 5a, paragraph (5).

(h) For any license issued under this subdivision, the license holder must ensure that any caregiver, substitute, intermittent caregiver, or helper who assists in the care of children meets the training requirements in sections 245J.10, 245J.11, and 245J.12 and background study requirements under chapter 245C.

(i) The commissioner-developed Community-based Child Care Program Plan must be completed at initial application by each Community-based Child Care Program. The plan must be reviewed annually no later than December 31st and updated prior to information on the plan or within the program being changed.