



Key Themes of Feedback on Family Child Care Draft Revised Licensing Standards

Child Care Regulation Modernization – Revised Licensing Standards

November 2024



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Stakeholder Engagement Overview

Child care is one of Minnesota's most essential resources, supporting the well-being of families, strengthening communities, and driving the state's economy. Recognizing this critical role, the 2019 Minnesota Legislature created the Family Child Care Task Force to discuss and make recommendations related to family child care licensing. In their [report](#), the task force recommended that the existing family child care licensing standards be updated. Additionally, the 2021 Minnesota 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.”

Minnesota Rule Chapter 9502, which governs the licensing of family child care programs, was originally established in the 1980s and has not undergone a comprehensive update since its inception. However, incremental updates have been made to Minnesota Statute Chapter 245A, particularly in areas such as family child care training, safe sleep practices, and health and safety requirements. The disconnect between updates to the statute and the outdated rule has created challenges for new and existing family child care providers, licensors, and families, who often struggle to navigate the licensing requirements and determine where to find relevant information. To address this, the revised licensing standards, a key component of the Child Care Regulation Modernization project, aim to consolidate all standards into a new statute, Chapter 245J. This will serve as a single, comprehensive resource for family child care applicants, providers, licensors, and families. The new standards are intended to be organized for ease of use and aligned with the legislative directive to be child-centered, family friendly, fair to providers, and grounded in regulatory best practices.

With these objectives in mind, DHS contracted with NARA to apply their expertise in drafting revised licensing standards rooted in national regulatory best practices. In October 2022, DHS administered an initial survey for stakeholders to provide feedback to [guide Minnesota's revised licensing standards](#). NARA delivered an initial draft to DHS in March 2023, which was then refined through collaboration with other Minnesota state agencies, licensors, and subject matter experts. This work was conducted while the other two components of the Child Care Regulation Modernization project, the weighted risk system, and abbreviated inspections, were also undergoing their development. On April 10-11, 2024, DHS held two online information sessions on both of the draft licensing standards, attended by over 900 stakeholders.

The [first public draft](#) was released on April 22, 2024, followed by a series of 23 listening sessions across Minnesota, engaging over 950 participants and generating 2,498 pieces of individual feedback across both family child care and child care centers. These sessions were complemented by additional stakeholder engagement through email correspondence, with more than 300 emails received and responded to between April 22 and August 1, 2024.

To further collect comprehensive feedback, DHS partnered with Wilder Research to design an anonymous online survey that gathered detailed input on the clarity of language, the level of effort required to implement each licensing standard, and the anticipated impact on children's health and safety. The survey was open from June 10 to July 31, 2024, for both family child care and child care centers, receiving responses from over 1,600 unique

participants. Each participant was able to provide feedback on provisions most relevant to them, with the option to return to the survey as needed.

Additionally, DHS commissioned Wilder Research to conduct anonymous interviews with family child care providers to obtain candid feedback on specific sections of the draft standards. Invitations to participate were sent to a randomized selection of 329 family child care providers, resulting in seven in-depth interviews between June 12 and July 19, 2024. These interviews, lasting between 15 minutes to an hour, were recorded and transcribed for analysis.

Lastly, in June, the project team conducted six county licenser focus groups to discuss and seek feedback on dedicated topics. These focus groups were organized based on interest forms submitted by the licensors, identifying the six priority areas for focused review: Activities and Equipment; Behavior Guidance; Cleaning, Sanitizing, and Disinfecting; Environmental Health; Physical Environment and Space Requirements; and Training Requirements. The sessions were held virtually via Microsoft Teams, with each meeting lasting between one and one-and-a-half hours. Approximately ten licensors from various counties across the state participated in each session, ensuring a broad range of perspectives were represented throughout the discussions.

This report presents a comprehensive summary of the key themes and insights gathered from these feedback efforts. The feedback reflects input from a broad range of stakeholders, including family child care providers, parents, advocates, licensors, and early childhood organizations. The information contained in this report identifies common concerns, recommendations, and opportunities for improvement, ensuring that the next draft of licensing standards promote high-quality, accessible, and sustainable child care services throughout Minnesota.

Listening Session Key Themes

While all sections of the draft are included in this report, some sections received far greater amounts of feedback than others. In cases where limited feedback was given, a simple summary will be provided.

For sections that received greater amounts of feedback, the following information will be provided on the topic:

1. **DHS Context:** This section describes the Department’s intent at the time the draft licensing standards were released in April 2024 and provides a brief overview of the changes from current language. This is background information only and doesn’t convey the Department’s intent for moving forward in the next draft.
2. **Key Themes of Feedback:** This section contains a summary of key themes that were identified as part of the analysis of listening session feedback. It also contains direct quotes that were captured from stakeholders via post-it notes during the listening sessions, which are noted with quotation marks.
3. **Summary:** The summary will contain a brief overview of what the DHS context and key themes stated above.

The purpose of this report is to summarize the feedback DHS received from Minnesota’s child care community on the draft revised licensing standards. This feedback will inform the next draft of the revised licensing standards.

245J.01 Definitions

Current family child care requirement definitions can be found in [MN Rules 9502.0315](#). Updates to this section of the draft are focused on providing clearer, more prescriptive definitions intended to address modern child care needs, terminology, safety, and regulatory compliance. A major piece of feedback received was concern around the clarity, feasibility, and practicality of specific definitions that were updated. The feedback specifically highlighted the definitions of toddler, licensed capacity, supervision requirements, and medications.

“Toddler: clarification needed. A toddler currently starts at the child’s 1st birthday, but this defines toddler as 16 months.”

“The definition of family childcare as licensed for no more than 10 children would reduce the current capacity under the C2 license.”

Note: The department acknowledges that the definition of “toddler” in the initial draft language was a typo. DHS does not have any intention of changing the age classifications for family child care.

245J.02 Licensing of Facilities

The current licensing of facilities requirements can be found in [MN Rules 9502.0325](#). Minimal changes were made to the existing language. DHS expanded the scope of the new language by including not just family and group family child care, but also community-based child care programs (previously known as special family child care) and introduced provisions for specialized infant and toddler care. Lastly, language around exclusion from licensure found in 9502.0325 was removed from 245J.02.

No key themes or quotes were collected during listening session stakeholder engagement on 245J.02.

245J.03 Community-based Child Care

DHS replaced the term special family child care with community-based child care, based on previous stakeholder engagement and feedback. Current language for special family child care can be found in [MN Statute Chapter 245A.14, Subd. 4](#). The updates in 245J.03 introduce a more detailed and structured approach to licensing nonresidential child care programs serving 14 or fewer children and operate in a location where the license holder does not live. Key changes include clearer fire code requirements, stricter guidelines for square footage, and provisions for displaying licenses. The new language also emphasizes distinct and separate operations for programs under the same roof, with specific training and background study requirements for caregivers. These updates aim to enhance safety, regulatory compliance, and transparency, reflecting a more comprehensive oversight of community-based child care programs.

The largest piece of feedback that was received on this section of the draft was to pull out all language for community-based child care and create a separate statute. Stakeholders felt that community-based child care has morphed into something that is no longer family child care and requires its own set of licensing standards and process.

“Remove all references to community care programs. They are not family childcare homes. They should have separate statute numbers, even if most of their wording is the same.”

245J.04 Licensing Process

DHS Context

The current family child care licensing process requirements can be found in [MN Rules 9502.0335](#). The updates regarding the licensing process for family child care aim to introduce more precise and detailed requirements to improve safety, accountability, and regulatory compliance. Ineligibility factors and variance procedures were updated to provide greater clarity. While these updates seek to improve consistency, clarity, and safety in family child care programs, the Department of Human Services acknowledges that some errors have been identified in the references within this section on variances and these will be corrected on future drafts.

Key Themes of Feedback

Fire marshal and variance procedures and expectations

Many stakeholders expressed concern and confusion over what exactly a fire marshal needs to be involved with and what exactly each variance is referencing.

“Can you clarify the variances and fire marshal expectations?”

Liability insurance

Several providers were worried about disclosing liability insurance information to parents, citing privacy and safety concerns, especially in cases where uninvolved or unsafe parents are present.

“Licensor holder must provide 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 is not in the best interest of their safety. Some parents are uninvolved or unsafe for child and don't need to know who has their children.”

Summary

The updated family child care licensing process in 245J.04 builds on the current requirements in MN Rules 9502.0335, with a focus on enhancing safety, accountability, and regulatory compliance. Key changes include clearer guidance on ineligibility factors and variance procedures. However, stakeholders raised concerns regarding the involvement of fire marshals in variance procedures, seeking clarification on their role. Additionally, several providers expressed privacy and safety concerns over the requirement to disclose liability insurance details to parents, particularly in cases involving uninvolved or unsafe parents.

245J.05 Agency Records

The existing licensing standards for family child care regarding agency records are outlined in [MN Rules 9502.0345](#). While this section of the draft includes minor revisions, these updates primarily focus on improving clarity and terminology. Although limited feedback was received on this section, one recurring theme emerged: concerns about the presence of pets in the home. Stakeholders expressed a preference for the ability to clearly indicate in their policies whether their home is pet-friendly, allowing parents to make informed decisions.

“Can't we just state "pet friendly" home in our policies and let parents decide if they like it or not? We already follow current guidelines.”

245J.06 Caregiver Qualifications

The current licensing standards for family child care caregiver qualifications are outlined in [MN Rules 9502.0355](#). The department's intention was to keep this section of the draft largely the same with some key updates to meet updated terminology and standards. While it remains important to ensure adult caregivers are physically able to care for children, the new language introduces an added level of safety around behavioral health. Additionally, it expands the list of medical professionals eligible to conduct health exams.

The department did not receive many comments on this section, however there was some concern raised over how to fairly determine if someone is mentally able to care for children. While this concern was raised, it was still agreed upon that mental and behavioral health is essential for providing quality care to children.

“We are fine with proof of physical and mental health signed by professionals for initial licensing.”

245J.07 – 245J.09 Training Requirements

DHS Context

The current family child care training requirements are outlined in [MN Statute Chapter 245A.50](#). The current language organizes training by topic areas such as initial or pre-licensure training, behavior guidance, pediatric first aid, and pediatric CPR. This structure has led to confusion among different types of family child care caregivers regarding which provisions apply to them and the required timelines for compliance.

Through stakeholder engagement, the project team identified concerns regarding the complexity of the current statute, particularly the difficulty providers face in determining which training requirements apply to each caregiver type and the appropriate timelines for completion. In response to this feedback, the draft licensing standards reorganize the statute into three distinct sections to clarify the training requirements for each caregiver type:

- 245J.07 outlines the training requirements for license holders and second adult caregivers, who share the same training obligations.
- 245J.08 focuses on substitutes and intermittent caregivers, a new caregiver category defined in 245J.01.
- 245J.09 details the training requirements for helpers.

In addition to this reorganization, the core training requirements for each caregiver type remain largely unchanged, with one notable exception: license holders and second adult caregivers may not count the same specific training or class more than once every five years. This new standard is intended to encourage caregivers to diversify their professional development, continually expanding their skills to enhance both their careers and the quality of care they provide.

Key Themes of Feedback

Training redundancy

A major theme in the feedback received during listening sessions revolves around the repetitiveness of required trainings. Caregivers expressed frustration with the mandate to repeat the same courses, even though they already demonstrate competence in the subject matter. Caregivers suggested that once certain training was successfully completed, they should not have to repeat the exact same coursework unless there was a significant update with the content.

“We have to take the same trainings every couple of years. It’s a waste of time.”

“Trainings are redundant if after 5 years you don’t need the same information.”

Training recertification flexibility

Another concern raised is the need for more flexible options when it comes to recertifying or refreshing previously completed courses. Providers believe that if they have already taken a course, they should have the ability to review or retake only parts of the content that have changed or was updated. They advocate for more tailored recertification pathways that allow them to focus on new developments or key areas rather than

retaking an entire training course. This flexibility would make the process more efficient and relevant to their ongoing professional development.

“Why not be able to redo a class if you have taken it before, but only focus on the parts that have changed?”

“Benefit to retaking only the necessary updates instead of the whole training.”

Consistency in certification standards

Confusion over what constitutes a "nationally recognized" certification, particularly for CPR, was another common theme. Providers note that the language used in the standards is unclear and inconsistent, leading to uncertainty about which certifications are valid and accepted. This lack of clarity not only complicates the process of maintaining compliance with regulations but also raises concerns about the legitimacy of certain training providers. The feedback calls for clearer, more consistent guidelines to ensure all caregivers are on the same page regarding certification requirements.

“What would a ‘nationally recognized’ CPR training look like? The term is too vague.”

“CPR verbiage is not consistent. We need clearer guidelines.”

Need for updated and relevant content

Many providers feel that the training content is outdated and not reflective of current best practices. They emphasize the need for training programs to be more relevant, incorporating updated material that aligns with modern standards and the evolving needs of family child care. By refreshing the content, training can become more engaging and beneficial for caregivers, ensuring they are equipped with the latest knowledge and skills necessary to provide high-quality care. This would also address the concerns of redundancy, as new, relevant material would make training more meaningful.

“Another thing to consider is the training in the field is outdated. We need something more current.”

“You need to update the SUID training; it’s outdated.”

Summary

The Minnesota family child care training requirements, currently outlined in Chapter 245A.50, have caused confusion for caregivers due to their complex structure and redundant training mandates. These caregivers fall into distinct categories: primary caregivers, second adult caregivers, substitutes, intermittent caregivers, and helpers, each with specific training obligations. In response to feedback, the new draft standards reorganize the requirements into three sections: 245J.07 for license holders and second adult caregivers, 245J.08 for substitutes and intermittent caregivers, and 245J.09 for helpers. The feedback on the family child care draft licensing standards reveals several key concerns from providers. Many express frustrations with the redundancy of mandatory trainings, feeling that they are required to retake the same outdated courses, such as SUID/AHT and pediatric CPR, without any updates to the content. There is a strong call for more flexibility in recertification, allowing providers to refresh their knowledge in areas that have changed rather than repeating entire courses.

Additionally, inconsistencies in certification standards, particularly regarding CPR, have caused confusion, with providers seeking clearer guidelines. Overall, there is a push for updated, relevant, and engaging training materials that reflect current best practices and reduce the burden of unnecessary repetition.

245J.10 Substitute Caregivers and Replacements

The current family child care substitute caregivers and replacement requirements can be found in [MN Statute Chapter 245A.53](#). The department's goal was to keep this section largely the same, maintaining the annual limit of 500 hours for substitute caregivers and outlining the use of emergency replacements. Both require efforts to minimize the time children spend with emergency replacements and prohibit the use of individuals with disqualifying criminal histories. However, the draft language further clarifies the process for notifying parents and licensors during emergencies, requiring the program to close once the last unrelated child leaves. These updates aim to enhance accountability and improve communication during emergency situations.

During the listening sessions, there were only two pieces of feedback about this section of the draft. However, the feedback suggested a need for stricter guidelines on emergency replacements to help prevent potentially unsafe situations. Additionally, the updated requirement to notify licensors and the commissioner after using an emergency replacement was generally seen as a positive step, helping to improve oversight and reduce the risk of misuse.

“Overall, this seems like good clarification of when an emergency sub can be used. One change I had not expected was the need to notify licensors of what an emergency sub was used and for the licensor to notify the commissioners.”

“So, in C2A provider must not knowingly put an emergency person in charge that they may have committed a crime but in paragraph E states nobody is required to provide information on the emergency person used? Seems knowingly dangerous.”

245J.11 Supervision of Family Child Care License Holder's Own Child

The current language on the supervision of a family child care license holder's own child can be found in [MN Statute Chapter 245A.149](#). Overall, the standards of this section remain the same with some updates to references and terminology.

There was limited feedback on the supervision of family child care license holders' own children. Some stakeholders sought clarification on when a provider's own children count toward the total child care numbers, especially if supervised by someone else, and whether this applies inside or outside the licensed space. Others appreciated the clarity provided by the draft, noting that it allows a person of the provider's choice to supervise their own children without needing training.

“This clarifies that providers own children can be supervised by a person of their choice inside or outside the licensed area without needing training, etc. I think this is good.”

“Clarification needed: if anyone else is supervising the family childcare licensed own children when do they and when do they not count in childcare numbers? Does this include in residence or off site?”

245J.12 Licensed Capacity, Child and Adult Ratios, Age Distribution Restrictions

DHS Context

The draft language for licensed capacity, child and adult ratios, and age distribution in 245J.12 maintains much of the structure and requirements from the current language in [MN Rules 9502.0365](#) and [9502.0367](#). Research consistently shows that smaller ratios allow caregivers to provide more individualized attention, better manage the needs of younger children, and respond more effectively in emergencies. Increasing the number of children per caregiver, particularly for infants and toddlers, could compromise the quality of care and increase the risk of accidents or neglect. A key update in the draft includes more explicit guidance on newborn care and helpers in specialized infant and toddler care settings, as well as clearer definitions of how different license classes (A, B, C, and D) operate based on capacity and ratios. Additionally, the draft clarifies that all caregivers must remain awake while providing child care services and specifies that a group family child care program can operate at a lower capacity when ratios permit. These updates provide additional clarity without altering the core principles of child-to-adult ratios and age restrictions that are crucial to child safety.

Key Themes of Feedback

Desire for increased infant/toddler capacity

Many providers are requesting additional capacity for infants and toddlers, citing the high demand for care in this age group and the impact of public preschool programs reducing demand for older children. Suggestions include adjusting ratios to allow more infants or toddlers per caregiver and creating specialized licenses for more infant/toddler care.

“Need expanded ratios for infant/toddlers because need is high and public-school pre-K is being offered free. This is taking away from our business.”

Challenges with school-age spots

Providers frequently mention difficulties in filling school-age spots, especially due to the prevalence of before-and-after-school care options provided by schools. This has resulted in lost income and unused capacity, and providers suggest allowing younger children to fill these spots instead.

“Most providers are never even able to fill the school age spots that [are] available, because of the before and after care that most schools now offer. So, for many years, this is lost income for all providers.”

Supervision and napping during 24-hour care

Some providers expressed concerns that the requirement for caregivers to remain awake during all child care services does not account for overnight or 24-hour care scenarios during which children are sleeping. Noting caregivers should be allowed to rest.

“The supervision and primary caregiver section says that all caregivers must be awake while providing childcare services. The main issue is that there is no exception for providers who provide 24 hour or

overnight care. If all the children are sleeping at night, the provider should be able to sleep. That is allowed currently.”

Ratio adjustments based on experience

A few comments highlighted that ratios could be adjusted based on a provider's experience and reputation, suggesting that providers with a strong track record might be allowed higher capacities or more flexible ratios.

“Update Ratios - consider reputation and years in service.”

Summary

The draft language in 245J.12 maintains the child-to-adult ratios and age distribution limits from current regulations, supported by research showing that smaller ratios enable more individualized attention and better emergency response. Feedback from providers focused on increasing infant and toddler capacity due to high demand and adjusting school-age spots that often go unfilled. Additionally, concerns were raised about the requirement for caregivers to stay awake during 24-hour care, and some providers suggested that ratios be adjusted based on experience and reputation.

245J.13 Reporting to Agency

The current family child care reporting to agency requirements can be found in [MN Rules 9502.0375](#). The draft language in 245J.13 retains many of the current reporting requirements from 9502.0375. The draft language introduces more detailed guidance, including a shift to notify the agency prior to someone moving in and within 10 days of someone moving out, down from the previous 30 days. It also expands the range of medical professionals who can treat serious injuries to include physician assistants and advanced practice nurses. Feedback was limited, with providers supporting advance notification for someone moving in but questioning the need to report when someone moves out, especially if it doesn't affect the child care environment. There were also concerns around the definition of "immediate" reporting, particularly in emergencies like fires.

“We support notifying the agency prior to anyone moving in. We do not understand why it should be necessary to immediately notify the agency that someone has moved out. Someone moving out of the home doesn't impact the health and safety of the children.”

“I feel the word ‘immediately’ is tough to know what each person considers immediate. Having a time frame or stating you must report injury/fire before reopening is more tangible.”

245J.14 Behavior Guidance

DHS Context

The current family child care behavior guidance requirements are outlined in [MN Rules 9502.0395](#). Rule 9502.0395 provides general guidelines for positive behavior management, banning corporal punishment and emotional abuse but lacks detail on handling challenging behaviors. It includes broad prohibitions and covers separation and toilet training but doesn't address complex behavior management.

In contrast, 245J.14 is more comprehensive, defining key terms and outlining detailed behavior guidance policies. It prohibits group punishments, mechanical restraints, and punishment for toileting accidents. It also requires documentation of incidents, behavior plans for challenging behaviors, and rigorous separation guidelines, including protections for infants, toddlers, and children with developmental disabilities.

DHS's intent with 245J.14 was to expand upon the foundations set by 9502.0395 by providing more detailed procedures, clearer definitions, and a stronger emphasis on positive behavior promotion and the management of "persistent unacceptable behavior", which is defined in the draft language. This standard is designed to give caregivers a more structured framework while enhancing protections for children in family child care settings.

Key Themes of Feedback

Documentation requirements

Providers believe that the amount of documentation required under the draft language found in 245J.14 is excessive and detracts from the time they can spend actively caring for children. The requirement to document incidents of persistent unacceptable behavior within 24 hours and to log specific behavior interventions, such as separation, is seen as overly cumbersome. They argue that this level of documentation may not necessarily improve behavior guidance practices but instead places additional pressure on caregivers to manage paperwork.

"Too much documentation requirements! Providers already have so much paperwork, and adding more is going to make it even harder to focus on the children."

"Why do we need to document every single separation? It just adds more work when our priority should be interacting with the kids."

Group punishments and activity cancellations

While the draft standards prohibit group punishments to prevent unfair discipline, some providers believe there should be flexibility in canceling activities when a child's behavior disrupts the group. It is argued that sometimes it is necessary to cancel activities for everyone when one child's behavior makes it unsafe or challenging to proceed with planned activities. Providers want a balance between maintaining fairness and ensuring safety and group harmony.

"Activities should be allowed to be canceled for the group if one child's behavior is putting others at risk or making it hard to continue."

"It doesn't seem fair that we can't adjust plans when one child's behavior affects everyone. Sometimes it's the only option."

Use of physical restraints

Providers seek clarity on the limits of the physical restraint prohibition, especially when safety is involved. They worry about how this affects practices like using strollers or carriers for infants, which could be interpreted as physical restraints. While caregivers understand the intent behind the draft standard, they believe there should

be allowances for safe practices that do not pose a risk to children but may technically involve restraining them in some way.

"What about strollers and baby carriers? Are they considered physical restraints? I use them for safety, not punishment."

"I use a baby carrier religiously, and it provides comfort for both the child and me. I hope this won't be restricted under the new rule."

Qualifications

Caregivers worry the qualifications required to implement the new standards may be too high for some in the family child care field. While experienced providers may already have the necessary skills, others—particularly those new to the field or without formal training in child development—may find it difficult to meet the expectations for managing complex behaviors, documenting incidents, and applying nuanced behavior management techniques. This has led to concerns that the new standards could drive less experienced caregivers out of the workforce or lead to compliance challenges.

"These new behavior rules sound great, but I don't feel like I have enough training to know how to handle persistent behavior issues the way the rule describes."

"I'm worried that not all providers will have the qualifications or experience to meet these new behavior standards, especially when it comes to dealing with complex behaviors."

"This could be overwhelming for less experienced caregivers. We need more support to make sure everyone is ready to handle these changes."

Summary

The new behavior guidance standards outlined in 245J.14 expand on the existing framework found in MN Rules 9502.0395, offering more detailed procedures and clearer definitions to promote positive behavior and manage persistent unacceptable behaviors. While 9502.0395 focuses on general guidance and prohibits the use of corporal punishment, 245J.14 introduces a more structured approach, defining key terms like "persistent unacceptable behavior" and "separation" while adding new restrictions on group punishments, mechanical restraints, and disciplinary actions related to toileting accidents. Moreover, it also includes additional provisions for children with developmental disabilities, written behavior guidance policies and more extensive documentation, particularly around incidents of persistent unacceptable behavior and separation. However, feedback from providers reveals concerns about the excessive documentation required, limits on activity cancellations due to group disruptions, and the clarity around the use of physical restraints. Additionally, many providers feel that the qualifications needed to meet these standards may be too demanding, particularly for less experienced caregivers, and call for additional training and support to ensure compliance without overwhelming the workforce.

245J.15 Admissions; License Holder Records; Reporting

DHS Context

The current language for admissions; license holder records; and reporting requirements for family child care can be found in [MN Rules 9502.0405](#). The draft language in 245J.15 and the current language in 9502.0405 share several similarities regarding admissions, provider records, and reporting. Both versions require detailed discussion between parents and providers about the care of children, including sleeping, feeding, and behavior practices. Both sets of regulations require written policies from providers on topics such as the presence of pets, transportation, emergency procedures, and nondiscrimination. However, the new draft includes more specific details on required written policies, such as a video surveillance policy and the requirement to notify parents if their child is scratched or bitten by an animal. In the draft language, attendance records would need to include the exact time of arrival and departure in hours and minutes, and there are new policies regarding screen time and firearms in the residence. It should be noted that licensing standards around serving children with disabilities and nondiscrimination were moved to a new section in 245J.16, Children with Special Health Care Needs or Disabilities, to increase clarity and attention in those areas.

Key Themes of Feedback

Overwhelming documentation requirements

Providers are concerned about the volume of required documentation and policies, including attendance records, sign-in sheets with exact times, and various written policies on topics such as screen time, video surveillance, and pets. Many feel that these requirements would take time away from providing care to children, making it difficult to manage both the administrative and caregiving responsibilities effectively.

"Documentation...We would have no time with the children."

"Policies aren't meant to be exhaustive lists of requirements of our license. They are meant to be our own policies we choose and are between us and the families enrolled in our care."

Privacy and security concerns

There are significant worries about privacy, especially regarding the disclosure of video surveillance system locations, which providers believe compromises the security of their programs. Many providers also raised concerns about unnecessary details like listing children's birthdates in attendance records, which they see as an invasion of privacy.

"I notify families of the use of video surveillance systems and that I am the only person with access to the feed and recordings. For my own personal safety and security, and the safety of children in my care, I ABSOLUTELY SHOULD NOT be required to show or identify the locations of the devices."

"Attendance records: Why? In and out I could understand, but weekly schedule? We need to take care of these children, not be a secretary."

Parents' role and responsibilities

Providers expressed frustration that the draft standards shift too much responsibility away from parents, especially in areas such as potty training, feeding, and napping, where parents might dictate terms that conflict with established routines in the care setting. Providers emphasize that care decisions should be a partnership between them and parents, with providers maintaining reasonable authority over routines.

"Rather than 'instructions from parents...must be followed...' I suggest policies agreed upon between parent and providers."

"We are not a restaurant. If parents decided on how I can feed a child, I would be cooking nonstop for each child."

"We set our rules, our routines... I don't want a parent dictating 'no diapers' for a training child, especially if I need to sanitize after accidents."

Summary

The draft language in 245J.15 for admissions, records, and reporting closely mirrors the existing language in MN Rules 9502.0405. Suggested language includes more detailed requirements for documentation and written policies, such as those for video surveillance, screen time, and firearms. Feedback from providers highlight concerns about the administrative burden these requirements might create, taking time away from direct care of children. Providers are also worried about privacy and security risks, particularly with video surveillance policies, and believe some requirements, like exact attendance records, are excessive. Additionally, providers feel the draft shifts too much responsibility away from parents, especially in areas like potty training and feeding. They emphasize the need for partnership between parents and providers, with providers retaining reasonable control over routines.

245J.16 Children with Special Health Care Needs or Disabilities

DHS Context

The current licensing standards for children with special health care needs or disabilities are found at the end of [MN Rules 9502.0405](#). In the draft revisions, this content has been moved to its own section, 245J.16, to provide greater clarity and focus on this critical area. Discussions with parents and disability service professionals revealed that securing child care for children with disabilities presents unique challenges. In response, the department has updated the language with the goal of increasing the number of providers offering care to children with disabilities by establishing clear guidelines and support structures. The draft outlines updated requirements, including the development of individualized child care plans in coordination with relevant professionals, when feasible. Additionally, the draft clarifies the need for formal documentation and caregiver training to address the specific needs of children with disabilities or allergies, reinforcing ongoing collaboration between parents, medical professionals, and providers to ensure effective care.

Key Themes of Feedback

Administrative burden

Providers are concerned that the draft requirement for individual child care plans is overwhelming and will lead to significant administrative burden. They fear that this will deter them from accepting children with special needs due to the increase in documentation and time required to coordinate care.

"This will make it tougher for children with special needs to find high-quality care, or possibly any care period... Providers would be scared to take children with special needs because of the huge increase in paperwork, time, and liability from these pages."

Lack of training and expertise

Providers express concern about their lack of training on developing and implementing individual care plans for children with special needs. They emphasize they are not special education professionals and fear the challenges that come with such responsibilities.

"We are not equipped to do this. We are not special educators. Not in our wheelhouse."

"Sounds a lot like an IEP which we are not trained to create."

Fear of reduced inclusion

Many providers fear these added requirements will lead to fewer providers accepting children with special needs, which runs contrary to the goal of promoting inclusion. Providers believe the additional work may discourage them from offering care to children who require special accommodations.

"I worry that providers may stop caring for children with disabilities due to the extra work/documentation. Children with disabilities in care is great for all children!"

Privacy and coordination challenges

Concerns were raised about the requirement to coordinate with medical professionals, schools, and other therapists, which some providers see as a potential privacy issue. Additionally, providers worry that involving too many parties could lead to delays in care.

"Documentation [to] attempt [to] coordinate in the individual child care plan. This is another added paperwork burden to the license holder. Parents and guardians can communicate and work with license holders on how to best meet their child's needs. I can't imagine having to coordinate with the doctor and school speech therapist for each child who receives services for speech impediments."

Resource and space limitations

Providers highlight the lack of resources available to accommodate children with special needs in family child care settings. They worry about space constraints and the availability of staff to ensure a safe environment for children who may require special equipment or attention.

"It will be very difficult to care for children with special needs. Do not have training to be able to do this. Space issues may be a problem with wheelchairs or special equipment needed."

"Are resources available to care for children with special needs? Who will provide resources?"

Summary

The draft language for 245J.16, addressing children with special health care needs or disabilities, aims to provide clearer guidelines and support for providers, but has raised concerns among family child care providers. The revisions are intended to encourage more providers to care for children with disabilities by offering structured guidelines and requiring individualized child care plans. However, many providers worry about the increased administrative burden, lack of training, and coordination challenges involved. Providers fear the added paperwork and responsibility will deter them from accepting children with special needs, undermining the goal of inclusion. Concerns were also raised about privacy issues when coordinating care with medical professionals and therapists, as well as the availability of resources and space to accommodate children with special needs. These challenges could limit the availability of quality care for children with disabilities.

245J.17 Activities and Equipment

DHS Context

The current requirements for activities and equipment can be found in [MN Rules 9502.0415](#). The transition from 9502.0415 to the new draft language in 245J.17 represents a significant shift towards clearer, more detailed standards for activities and equipment in family child care settings. Currently 9502.0415 provides broad guidelines for activities and equipment. The intent is to allow for flexibility but instead, the broad guidelines often lead to inconsistency in how licensors interpret and enforce the regulations. Providers express concerns about these inconsistencies, prompting the Department of Human Services (DHS) to develop 245J.17, which offers more specific language which is designed to promote consistency and more uniform regulatory practices.

245J.17 includes detailed requirements for activities and equipment, specifying the types and quantities of materials needed for different age groups, such as infants, toddlers, preschoolers, and school-age children. It also introduces rigorous environmental safety standards, requiring that all materials used in child care settings be non-toxic and free from harmful substances like PVC and Styrofoam. Additionally, the new draft provides clear expectations for daily activities, mandating outdoor play when possible and defining indoor gross motor activities when outdoor play is restricted due to weather.

The draft addresses infant and toddler care with more specific guidelines, such as mandatory "tummy time" for infants and the use of developmentally appropriate toys and activities. These new guidelines, alongside enhanced documentation requirements, aim to reduce the room for differing interpretation by licensors. The intent is that all family child care settings adhere to the same standards. By focusing on clearer and more prescriptive language, 245J.17 promotes a consistent and practical approach to enforcing activity and equipment standards, while addressing provider concerns about the subjectivity of licensor inspections under the current standard.

Key Themes of Feedback

Cost and space

Providers believe the equipment requirements under 245J.17 would create unnecessary financial strain, especially for smaller family child care settings. The need to purchase and store specific items, particularly in large quantities, is viewed as impractical given the limited space in many home-based programs. Providers argue that these requirements may also lead to clutter and safety concerns if too much equipment is forced into small environments.

"Too many required toys. Too costly! No room to store all these items in small home-based child care."

"The cost of buying all this equipment adds up quickly, and there's no space to keep it all without creating a cluttered, unsafe environment."

Flexibility in developmentally appropriate equipment

Caregivers emphasize the one-size-fits-all approach to equipment requirements does not account for the individual developmental needs of children in their care. They believe that equipment choices should be flexible and adaptable to the unique needs and developmental stages of children, rather than strictly dictated by regulatory requirements. Providers suggest that guidelines, rather than fixed standards, would allow for better alignment with the actual needs of children.

"Developmental appropriateness: equipment mandates should reflect the actual needs of children, not one-size-fits-all."

"Multiple sets of equipment should be a guideline, not a hard requirement. Different children need different things at different stages."

Remove specific quantity requirements

Providers feel that the emphasis on exact quantities of equipment is misguided, as the needs of children can vary greatly depending on their age, developmental stage, and interests. Rather than enforcing strict requirements about the number of toys or pieces of equipment, providers argue the focus should be on offering a wide range of developmentally appropriate activities and items that meet the children's needs. This would provide greater flexibility and reduce the financial and spatial burden on caregivers.

"Remove all required quantities of items and replace it with a focus on variety and quality."

"We don't need exact numbers of equipment—what matters is that we have the right variety to support development."

Safety checks on toys

While providers agree that maintaining safety is paramount, they believe that there should be more flexibility in how safety is maintained. Many feel that monthly checks and documentation on the condition of toys may not improve safety but instead create impractical burden. They suggest a more practical approach would be to

emphasize the caregiver's ongoing responsibility to monitor and maintain safe conditions without formal monthly procedures.

"Safety is always a priority, but monthly documented checks feel excessive. We are always ensuring the toys are safe for children."

"There needs to be a balance between ensuring safety and making sure we aren't overwhelmed with more administrative tasks."

Program diversity

Caregivers feel that the new draft standards under 245J.17 could standardize family child care programs in a way that undermines the individuality and diversity that parents value. Many providers take pride in offering customized care that aligns with their teaching philosophies and the needs of the children and families they serve, especially for nature-based programs. Overly prescriptive regulations may reduce their ability to tailor their programs to meet the specific preferences of families, making the experience less personal and flexible.

"This language does not take into consideration nature-based programs and holistic non-toy-based programs."

"The rules don't leave much room for flexibility. Parents pick my program because it's different from others—standardizing everything takes that away."

"These requirements take away from what makes each family child care unique. We're not all the same, and parents choose us for that individuality."

Environmentally friendly considerations

Caregivers are divided on which approach licensing should take on eco-friendly materials. While some caregivers believe standards should emphasize eco-friendly, non-toxic alternatives to protect the health and safety of children and promote sustainability, other caregivers worry about the feasibility of implementing such changes. For smaller family child care providers, sourcing and purchasing environmentally friendly alternatives can be cost-prohibitive.

"We should be moving away from materials like Styrofoam—it's bad for the environment and potentially harmful for children."

"Non-toxic materials should be the standard. The regulations should be clearer on avoiding harmful products like Styrofoam."

"I understand the need for non-toxic materials, but the alternatives to things like Styrofoam are often expensive and hard to find."

"We want to use safer materials, but it has to be practical and affordable for smaller providers. The regulations need to consider this."

Summary

The transition from 9502.0415 to 245J.17 aims to clarify and standardize activities and equipment requirements in family child care settings, addressing provider concerns about inconsistencies in licensor interpretations. While 245J.17 offers detailed guidelines for age-appropriate activities, equipment, and environmental safety standards, stakeholder feedback highlights several concerns. Providers feel the mandated equipment and safety checks create financial strain, storage issues, and reduce flexibility, especially in small programs. They also emphasize the one-size-fits-all approach doesn't account for individual developmental needs, and standardizing family child care could undermine program diversity. Additionally, while many providers support eco-friendly standards, others worry about the cost and feasibility of such changes. Overall, providers seek a balance between clear standards and practical, flexible implementation.

245J.18 Physical Environment and Space Requirements

DHS Context

The current physical environment licensing standards can be found in [MN Rules 9502.0425](#).

The transition from Minnesota's 9502.0425 to the draft Chapter 245J standards for family child care represents a comprehensive overhaul aimed at enhancing child safety, improving clarity for providers, and promoting consistent regulatory enforcement. The revised standards in 245J were developed in response to feedback from family child care providers who voiced concern about the inconsistent interpretation of 9502.0425 by licensors. The changes also align with the Minnesota legislature's directive from 2021 to create family child care licensing standards that are child-centered, family-friendly, and fair to providers, while also adhering to regulatory best practices.

One of the most significant changes is the shift toward more detailed and prescriptive guidelines. Under 9502.0425, standards around space requirements and safety were broad, which often led to discrepancies in how licensors enforced them. Draft Chapter 245J addresses these concerns by introducing clearer and more specific standards for both indoor and outdoor environments.

In outdoor environments, 245J builds upon 9502.0425 by requiring shaded areas and protective barriers or fencing around play spaces. It mandates fall zones under play equipment with resilient materials like mulch or rubber, aligning with Consumer Product Safety Commission guidelines to reduce injury risks. Rule 9502.0425 lacked these specific fall zone and material requirements. The enhanced detail in 245J is intended to promote greater uniformity across programs and reduce the potential for accidents.

245J strengthens environmental safety measures by requiring testing or covering of bare soil to prevent lead exposure. The language bans the use of toxic air fresheners or chemical sprays, which were not addressed in 9502.0425. These measures are intended to maintain a safe, non-toxic environment for children while recognizing modern health standards. Additionally, 245J introduces prohibitions on the use of scented products, which was not a consideration in 9502.0425, promoting child care environments which are safe for children with sensitivities to fragrances.

In conclusion, 245J offers a more comprehensive and structured framework compared to 9502.0425, providing clear, enforceable standards that address safety, environmental health, and regulatory consistency. The new standards aim to protect children, support family-friendly care environments, and offer fair and manageable expectations for providers, while grounding these improvements in best regulatory practices.

Key Themes of Feedback

Cost and financial burden

The most significant concern received within this section of the draft is the financial burden of complying with the draft standards. Providers commented the costs to implement the new regulations would be overwhelming, especially for those operating on tight budgets. The costs of installing 9-inch fall zones, maintaining resilient materials like rubber mulch, and completing annual HVAC inspections were frequently mentioned as concerns. The financial burden of this new standard is seen as a potential cost barrier that could drive providers out of the market or significantly increase childcare costs for families.

“The 9 inches of fall zone material is way too expensive. It’s not feasible for home environments, and many local parks don’t even have that.”

“Annual HVAC inspections are unrealistic and expensive. Who will pay for all these requirements?”

Inflexibility and practicality

The feedback suggests that the new draft lacks the flexibility needed for various program environments, particularly in rural areas or nature-based programs. Requirements such as fencing large areas, managing specific fall zones, or ensuring exact temperature and humidity levels are seen as impractical and not always necessary for ensuring children's safety. Providers argue the new standards restrict their ability to create flexible, creative outdoor environments that suit their programs' needs.

“A 9-inch fall zone is overkill for small play structures. Grass works just fine for my children.”

“Why does every yard need a fence? Not all providers are near traffic or water hazards. The cost of this is prohibitive.”

Safety standards and overregulation

Providers believe that some safety requirements are excessive and do not align with the actual risks children face in family child care settings. For example, the daily inspection of outdoor spaces and the requirement for resilient fall zones are seen as disproportionate, especially when local parks and playgrounds do not adhere to such stringent standards. There is also concern that these standards might drive providers to remove equipment altogether rather than face the cost and regulatory burden of compliance.

“9 inches of mulch is ridiculous and more dangerous than the grass. It’s also a choking hazard for younger kids.”

“Why do we need to inspect our outdoor spaces daily? I’ve never had any safety issues in 19 years of care.”

Environmental and sustainability concerns

While some providers appreciate the push for non-toxic and environmentally safe materials, others argue that the cost of these materials, like rubber mulch, is too high, and their maintenance is impractical. There is also a belief that natural materials, such as grass, can be just as effective and safe as synthetic alternatives, which might pose other risks, such as overheating or being a choking hazard.

“Rubber mulch gets way too hot on warm days. Grass is a better, more natural option.”

“We should use non-toxic materials, but the alternatives are expensive and hard to find in some areas.”

Temperature and humidity requirements

The feedback indicates that providers believe the temperature and humidity requirements are too narrow and impractical for family child care programs, especially programs operating out of houses. Temperature fluctuations are common in houses, especially in multi-level dwellings. Maintaining such specific environmental conditions is seen as creating unnecessary expense and effort, with concerns that it may not even be possible in all home setups.

“Maintaining 68-82 degrees and 30-50% humidity is impossible. Minnesota’s weather makes this impractical.”

“The current minimum temperature of 62 degrees works just fine. 68 is too hot, especially with active children.”

Scents and fragrance restrictions

Providers believe that banning scented products goes too far, especially considering the need to control unpleasant odors in a child care setting. They argue the use of air fresheners or essential oils, especially natural products, is a practical way to maintain cleanliness and comfort. Some providers also feel the ban infringes on cultural or personal practices, such as the use of incense in religious or cultural ceremonies. There is also frustration that the draft standards create contradictions, such as banning air fresheners while still requiring the use of certain chemicals for cleaning.

“We can’t use air fresheners to manage odors, but we have to use toxic chemicals to clean? That’s contradictory.”

“It should be the provider’s discretion as to when or if they need to use air fresheners/sprays to eliminate unpleasant odors, even when children are in care.”

Covering bare soil

Providers argue bare soil is an integral part of natural play and outdoor exploration for children, and the requirement to cover or test it for lead feels unnecessary and costly. For many, particularly those in rural areas or with larger properties, the cost and effort required to comply with this standard are overwhelming. They also worry the draft standard limits children's ability to engage in natural play like digging in the dirt, which is seen as

beneficial for development and immune systems. If the standard were to be implemented, providers call for clarity around how frequent testing would need to be conducted.

"No bare soil? Kids love playing in the dirt, and it's good for their immune systems. This requirement is too much."

"No bare soil, what about gardens or mud kitchen play. I'll have to test the whole yard?"

"I would have to test or cover my whole yard? How often do we need to do this, and who will pay for it? This is just unrealistic."

Summary

The transition from Minnesota's 9502.0425 to the draft 245J.18 standards for family child care introduces significant change aimed at improving child safety and regulatory consistency but has raised several concerns among providers. Key feedback highlights the financial burden of implementing requirements like 9-inch fall zones and annual HVAC inspections, which many find impractical for the primarily home-based settings of family child care. Providers also express frustration over the lack of flexibility, with requirements like fencing, temperature and humidity control, and daily outdoor inspections seen as excessive. Concerns about environmental and sustainability issues, particularly around non-toxic materials, further complicate compliance. Additionally, restrictions on scents and the requirement to cover bare soil are viewed as overregulation, with providers emphasizing natural materials and personal practices should be allowed. Ultimately, while 245J.18 seeks to improve safety and standardization, providers worry this section of the draft standards may be overly burdensome and not practical for their unique settings.

245J.19 Crib Safety

The draft language found in 245J.19 requires that license holders follow the crib safety requirements currently found in [MN Statutes, section 245A.146](#). Crib safety language will remain in its current location of 245A.146 and is unchanged.

245J.20 Infant Sleep Supervision Requirements

DHS Context

The current infant sleep supervision requirements can be found in [MN Statutes Chapter, section 245A.147](#).

The current language in 245A.147 and the draft language in 245J.20 both focus on infant sleep supervision. The language reflects the critical importance of ensuring infants' safety during sleep, which aligns with national regulatory best practices for infant care. Both versions require caregivers regularly monitor sleeping infants, with the current language recommending in-person checks every 30 minutes. The draft standard tightens the requirement to mandatory checks every 15 minutes. The draft language further strengthens these standards by mandating the use of infant monitors when infants are sleeping in separate rooms. It prohibits the use of personal cell phones as monitoring devices, requiring sound equipment to function properly, and be actively monitored. Additionally, the draft sets clear guidelines for sound management in sleep areas to ensure infants

can be easily heard. It places limitations on the use of music, sound equipment, and fans. These updates follow established safe sleep practices, which are essential to reducing the risk of Sudden Unexpected Infant Death Syndrome (SUID) and other sleep-related incidents. The enhanced supervision requirements and emphasis on safe sleep environments underscore the department's commitment to the well-being of infants and align with evidence-based strategies for infant safety in childcare settings.

Key Themes of Feedback

In-person check requirements

Many providers feel the requirement to check sleeping infants every 15 minutes is excessive and impractical in a family child care setting, particularly when managing multiple children. They suggest that a 30-minute interval might be more realistic.

"I can hear all the children even while they are in their sleeping rooms."

"What is the reason we are checking on infants every 15 minutes?"

"This can be difficult. While we can set timers to check every 15 minutes, we cannot drop everything or guarantee we won't need an extra minute to address other children."

Sound machines and fans

The prohibition on sound machines, music, and fans in infant sleep areas raised concern among providers. They argue these tools are beneficial for infant sleep, drowning out external noises, and reducing stress for infants, especially in a multi-age group setting.

"Removing sound machines and fans decreases the ability for babies/toddlers/preschoolers to sleep. Lack of sleep is very unhealthy."

"Why can't we use music/sound machines with sleeping infants even if there is a monitor in the room?"

"Some little ones need that background noise to rest!"

Summary

The draft language in 245J.20 strengthens infant sleep supervision requirements compared to the current language in 245A.147. The updated standard focuses on promoting infant safety through regular monitoring and sound management. While both current and draft language emphasize the importance of in-person checks, the draft mandates a check every 15 minutes, which many providers feel is excessive and impractical in family child care settings. They suggest 30-minute intervals would be more feasible. Additionally, the draft's prohibition on sound machines, music, and fans in sleep areas raised concern. Providers argue these tools help infants sleep better by drowning out external noises and reducing stress, especially in multi-age group environments. They feel the restrictions on sound equipment may hinder infants' sleep quality without providing clear safety benefits.

245J.21 Health and Safety Requirements

DHS Context

The current language for family child care Health and Safety Requirements can be found in [MN Statutes Chapter 245A.51](#). Both versions outline procedures for the handling and disposal of bodily fluids, maintaining emergency preparedness plans, and ensuring safety when transporting children. However, the draft language in 245J.21 provides more detailed and structured requirements, such as specifying the type of motor vehicles used for transportation. Additionally, the draft adds more explicit expectations for severe weather preparation and provides clear guidelines for maintaining emergency phone numbers during drills. The draft also integrates more comprehensive guidelines for transporting children, including stricter requirements for vehicle licensing and driver qualifications. Overall, while the core focus remains the same on ensuring child safety, the draft introduces additional specificity and structure to these requirements.

Key Themes of Feedback

Administrative and documentation burden

Providers are frustrated with the draft changes to paperwork and documentation requirements, feeling they add unnecessary complexity without significantly improving safety.

"More unnecessary documentation leads to burnout!"

"Logging the length of time of an evacuation is irrelevant. Our priority is not knowing how long the drill took but rather is every child in our care safe."

Confusion over parental control and input

Providers feel requiring written plans from parents on topics such as potty-training, eating, and sleeping undermines their professional expertise and complicates care for multiple children.

"Parents cannot come in and make rules for potty-training, eating, sleeping. We make the schedule."

"Special instruction from each parent for toilet-training, eating, and sleeping is impossible with multiple children. I provide a daily schedule that best fits my program."

"Some parents have no idea how to potty-train or get their child to sleep or even eat. Every child is different, and they are counting on us to help them."

Space and equipment concerns

Providers highlighted some requirements, such as those related to sleeping arrangements or equipment, are unrealistic in a family child care setting where space is often limited.

"As home providers, we do not have space to store 12 cots not touching—this is unrealistic."

"Why do sleeping bags need to be water-resistant? Children here lay on sleeping bags. They can be washed."

Need for clarification on specific requirements

Many providers requested more clarity on certain provisions, particularly around transportation and emergency preparedness.

"Clarify requirement regarding child passenger restraint for using public transport."

Request for state-provided documentation and guidelines

Providers feel overwhelmed by the expectation to create their own documentation for new requirements and suggest the state provide standardized forms and guidance.

"If you are requiring all these new documents to be filled out, you should have to provide the proper document for us to use so that every provider in the state is using one document."

Summary

The draft revisions to the family child care health and safety requirements in 245J.21 build on the existing standards in MN Statutes Chapter 245A.51. The proposed language adds increased detail regarding procedures for handling bodily fluids, maintaining emergency preparedness plans, and transporting children. However, the new draft introduces increased documentation requirements, such as specifying transportation details. Many providers feel the increased documentation is burdensome and unnecessary. Providers expressed concerns about the administrative workload and potential burnout from these new requirements, especially without state-provided forms to streamline documentation. Additionally, there is frustration over the requirements for parental input on topics like potty-training, eating, and sleeping, as providers feel this undermines their professional judgment. Space limitations in family child care settings also make certain equipment-related requirements impractical.

245J.22 Cleaning, Sanitizing, and Disinfecting

DHS Context

The current family child care cleaning, sanitizing, and disinfecting licensing standards can be found in [MN Statutes Section 245A.148](#) and [MN Rules 9502.0435, Subpart 1](#).

The draft language in Chapter 245J.22 and the current standards share a common goal: to ensure high standards of cleanliness and hygiene in family child care settings. Both emphasize the importance of maintaining sanitary conditions and using EPA-registered disinfectants for cleaning surfaces, particularly those that come into contact with food or high-hazard body fluids. Both versions focus on cleaning and disinfecting diapering areas as well as ensuring disinfectants are used in accordance with manufacturers' directions. Additionally, they require child care environments remain free of dirt and hazards, placing a strong emphasis on protecting children's health through proper sanitation practices.

The draft language in 245J.22 introduces a higher level of detail and specificity than the current regulations. It clearly defines terms such as "cleaning," "sanitizing," and "disinfecting," and outlines the processes involved in each—something the current rules do not explicitly do. The draft expands the scope of sanitization, including more detailed procedures such as using test strips to verify chemical concentrations, daily cleaning of infant and toddler toys, and monthly cleaning of refrigerators. These guidelines go beyond the general cleaning requirements in the current standards, providing more structured protocols on how frequently certain surfaces and items need to be sanitized or disinfected.

The current standards provide some discretion for providers, but this flexibility allows room for differing interpretation by licensors while monitoring for compliance. Likewise, when licensors and DHS encounter concerning environments that put the health and safety of children at risk, current licensing standards make it difficult to hold programs accountable due to their vague nature. Providers have expressed concern over the years that unclear cleaning and sanitizing requirements lead to inconsistent interpretations from regulatory staff. The draft language seeks to address these issues by providing clear, measurable standards to aid in consistent enforcement and monitoring while helping providers better understand expectations.

Additionally, the draft language in 245J.22 aligns more closely with national regulatory best practices for family child care settings, which emphasize the importance of specific, evidence-based hygiene protocols to ensure children's health and safety. These best practices suggest comprehensive cleaning and sanitizing protocols, like those outlined in the draft, help reduce the spread of infectious diseases and create safer, healthier environments for children. The move toward clearer and more prescriptive standards in the draft regulations reflects an effort to align with these national guidelines and to address gaps in enforcement under the current, more flexible system.

Key Themes of Feedback

Excessive cleaning and sanitizing requirements

Providers overwhelmingly felt the frequency and extent of the cleaning, sanitizing, and disinfecting requirements were impractical, time-consuming, and excessive. Many expressed concerns that these requirements would take time away from supervising and engaging with children, thus negatively impacting care.

"This rule requires an excessive amount of cleaning. Providers need to be able to use their own discretion depending on the health and wellness of the children in their care."

"All the cleaning will take away from my supervision and interaction with the actual children. I am only one person!"

Administrative and documentation burden

Providers expressed concern the documentation of cleaning schedules and the use of test strips would add unnecessary administrative burden, detracting from their ability to focus on children.

"Providers don't need a schedule for cleaning. I keep a clean home and my parents see it. If they don't like it, they won't come to my house."

Health and environmental concerns

Some feedback pointed out the overuse of chemicals and over-sanitization could be harmful to both children's health and the environment. Providers voiced concerns about the impact of continuous cleaning on children's immune systems.

"Sanitizing too much and keeping children in a bubble does not build their immune system."

"The over-sterilization and elimination of germs on everything is only going to weaken everyone's immune systems. Over-sanitizing creates super bugs."

Flexibility and provider discretion

Providers advocated for more flexibility in cleaning routines, emphasizing they already maintain clean environments and should be allowed discretion based on their individual circumstances.

"Providers need to use their own discretion to determine when a child's pacifier needs to be cleaned and sanitized."

"I know when to clean my home and what products to use. Let us have some discretion."

Cost and resource constraints

Providers highlighted the new requirements, particularly around cleaning equipment, chemicals, and test kits, would create financial burdens many cannot afford, particularly in family child care settings.

"The cost of cleaning carpets and maintaining the requirements will be financially unsustainable."

"Cleaning sanitizing and disinfecting section to buy all new products would be very costly."

Summary

The current family child care cleaning, sanitizing, and disinfecting regulations in MN Statutes Section 245A.148 and MN Rules Chapter 9502.0435 focus on maintaining sanitary conditions to protect children's health. The draft language in 245J.22 expands these standards by offering more specific guidance, including definitions for "cleaning," "sanitizing," and "disinfecting," and prescribing detailed procedures for maintaining cleanliness. These changes aim to align with national best practices and provide clearer licensing standards for family child care settings.

However, providers express concerns the increased frequency and detail of cleaning requirements in the draft standards are excessive and impractical. Many feel these standards would detract from their ability to focus on children, adding significant administrative and financial burdens. They also worry about the health risks of over-sanitizing, which could weaken children's immune systems, and advocate for more flexibility in how they maintain cleanliness based on individual program needs. Providers emphasize the need for discretion in cleaning practices and share the new requirements could be unsustainable for family child care settings.

245J.23 Health Policies

DHS Context

The current health policies licensing standards for family child care can be found in [MN Rules 9502.0435 Subpart 2-16](#). Subpart 1 of this section was moved to language found in 245J.22 Cleaning, Sanitizing, and Disinfecting.

The current language in MN Rules 9502.0435 and the draft language in 245J.23 share a common goal of maintaining a safe and sanitary environment in family child care settings. Both address essential aspects, such as sanitation, pest control, proper storage of toxic substances, and the safe handling of pets. They also have provisions for keeping garbage and hazardous materials out of children's reach and outline guidelines for first aid kits, bedding, handwashing, and care for sick children. However, the draft language in 245J.23 provides more detailed requirements and clearer protocols. It expands on cleaning, storage, and pet care, and introduces additional safety measures for pest control, firearm safety, and the handling of medication. It also adds more comprehensive documentation requirements, including the need for pest control policies and lead exposure checks, which are not as explicitly addressed in the current regulations. By incorporating these best practices, the draft aims to reduce health risks, prevent the spread of infectious diseases, and enhance the overall safety and well-being of children in care.

Key Themes of Feedback

Impracticality of "no pet hair" standard

Many providers raise concerns about the unrealistic expectation of keeping homes free of pet hair, even for those without pets, as children often bring pet hair from home. Providers feel it is unreasonable to expect complete elimination of pet hair in family child care environments where pets are often part of the household.

"No pet hair - even without our own pets - kids bring in hair on their own clothes. This is impossible to control."

Note: The department acknowledges that the initial draft language may have unintentionally suggested absolutely no pet hair would be allowed in the program, even in very small amounts. This was not the intention of DHS. We understand pets are often an integral part of family life, and it is not feasible to completely eliminate pet hair from every environment.

Concerns over pesticide and pest control regulations

Providers are concerned about the burden of pest control requirements and documentation and s, stating that pests are a part of everyday life and documenting each instance is impractical. They also raise concerns about balancing the need for effective pest control with regulatory restrictions on chemical use.

"We already remove pests. Why the need for documentation? I need to watch kids, not document pests."

"Pest control is too much. I kill a spider or ants daily. I'm not documenting every little thing."

Concerns about product recall monitoring

Providers note the requirement to check for product recalls on a monthly basis is not feasible due to time constraints, especially for smaller programs with limited staff. Many request this task be simplified or automated.

"Checking the U.S. Consumer Product Safety Commission monthly for recalls is not realistic. We already get email alerts."

"We already do our best to stay updated on recalls, but monthly checks will take time away from the children."

Summary

The draft health policies in 245J.23 aim to improve safety and hygiene in family child care settings by adding more detailed guidelines on sanitation, pest control, pet care, and product safety. However, providers raise concerns about the practicality of some new requirements. The "no pet hair" standard is seen as unrealistic, especially since children often bring pet hair from home and pets are a common part of family life. Providers find the documentation requirements for pest control overly burdensome, as pests like ants or spiders are a daily occurrence and difficult to track. Additionally, the requirement to monitor product recalls monthly is deemed unmanageable. Overall, providers suggest streamlining these requirements to reduce the administrative burden and allow them to focus on caring for children.

245J.24 Food and Nutrition

DHS Context

The current food and nutrition licensing standards for family child care can be found in [MN Rules 9502.0445 subpart 2-4](#). Subpart 1 of this section was moved to 245J.25.

The current food and nutrition regulations in MN Rules Chapter 9502.0445 and the draft language in 245J.24 share common goals of ensuring safe food handling, providing well-balanced meals and snacks, and maintaining proper sanitation in family child care settings, while also raising health and safety standards for children in care. Both emphasize the importance of offering nutritious, balanced meals and snacks that include items from all food groups, as defined by the USDA, and require that food be stored and handled to prevent contamination. However, the draft language introduces more specific guidelines, such as detailed requirements for bottle warming, banning the use of Styrofoam for infants and toddlers, and specifying the types of materials for bottles and sippy cups, which reflect an enhanced focus on protecting children from potential health hazards. The draft also gives clearer direction that meals brought from home meet USDA guidelines, with missing components to be provided by the license holder, ensuring consistency in nutritional standards. Additionally, the draft strengthens food safety protocols by including more detailed standards for the handling of liquids and specifying that all canned food must be commercially processed, further improving health safeguards in child care environments. These updates are designed to raise the overall health and safety standards for children in care, minimizing risks and promoting their well-being.

Key Themes of Feedback

Bottle and sippy cup requirements

Providers raise concerns about requiring specific materials for bottles and sippy cups, stating this may be impractical for some programs to implement. Additionally, there is conflicting feedback on the requirement to send bottles home daily. While some providers share concerns over parents forgetting to return the bottles and prefer to clean and store the products at their program, others share that sending them home would place the responsibility on bottle cleanliness with parents.

"I disagree with requiring providers to send a child's bottle home with the parents daily. This is a very bad idea, as the parents tend to forget often, and we end up listening to the upset child while a parent runs home and returns with the bottle."

"Sending bottles home with the child each day ensures parents are responsible for cleaning and maintaining them, which helps us focus on other tasks."

Microwave usage for plastic containers

There is a divide between those who support the restriction on using plastic in microwaves, citing health concerns, and others who find the standards overly restrictive for practical day-to-day operations.

"While I have always followed this and understand these are best practices, what if a parent doesn't have or can't afford these items?"

"I understand these are best practices; it's about health and safety, but parents should also have a say in what works best for them."

Concerns over meal and snack requirements

Providers express confusion and concern over the requirement to provide balanced meals with components from each food group, especially if a parent is providing the meal or snack.

"Providing a food group that a parent does not provide for their child oversteps boundaries."

"If a parent brings food from home for their child, providers should not be required to add additional food items to meet the food program requirements. Parents' discretion should be sufficient."

Summary

The draft language introduces more detailed guidelines, such as specific bottle and sippy cup materials, bans on using Styrofoam for infants and toddlers, and stricter requirements for ensuring meals brought from home meet USDA standards. Key feedback themes include concerns about the practicality of these new requirements, particularly the mandate to send bottles home daily, with some providers worrying about parents forgetting them, while others appreciate the focus on cleanliness. There is also disagreement over restrictions on using plastic in microwaves, with some supporting it for health reasons, while others feel it is overly restrictive. Additionally, providers express concerns about being required to provide missing meal components when

parents send food, suggesting such decisions should be left to parental discretion. Overall, the draft aims to raise health and safety standards but faces practical concerns from providers.

245J.25 Environmental Health

DHS Context

The current and draft language on environmental health requirements share the common goal of ensuring safe water supplies in family child care settings, with both requiring annual testing. However, the draft language represents a significant step forward in addressing broader environmental health concerns. It introduces new standards related to lead contamination in soil, mandating license holders either cover bare soil in play areas or test the soil for lead, aligning with Minnesota Department of Health (MDH) guidelines. Additionally, the draft significantly expands water testing requirements by including municipal water systems, ensuring potential contaminants like lead, manganese, and arsenic are properly addressed. While municipal water systems are typically tested by the city, DHS recognizes that the piping within individual homes and family child care facilities could still pose a risk of contamination, making these additional tests essential for ensuring safe drinking water in all environments.

Furthermore, the draft introduces a robust radon testing and mitigation protocol, requiring testing every five years, with stricter requirements for facilities with radon levels above recommended thresholds. This shift is particularly important as MDH has identified Minnesota as a radon "hot spot," with many homes naturally prone to elevated radon levels due to the state's geological conditions. By addressing these risks related to soil, water, and air quality, the draft language raises the bar for safety in family child care environments, ensuring a more comprehensive approach to environmental health.

Key Themes of Feedback

Cost and financial burden

Overwhelmingly, providers are concerned about the cost of environmental testing, including radon, water, and soil testing. Many express the testing requirements, mitigation efforts, and ongoing maintenance are financially burdensome, particularly for small providers. Several providers question who would bear these costs and whether grants or financial assistance would be available.

"The environment section is becoming very costly to providers."

Redundancy and overregulation

Many providers feel the requirements for water testing, particularly in areas serviced by municipal water supplies, are redundant since city water is already tested for contaminants. Providers believe requiring additional testing is unnecessary and adds administrative burden.

"The city is already testing the water supply. Why does each individual provider need to test their water?"

Soil testing for lead

Providers raise concerns about the practical challenges of complying with soil testing and covering bare soil in outdoor play areas. They argue it is unrealistic to keep all dirt covered in areas where children and pets play and expressed confusion about how to manage situations like gardens and naturally occurring dirt spots.

"There is no way to have no unexposed dirt in yards while still allowing children to play."

Radon testing

Along with the financial concerns with radon testing and mitigation already mentioned above, many providers express confusion on what radon is, how is it tested, and what the effects of high radon levels are.

"How do you radon test?"

"Radon testing - is this necessary for all child care?"

"What if radon does test too high? What then?"

Summary

The draft environmental health requirements in 245J.25 represent a significant step forward in ensuring a safer, healthier environment for children in family child care settings. DHS has introduced expanded standards to address concerns such as lead contamination in soil, radon exposure, and water quality, recognizing even homes serviced by municipal water may still have risks due to internal piping. The Minnesota Department of Health (MDH) has identified the state as a radon "hot spot," making regular radon testing essential to ensure children's safety. However, many providers have express concerns about the financial burden and practicality of these new requirements. They worry about the cost of radon, water, and soil testing, along with mitigation efforts, particularly for smaller programs. Additionally, providers question the need for extra testing in areas already serviced by municipal water systems and feel covering bare soil in play areas is impractical. There is also confusion surrounding how to conduct radon tests and what steps to take if high radon levels are detected. While these changes aim to enhance safety, providers are concerned about the logistical and financial challenges they present and hope to have state assistance if fully implemented.

Survey Key Themes

A public online survey was used to collect additional feedback on the draft revised standards. Wilder Research developed the online survey, with questions recommended by DHS, into an online survey software, Acuity. The survey was live June 10, 2024, through July 31, 2024. Additional information about the survey is available at the beginning of this document (Page 7).

Objective 1. Clarity

The first objective of the family child care public online survey was to identify unclear standards and standards that may be challenging to implement.

Participants had the opportunity to choose a response for one, or every, standard of the draft by selecting from the following options:

- Yes, I understand the standard;
- I understand some of the standard, but need some clarity; or
- No, I do not understand the standard.

Survey participants were prompted to describe the basis for their response in their own words in an open-ended comment. Responses were reviewed and transformed into general observations based on recurring themes in the responses. The observations are written from the perspective of a participant without analysis of the accuracy of any participant's perspective.

According to the survey, the top five most understood standards were:

- 245J.12 Licensed Capacity, Child and Adult Ratios, Age Distribution Restrictions, Subdivision 6. (78.95%)
- 245J.15 Admissions; License Holder Records; Reporting, Subdivision 6. Records for each child. (78.57%)
- 245J.22 Cleaning; Sanitizing; and Disinfecting, Subdivision 4 (77.42%)
- 245J.15 Admissions; License Holder Records; Reporting, Subdivision 4. Attendance records. (75.65%)
- 245J.18 Physical Environment and Space Requirements, Subdivision 10. Temperature (75.38%)

The top five standards for which survey participants answered "I understand the standard, but need some clarity" or "No, I do not understand the standard" are listed below:

- 245J.01 Definitions, Subdivision 17. Family Child care and group family child care age classifications (68.33%)
- 245J.07 License Holder and Second Adult Caregiver Training Requirements, Subdivision 2. License holder and second adult caregiver annual training requirements (48.57%)
- 245J.03 Community-Based Child Care, Subdivision 1. Community-based child care (44.83%)
- 245J.17 Activities and Equipment, Subdivision 1. Scope (43.86%)
- 245J.02 Licensing of Facilities, Subdivision 1. Scope (43.40%)

Objective 2. Implementation

Another objective of the online survey was to understand how much change would be required if the draft subdivision was implemented. Survey participants were asked the following question:

"As a license holder, to what extent will you need to make changes to comply with the new draft standard?"

Possible responses to this question were:

- Significant changes;
- Moderate changes;
- Minor changes; or
- No changes at all.

Participants had the opportunity to answer this question for each standard. A total of 1,260 participants answered this question for at least one standard.

The following sections were identified by 60% or more of participants as requiring significant changes.

- 245J.02 Licensing of Facilities, Subdivision 1. Purpose (67.42%)
- 245J.17 Activities and Equipment, Subdivision 6. Toddler equipment (70.16%)
- 245J.17 Activities and Equipment, Subdivision 8. Preschooler equipment. (64.58%)
- 245J. 18 Physical Environment and Space Requirements, Subdivision 2. Outdoor learning environment and play space (87.29%)
- 245J.22 Cleaning, Sanitizing and Disinfecting, Subdivision 2. Sanitizers (64.69%)
- 245J.23 Health Policies, Subdivision 2. Pets (63.56%)
- 245J.25 Environmental Health, Subdivision 1. Facility (78.17%)
- 245J.25 Environmental Health, Subdivision 3. Radon testing (65.28%)

Survey participants were also asked to identify the changes they would need to make to comply with the draft standard. The most common challenge identified for most standards above was “Increased Cost to Comply.”

Objective 3. Safer Environments

A third objective of the standard was to identify if the draft standards would create safer environments for children in care. Participants were asked how much they agree with the statement “children will be safer if the draft standard is adopted” on a scale of 1 to 10 where 1 is “strongly disagree” and 10 is “strongly agree.”

A total of 1,253 people responded to this question. The standard receiving the largest number of responses was 245J.22 Cleaning; Sanitizing; and Disinfecting, Subdivision 4. Cleaning frequency. The average rating was 2.46 and the most common rating for this standard was 1 (383 responses).

A rating of 1 “Strongly Disagree” was the most common rating for many standards. The following sections received a higher rating:

- **245J.10 Substitute Caregivers and Replacements, Subdivision 2.** Emergency replacement supervision. The average rating was 6 and the most common rating was 6 (6 responses).
- **245J.12 Licensed Capacity, Child and Adult Ratios, Age Distribution Restrictions, Subdivision 1.** Capacity Limits. The average rating was 4.15 and the most common rating was 5 (41 responses).
- **245J.12 Licensed Capacity, Child and Adult Ratios, Age Distribution Restrictions, Subdivision 7.** Group family child care operation option. The average rating was 5.47 and 5 was the most common rating (15 responses).
- **245J.14 Behavior Guidance, Subdivision 1.** Definitions. The average rating was 5.44 and the most common rating was 8 (18 responses).
- **245J.14 Behavior Guidance, Subdivision 3.** Methods of promoting positive behavior. The average rating was 5.69 and 7 was the most common rating (16 responses).

- **245J.18 Physical Environment and Space Requirements, Subdivision 21.** Tobacco products, vaping, drugs, and alcohol use prohibitions. The average rating was 5.06 and the most common rating was 5 (15 responses).
- **245J.19 Crib Safety, Subdivision 1.** Documentation requirements for license holders. The average rating was 7.52 and 10 was the most common rating (10 responses).
- **245J.21 Health and Safety Requirements, Subdivision 4.** Transporting children. The average rating was 4.67 and the most common rating was 5 (15 responses).

Objective 4. Support of Social, Emotional, and Educational Development

The fourth, and final objective of the survey related to the well-being of children in care. Survey participants were asked how much they agree with the statement “children will have an environment that better supports social, emotional, or educational development if the draft standard is adopted on a scale of 1 to 10 where 1 is ‘strongly disagree’ and 10 is ‘strongly agree.’” A total of 1,248 responses were received for this question. The most common rating was 1 “strongly disagree” with the exception of the following:

- 245J.06 Caregiver Qualifications, Subdivision 1. Age. The average rating was 2.47 and the most common rating was 1 (15 responses).
- 245J.07 License Holder and Second Adult Caregiver Training Requirements, Subdivision 3. License holder and second adult caregiver ongoing training requirements. The average rating was 3.68 and the most common rating was 5 (22 responses).
- 245J.10 Substitute Caregivers and Replacements, Subdivision 2. Emergency replacement supervision. The average rating was 5.47 and 5 was the most common answer (15 responses).
- 245J.12 Licensed Capacity, Child and Adult Ratios, Age Distributions Restrictions, Subdivision 1. Capacity Limits. The average rating was 4.15 and the most common rating was 5 (41 responses).
- 245J.17 Activities and Equipment, Subdivision 3. Newborn or infant activities. The average rating was 4.52 and the most common rating was 5 (25 responses).
- 245J.19 Crib Safety. Subdivision 1. Infant safe sleep. The average rating was 6.19 and the most common rating was 10 (21 responses).
- 245J.20 Infant Sleep Supervision Requirements, Subdivision 1. Infant safe sleep. The average rating was 5.24 and the most common rating was 10 (21 responses).
- 245J.21 Health and Safety Requirements, Subdivision 4. Transporting Children. The average rating was 4.36 and the most common rating was 5 (14 responses).

Interview Key Themes

Between June 12 and July 19, 2024, Wilder Research conducted interviews with child care providers to gather feedback on the draft licensing standards released in April 2024. Sample stratification was used to create a representative sample based on the following program attributes:

- Region: The seven-county metro area (Ramsey, Hennepin, Washington, Anoka, Carver, and Scott counties) and Minnesota’s other 80 counties, known collectively as Greater Minnesota.

- Family Child Care License Classification (License types A, B, C, and D).

Emails were sent to providers in batches on the following dates:

- 6/12: 30 family child care (FCC) providers
- 6/19: 50 FCC
- 6/25: 50 FCC
- 7/1: 50 FCC
- 7/8: 50 FCC
- 7/15: 99 FCC + reminder emails to all previously emailed FCC providers who had not responded

From the 329 family child care emails sent, Wilder Research was able to conduct seven in-depth interviews lasting between 15 minutes to an hour. Interviews were recorded, and those recordings were sent to a transcription service to produce a text document of each interview for analysis. Any information that could potentially identify a provider was removed from the transcript text to maintain the provider's anonymity.

A significant concern raised during the interviews was the potential for new administrative burdens providers felt would take away from their ability to focus on the children. Providers expressed frustration about requirements like tracking exact arrival and departure times and maintaining detailed cleaning schedules, which they argued would interfere with the hands-on care and attention that children need. The draft language to eliminate pet hair from child care environments was particularly contentious for family child care providers, who noted the positive emotional impact pets have on children. Many felt that this regulation was impractical and could force them to close their businesses.

Another major issue highlighted was the potential financial strain from implementing the draft requirements, such as fencing outdoor play areas and installing costly playground surfacing. Providers argued these regulations were unnecessary, especially since their current safety measures have been effective for many years. Many also pointed out the new standards seemed tailored to large daycare centers and did not account for the unique challenges faced by family child care providers. Additionally, some providers felt certain regulations, such as restricting playground activities, could hinder children's development by limiting opportunities for climbing and playing in natural environments.

Overall, providers warned the draft regulations would lead to higher stress, increased financial burdens, and could push many of them out of the profession. This, they cautioned, would exacerbate the already critical shortage of child care options, and limit the choices available to families seeking quality care for their children.

"We're already working 10–12-hour days and adding more paperwork like tracking exact arrival times and cleaning schedules will take time away from the children. We don't need more tasks that don't improve safety."

"Eliminating pet hair would mean getting rid of my animals, and that's like removing a family member. The children bond with them, and it's part of the home-like environment we provide. Many of my families choose my care for that reason."

"Financially, we can't keep up. I'd have to spend thousands of dollars on things like fencing and playground surfacing—money we just don't have. Many of us will be forced to close if these changes go through. It's hard enough keeping costs low for families without these additional expenses."

Online Survey and Provider Interview Summary

The feedback gathered from the public online survey and provider interviews closely mirrors much of the feedback received during the listening sessions. Significant concerns were raised regarding the clarity, practicality, and financial burden of the draft revisions to the 245J standards. Across various sections, providers repeatedly emphasize the complexity of the language and the need for clearer, more streamlined guidelines that align with the realities of home-based child care. Many participants feel the requirements, particularly around sanitation, environmental health, behavior guidance, and equipment, are overly detailed, excessive, and difficult to implement without negatively impacting their ability to provide quality care.

A key theme throughout the feedback is the fear that the draft changes would lead to increased costs, operational challenges, and, in some cases, the closure of family child care programs. This concern is particularly acute in rural or lower-income areas. Providers express concerns that the draft standards seem to impose institutional-level expectations on home-based settings, which could undermine the unique qualities of family child care environments that many families value.

The responses also reflect a desire for more flexibility, particularly in areas such as behavior management, supervision, and food policies, where providers believe rigid standards may not be suitable for every child or situation. Overall, participants ask for revisions that balance child safety and quality care with the practical, financial, and operational realities faced by family child care providers. By addressing these concerns, DHS can create standards that support the sustainability of family child care while ensuring the health and safety of children.

Licensor Focus Group Key Themes

In June, the project team facilitated six focus groups aimed at engaging county licensors in thorough discussions on specific topics. These groups were structured based on interest forms submitted by the licensors, highlighting six key areas for detailed review: Activities and Equipment; Behavior Guidance; Cleaning, Sanitizing, and Disinfecting; Environmental Health; Physical Environment and Space Requirements; and Training Requirements. Conducted virtually through Microsoft Teams, each session lasted between one to one-and-a-half hours. Roughly ten licensors from diverse regions and counties across the state took part in each session, ensuring a wide variety of viewpoints were incorporated into the discussions.

245J.07 – 245J.09 Training Requirements

During the family child care licensor focus group on training requirements, discussion centered around refining and simplifying the training mandates for license holders, caregivers, and substitutes as outlined in the draft standards (245J.07 and 245J.08). Several key themes emerged during the discussion, including the need for clarity, consistency, and practicality in the training requirements.

Licensors expressed concerns about the complexity of the current system, with frequent calls for simplifying the training schedules and aligning them across different roles. There was a strong desire for training requirements to be on the same cycle (e.g., CPR, safety, and other required trainings) and for providers and substitutes to complete mandatory training before starting care, rather than allowing a grace period. Some licensors noted tracking training completion across different timelines is challenging for both providers and licensors.

A recurring point was the imbalance between the training requirements for regular caregivers and substitutes. It was suggested that substitutes, who often work alone and may be less familiar with the children, should receive more training than regular caregivers who work under supervision. Licensors also raised concerns about the realism of some training practices, such as caregivers reporting completing large amounts of training in a single day, and the difficulty of monitoring off-year training requirements, which often go unverified.

Safety training, particularly around Sudden Unexpected Infant Death (SUID) and abusive head trauma, was noted as a priority, with concerns that non-compliance with these trainings frequently leads to negative licensing actions. The group discussed whether training requirements should be limited to those delivered through the state's Develop system, with some licensors advocating for greater flexibility in training sources, especially in areas where local or in-person training is preferred.

Another theme was the need for more manageable tracking and documentation requirements. Some licensors suggested removing the requirement for providers to track their experience hours and instead placing the onus on licensors to monitor hours more effectively. Additionally, there was concern existing training cycles (e.g., every five years) were arbitrary and not reflective of current needs, prompting suggestions for more reasonable timeframes.

In summary, the session revealed a strong push for streamlining and standardizing the training requirements for FCC providers to reduce administrative burdens and improve compliance, while also emphasizing the importance of effective safety training and ensuring both regular and substitute caregivers are adequately prepared to work with children.

245J.14 Behavior Guidance

During the family child care behavior guidance focus group, licensors provided valuable feedback on the draft standards (245J.14), with a particular emphasis on how behavior guidance would be implemented and monitored. Key concerns centered around clarity in definitions, with participants highlighting the potential for varied interpretations across licensors and providers, particularly around actions that "significantly disrupt" care. Licensors also discussed the need for clearer guidance and resources for providers, such as sample policies on promoting positive behavior and tools to support documentation requirements if fully implemented. A common theme was concern over the feasibility of monitoring behavior guidance, especially in terms of subjective judgments. Additionally, the group raised concerns about how certain prohibited actions, like managing children during group activities or ensuring safe environments during routine tasks (e.g., bathroom use), would be practically enforced. One licensor expressed appreciation for the specificity of the draft language, noting she could recall a program or two from previous years that would have greatly benefited from these clearer guidelines. Several licensors echoed clear and specific guidelines can provide better standards for providers, but training is also just as important.

245J.17 Activities and Equipment

During the family child care licensor focus group on activities and equipment (245J.17), family child care licensors discussed the challenges of applying the draft standards to home-based care settings, noting many requirements appeared to be adapted from center-based regulations and were not always practical for smaller environments. A key concern was the prescriptive nature of the standards, particularly around the types of toys and equipment required, with licensors advocating for more flexible, general language (e.g., "age-appropriate toys") rather than specific lists or quantities.

Licensors also highlighted issues around outdoor play and safety for infants, particularly regarding air quality and the inability to use sunscreen for infants under 12 months. There was general support for developmental activities like tummy time but concerns over the practicality of monitoring time limits for equipment like bouncers and swings.

Overall, the group emphasized the need for clearer, more adaptable standards to reflect the realities of family child care homes, allowing providers to use their professional judgment while ensuring safety and developmental appropriateness without placing undue burdens on them.

245J.18 Physical Environment and Space Requirements

During the family child care licensor focus group on physical environment and space requirements, the discussion centered around the challenges and feasibility of implementing the draft regulations outlined in Draft 2 of the standards. Licensors raised several key concerns regarding clarity, practicality, and enforcement. A significant point of discussion involved the requirement for continuous fencing around outdoor play areas, with some licensors worried this could create financial burdens for providers and potentially force smaller play areas which would limit children's space. There was also concern about the interpretation of "moving parts" in playground equipment, with some licensors seeking clarification on what this encompasses, as ambiguity could lead to inconsistent enforcement.

Further, the group discussed the challenges of monitoring requirements like rust-free equipment, appropriate fall zones, and the use of homemade play structures. The licensors pointed out certain requirements, such as testing for soil contaminants or ensuring proper outdoor gate mechanisms, could be difficult to monitor, both due to logistical issues and the specialized knowledge required. Concerns about the financial burden on providers for inspections, such as HVAC systems and fire safety equipment, were also raised. The group expressed a need for clearer and precise guidance, specific distance measurements for hazards, and simplified requirements that balance safety with the realities of family child care settings. Overall, the focus was on refining the standards to ensure they are practical, enforceable, and do not disproportionately burden providers while maintaining child safety.

245J.22 Cleaning, Sanitizing, and Disinfecting

During the family child care licensor focus group on cleaning, sanitizing, and disinfecting standards (245J.22), family child care licensors discussed various concerns surrounding the feasibility, clarity, and practicality of the draft requirements. The overall sentiment was while health and safety are crucial, the draft standards may be

too burdensome for family child care providers, particularly in comparison to larger, center-based settings. Licensors raised issues about the potential for increased operational costs, time constraints, and the practical difficulty of meeting the extensive cleaning requirements while still maintaining supervision of children.

Despite these concerns, there were some positive aspects noted. Licensors appreciated the emphasis on hygiene education and supported specific proposals, such as the regular laundering of bedding, seeing this as a beneficial practice for maintaining hygiene. Additionally, the idea of providing a fragrance-free option for children with allergies or sensitivities was well-received, though they recommended keeping this as an option rather than a requirement.

Licensors also acknowledged clearer guidance would be helpful, such as specific lists of approved products or better definitions of cleaning, sanitizing, and disinfecting. This would help reduce ambiguity and ensure consistency across providers.

In closing, while the group emphasized the need for practical and reasonable standards adapted to family child care settings, they recognized certain elements of the draft could enhance safety and cleanliness if implemented in a more flexible and manageable way.

245J.25 Environmental Health

During the family child care licensor focus group on environmental health standards (245J.25), family child care licensors raised significant concerns about the practicality and feasibility of the draft regulations, particularly regarding lead testing, water supply, and radon mitigation. While they recognized the importance of child safety, many felt the new requirements were overly burdensome and could drive providers away from the profession.

Lead testing was a key concern, especially for programs in new homes or large rural properties where the risk is seen as minimal. Licensors suggested targeted testing for at-risk areas rather than blanket requirements. Similarly, the water testing standards were seen as excessive, especially for municipal water, with concerns about increased costs and the logistical challenges of accessing certified labs, particularly in rural areas.

However, there was some positive feedback, particularly around radon testing. Licensors agreed that ensuring safe air quality is important, suggesting practical guidelines for testing based on whether mitigation systems are present. There was also general recognition of the value of ensuring safe water and air quality, though many felt the draft measures should be more flexible and focused on the highest risks.

Overall, licensors felt while the draft standards aim to improve child safety, the draft changes are too much, too fast, and could place an unfair burden on providers. They called for a more practical, targeted approach that prioritizes immediate safety risks over extensive environmental regulations.

Conclusion

The feedback from the comprehensive stakeholder engagement efforts has provided invaluable insights into the draft licensing standards for family child care in Minnesota. It is clear that while there is broad support for the

overall goals of improving safety, clarity, and regulatory consistency, stakeholders have expressed significant concerns about the practicality, financial burden, and administrative requirements of many of the draft changes.

Common themes across multiple sections of the draft include a desire for clearer, less redundant standards, flexibility to accommodate the unique circumstances of family child care providers, and a reduction in administrative burdens which could detract from time spent providing care to children. Providers, licensors, and other stakeholders have all emphasized the importance of balancing safety and regulatory best practices with the realities of family child care settings, where space, financial resources, and time are often limited.

Key areas of concern include the financial implications of implementing new safety and environmental health standards, the practicality of increased documentation and monitoring requirements, and the perceived overreach of certain provisions that infringe on provider discretion or parental responsibilities. Stakeholders have also called for greater support from the state in the form of standardized documentation, training, and financial assistance to ease the transition to these new standards.

In conclusion, while the draft licensing standards reflect a strong commitment to improving child safety and care quality in Minnesota, the feedback gathered through stakeholder engagement underscores the importance of balancing these goals with the practical realities faced by family child care providers. As the Minnesota Department of Human Services prepares another draft of the revised licensing standards, the key themes identified in this report serve as critical guideposts. Using this information, DHS will work to craft a set of standards that align with the legislative directive of being, “grounded in national regulatory best practices” and “must protect the health and safety of children and be child-centered, family friendly, and fair to providers.” By addressing concerns around financial burden, administrative complexity, and flexibility, DHS can create a regulatory framework that is both effective and achievable, fostering a vibrant, safe, and nurturing environment for children across the state.