

Overview of significant changes between Draft 1 and Draft 2 of revised licensing standards – Family child care

Over the summer, the Department of Human Services (DHS) engaged with providers, licensors, parents, and community members through various opportunities to gather feedback on the [first draft](#) of the revised family child care licensing standards. This feedback was carefully analyzed and used to inform decisions on the second draft. For a detailed summary of the feedback and key insights from the engagement process, please refer to the [Key Themes Report](#) available on the [project website](#).

Below is a high-level overview of the significant changes made between Draft 1 and Draft 2. **Please note that this does not outline every change that was made between the drafts.** To see an annotated draft of every change made between Draft 1 and Draft 2, please refer to the [Revisions document](#).

Organization

- **Reorganization and consolidation:** Draft 2 has been reorganized to improve the flow and clarity of the standards. Some sections have been reordered, while others have been combined to streamline the content and create a more cohesive structure. For a detailed comparison of the changes for organization, please refer to the chart on pages 6 to 8 of Draft 2, which outlines the differences between Draft 2, Draft 1, and the existing licensing standards.
- **Renaming:** Some sections have been renamed or slightly altered to create a clearer and more cohesive set of standards. For a detailed comparison of the changes in organization, please refer to the chart on pages 6 to 8 of Draft 2, which outlines the differences between Draft 2, Draft 1, and the existing licensing standards.

Licensed capacity; child and adult ratios

- **Introduction to license class B3:** In response to feedback about child-to-adult ratios, a new license class, B3, has been introduced, while license class D has been eliminated. The B3 license allows a capacity of 10 children with 2 adults. Within this capacity, no more than 6 children may be infants and toddlers, and no more than 4 may be infants. This change provides greater flexibility to care for children under school age.
- **Updates to license class C3:** The capacity for license class C3 has been increased to 18 children with 2 adults. Within this total, no more than 5 children under school age may be infants and toddlers, and no

more than 3 may be infants. Previously, the capacity was 14 children with 2 adults, with a combined limit of 4 infants and toddlers and no more than 3 infants. While the total number of infants remains unchanged, the new capacity provides expanded care options for children under school age.

- **Additional licensing requirements:** To hold a B3 or C3 license class, the license holder must meet certain criteria to ensure the health and safety of children with the expansion of these child-to-adult ratios.

Caregiver qualifications

- **Recognition of second adult caregivers experience:** The second draft expands eligibility criteria to include experience as a second adult caregiver in a licensed family child care program. This ensures that individuals in this role can count their experience toward meeting the qualifications, supporting their career advancement in child care.

Training requirements

- **Flexibility to repeat training:** In the first draft of the revised licensing standards, it was stated that individuals could not use the same training or class to meet minimum training requirements more than once every five years. This restriction has been removed in the second draft based on feedback from providers who expressed the need to repeat certain trainings more frequently as refreshers or when the content becomes relevant to their programs. Additionally, trainers noted that they often update their content more frequently than every five years, making repeated attendance beneficial.

Behavior guidance

- **Persistent unacceptable behavior:** Draft 2 removes the section on "persistent unacceptable behavior," shifting the focus to general behavior management strategies.
- **Separation times or "time-outs":** Draft 2 establishes clearer expectations for separation times or "time-outs," tailored to the child's age or developmental level, and explicitly prohibits their use for children under age 3.
- **Documentation requirements:** Draft 2 eliminates the need to document persistent unacceptable behavior and separation times, simplifying expectations for providers. This change reduces administrative burdens and emphasizes practical, actionable behavior guidance practices.

Physical space requirements

- **Outdoor fencing:** In the first draft, a continuous fence or natural barrier around the licensed play area was required, however, due to many concerns being shared with DHS on the cost of adding fencing, this has been altered in Draft 2. Draft 2 allows programs without fenced outdoor play spaces to use an

alternative supervision and safety plan to ensure children’s safety. Additionally, Draft 2 explicitly prohibits children’s access to electrical fences.

- **Indoor temperature and humidity:** In the first draft, providers were required to maintain an indoor temperature between 68 – 82 degrees Fahrenheit with humidity controls. This has been updated to realign with the current requirement of maintaining indoor temperature of at least 62 degrees Fahrenheit in response to provider feedback.
- **Fall zones:** In the first draft, outdoor play equipment designed for climbing, swinging, balancing, and sliding required specific materials and depths for protective surfacing. In the second draft, this requirement was removed in response to significant cost concerns raised by providers.
- **Scents and fragrances:** In the first draft, products such as aerosol sprays, incense, moth crystals or balls, chemical air fresheners, and scent enhanced products were prohibited. This list has been eliminated in the second draft due to concerns raised by providers and other stakeholders on needing scented products to eliminate negative odors.
- **Covering bare soil:** In the first draft, any bare soil around the child care program, in which children would have access, was required to be covered or tested for lead. In the second draft, this provision has been removed due to the complexity, time, and cost it would take to properly test soil around programs.

Cleaning, sanitizing, and disinfecting

- **Simplified cleaning requirements:** Draft 2 simplifies the requirements by reorganizing the content for clarity, eliminating excessive documentation, and allowing providers more discretion in product usage. It replaces detailed cleaning schedules and chemical specifications with a focus on maintaining cleanliness and addressing visible or known contamination. Key updates include clearer guidance on diapering procedures, handwashing protocols, and water temperature safety. These changes reduce administrative burdens while ensuring essential hygiene and safety standards are maintained.

Environmental health

- **Requirement to test for lead in soil removed:** The requirements in Draft 1, 245J.25, subd. 1 Facility required that 1) license holders report to DHS when their child care center facility was first built, to help assess the possible risk for children’s exposure to lead if the facility was built prior to 1978, and that 2) license holders must cover any bare soil or test for lead if they don’t cover bare soil. These provisions have been removed in Draft 2.
- **Requirements for water supply have been reduced:** The requirements in Draft 1, 245J.25, subd. 2 Water Supply which required more robust testing of water supply for contaminants such as lead, manganese, and nitrates has been removed. Instead, the language now only requires tests for well-supplied water (in alignment with existing MN Rule 9502 requirements).

- **Radon testing requirement retained but simplified:** The requirement in Draft 1, 245J.25, subd. 3 to test for radon gas in the program, and to do mitigation if it falls above a hazardous level of 4.0 picocuries per liter has been retained. However, the language has been greatly simplified in terms of the testing procedures, and the requirement that it be done prior to initial licensure has been changed to, “within two years of initial licensure or within two years of the effective date of this section, and every five calendar years thereafter.” DHS will continue to work with the Minnesota Department of Health to provide information about radon testing and mitigation during this next round of community and industry engagement, including information about proper testing procedures and testing costs.

Activities and equipment

- **Flexibility and simplification:** Draft 2 consolidates equipment lists for infants, toddlers, preschoolers, and school-age children into broad categories instead of providing in-depth, itemized lists as seen in Draft 1. This change was informed by providers who had concerns about program diversity, cost, and space.

Health policies and safety requirements

- **Pets:** Draft 2 simplifies and clarifies pet requirements by broadening the scope to include all pets at the licensed program, not just those indoors. Specific references to odors, animal hair, and feathers were removed, while waste management requirements were simplified. Reporting procedures for animal bites remain but are more concise, emphasizing immediate notification to parents, the licensing agency, and the health board.
- **Pests:** Draft 2 simplifies the pest control requirements by removing the need to document pest removal steps and notify parents about pesticide use. It focuses on general prevention and the use of approved chemicals as a last resort, eliminating detailed references to specific pest control methods (like baits or traps) and natural, low-toxicity solutions. The policy requirements are retained but streamlined to emphasize prevention and safe chemical application.

Children with special health care needs or disabilities

- **Removal of individual child care plan requirements:** Draft 2 eliminates the requirement to create, coordinate, train on, and annually update an individual child care plan for children with special health care needs or disabilities, reducing administrative burdens for providers.