Child Care Centers:

Implementation Plan for 2019 Legislative Changes

Office of Inspector General, Licensing Division

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Department of Human Services
Office of Inspector General, Licensing Division
444 Lafayette Road
St. Paul, MN 55155
(Phone) 651-431-6500
mn.gov/dhs/general-public/licensing/

For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 651-431-6500, or use your preferred relay service. ADA1 (2-18)
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Introduction

The 2019 Legislature changed several laws that impact licensed child care centers, including licensing requirements and background study requirements. Many of the changes were necessary to bring Minnesota into compliance with the federal Child Care and Development Block Grant Reauthorization Act of 2014.

Each section of this Implementation Plan contains:

- the actual text of the law, including the changes made during the 2019 legislative session
- an overview of each new or changed requirement
- what the change means for providers
- guidance on how licensors will monitor these changes.

Forms have been created or updated to reflect the legislative changes and are available on the Department of Human Services (DHS) Licensing website.

Key

The actual text of the laws and how they were changed are shown in the shaded box at the beginning of each section of this plan. Here is how to read those sections:

Plain text is unchanged – it was the law before and continues to be the law.

Stricken text (like this) is used on words that are being removed from the law.

Underlined text (like this) is used for words that are being added to the law.
Supervision

Minn. Stat. 245A.02, subd. 18

Subd. 18. Supervision. (a) For purposes of licensed child care centers, "supervision" means when a program staff person:

(1) is within sight and hearing of a child at all times so that the program staff accountable for the child’s care;

(2) can intervene to protect the health and safety of the child; and

(3) is within sight and hearing of the child at all times except as described in paragraphs (b) to (d).

(b) When an infant is placed in a crib room to sleep, supervision occurs when a program staff person is within sight or hearing of the infant. When supervision of a crib room is provided by sight or hearing, the center must have a plan to address the other supervision components.

(c) When a single school-age child uses the restroom within the licensed space, supervision occurs when a program staff person has knowledge of the child’s activity and location and checks on the child at least every five minutes. When a school-age child uses the restroom outside the licensed space, including but not limited to field trips, supervision occurs when staff accompany children to the restroom.

(d) When a school-age child leaves the classroom but remains within the licensed space to deliver or retrieve items from the child's personal storage space, supervision occurs when a program staff person has knowledge of the child's activity and location and checks on the child at least every five minutes.

Minn. Stat. 245A.66, subd. 2

Subd. 2. Child care centers; risk reduction plan. (a) Child care centers licensed under this chapter and Minnesota Rules, chapter 9503, must develop a risk reduction plan that identifies the general risks to children served by the child care center. The license holder must establish procedures to minimize identified risks, train staff on the procedures, and annually review the procedures.

... 

(f) The plan must include specific policies and procedures to ensure adequate supervision of children at all times as defined under section 245A.02, subdivision 18, with particular emphasis on:

(1) times when children are transitioned from one area within the facility to another;

(2) nap-time supervision, including infant crib rooms as specified under section 245A.02, subdivision 18, which requires that when an infant is placed in a crib to sleep, supervision occurs when a staff person is within sight or hearing of the infant. When supervision of a crib room is provided by sight or hearing, the center must have a plan to address the other supervision components;
(3) child drop-off and pick-up times;

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

(5) supervision of children in hallways; and

(6) supervision of school-age children when using the restroom and visiting the child’s personal storage space.

**Overview**

This expands the definition of supervision for school-age children. It gives flexibility to allow for school-age children to use the restroom and retrieve items from a cubby/locker while in the licensed space. Staff must know the child’s location and check on the child at least every five minutes. This expanded supervision definition only applies to school-age children using the restroom or retrieving items from a cubby/locker while in the licensed center. For example, this includes a school-age child using the restroom inside the center when the school-age class is out on the playground, as long as the staff know the child is using the restroom and check on the child at least every five minutes. The definition of a school-age child can be found in 245A.02, subd. 16. The *Risk Reduction Plan* form is updated to reflect the new supervision definition.

**What do providers need to do?**

Familiarize yourself and your staff with this new supervision definition. This does not change the supervision expectations for children younger than school-age. The center’s risk reduction plan must be updated with considerations for how your policies and procedures will ensure adequate supervision under the new supervision definition. The optional *Risk Reduction Plan* form has been updated and is available on the DHS Licensing website.

**What do licensors need to do?**

Licensors will continue to monitor through observation and conversations with staff that children are supervised at all times. Beginning Sept. 30, 2019, providers will be in compliance if they do not have sight and sound supervision of a school-age child who is using the restroom or accessing a cubby/locker in the licensed space but know where the child is and check on the child every five minutes. Licensors will also review the center’s risk reduction plan to ensure that it is updated to include the new supervision definition.
Reusable water bottles or cups

Minn. Stat. 245A.14, subd. 17

**Subd. 17. Reusable water bottles or cups.** Notwithstanding any law to the contrary, a licensed child care center may provide drinking water to a child in a reusable water bottle or reusable cup if the center develops and ensures implementation of a written policy that at a minimum includes the following procedures:

1. each day the water bottle or cup is used, the child care center cleans and sanitizes the water bottle or cup using procedures that comply with the Food Code under Minnesota Rules, chapter 4626;
2. a water bottle or cup is assigned to a specific child and labeled with the child's first and last name;
3. water bottles and cups are stored in a manner that reduces the risk of a child using the wrong water bottle or cup; and
4. a water bottle or cup is used only for water.

Overview

As of Sept. 30, 2019, child care providers may offer children drinking water in a reusable water bottle or cup, rather than a disposable cup, under certain conditions. A variance is no longer required. Centers must develop a written policy that outlines how they will clean and sanitize the bottles/cups, assign and label the items, keep the bottles/cups stored in a way that reduces the risk of mix-ups, and use the bottles/cups only for water.

What do providers need to do?

Providers that are interested in using reusable water bottles or cups must develop a written policy that complies with the sanitization and health requirements listed in Minn. Stat. 245A.14, subd. 17 (above). The Department of Health has a fact sheet that explains cleaning and sanitizing requirements. You should contact your designated health department inspector to determine what steps are necessary to ensure compliance with this statute, the Minnesota Food Code sanitation standards and any local ordinances, if applicable. Each water bottle or cup must be labeled with the child’s first and last name. Think through how you will store the water bottles/cups in such a way as to avoid mix-ups and include this in your written policy.
All variances that were previously issued for water bottles or cups will be rescinded, effective Sept. 30, 2019. If your center previously had a variance, you will now be expected to have written policies that comply with the new legislation. A variance will no longer be needed.

Providers are not required to use reusable water bottles or cups and may choose to continue to provide water through single service drinking cups or from drinking fountains as outlined in rule (9503.0145 Subp. 8).

How will licensors monitor for compliance?

Licensors will review your written policy to make sure it meets the requirements and is being followed. They will also monitor compliance through observation and conversations with staff.
Child care background study subject

Minn. Stat. 245C.02, subd. 6a

Subd. 6a. **Child care background study subject.** (a) "Child care background study subject" means an individual who is affiliated with a licensed child care center, certified license exempt child care center, licensed family child care program, or legal nonlicensed child care provider authorized under chapter 119B, and who is:

(1) who is employed by a child care provider for compensation;

(2) whose activities involve assisting in the supervision care of a child for a child care provider; or

(3) who is required to have a background study under section 245C.03, subdivision 1.

(3) a person applying for licensure, certification, or enrollment;

(4) a controlling individual as defined in section 245A.02, subdivision 5a;

(5) an individual 13 years of age or older who lives in the household where the licensed program will be provided and who is not receiving licensed services from the program;

(6) an individual ten to 12 years of age who lives in the household where the licensed services will be provided when the commissioner has reasonable cause as defined in section 245C.02, subdivision 15;

(7) an individual who, without providing direct contact services at a licensed program, certified program, or program authorized under chapter 119B, may have unsupervised access to a child receiving services from a program when the commissioner has reasonable cause as defined in section 245C.02, subdivision 15; or

(8) a volunteer, contractor, prospective employee, or other individual who has unsupervised physical access to a child served by a program and who is not under supervision by an individual listed in clause (1) or (5), regardless of whether the individual provides program services.

(b) Notwithstanding paragraph (a), an individual who is providing services that are not part of the child care program is not required to have a background study if:

(1) the child receiving services is signed out of the child care program for the duration that the services are provided;

(2) the licensed child care center, certified license exempt child care center, licensed family child care program, or legal nonlicensed child care provider authorized under chapter 119B has obtained advanced written permission from the parent authorizing the child to receive the services, which is maintained in the child’s record;
(3) the licensed child care center, certified license exempt child care center, licensed family child care program, or legal nonlicensed child care provider authorized under chapter 119B maintains documentation on-site that identifies the individual service provider and the services being provided; and

(4) the licensed child care center, certified license exempt child care center, licensed family child care program, or legal nonlicensed child care provider authorized under chapter 119B ensures that the service provider does not have unsupervised access to a child not receiving the provider’s services.

Overview

This section consolidates current law and makes several changes, particularly as they relate to in-house field trips and contracted specialty service providers. These provisions went into effect July 1, 2019.

All individuals directly employed by the center, even if they do not provide direct contact services, must have a background study. This means employees directly employed by the center such as cooks, janitors and office staff must have a study.

The law also clarifies when volunteers, contractors, prospective employees and others with unsupervised access need a background study.

- If they have physical access to a child and are supervised, they do not need a study.
- If they have physical access to a child and are not supervised, they DO need a study.
- If they have NO physical access, they do not need a study.

Additionally, individuals providing parent-approved services that are not part of the child care program, such as speech, special education, swimming lessons, karate or dance lessons, do not need a background study if they meet all four of these conditions:

- The child is signed out of the program
- The child’s record contains the parent’s prior written permission
- The child’s record contains the name of the service provider and the services provided and
- The service provider does not have unsupervised access to other children in care.

If center staff are present and providing supervision of the children during the services, such as speech, special education, swimming lessons, karate or dance lessons, the four conditions directly above would not need to be met and the individual providing the service would not need a background study.

What do providers need to do?

You must ensure that everyone who is directly employed by the center completes a background study, even if the individual is not providing child care services. This would include administrative staff, cooks and
janitors directly employed by the center. For example, this would not include church employees working in and employed by the church, not the licensed center.

Non-employees (such as volunteers, contractors, prospective employees) who are always supervised by someone who has had a background study do not need to have a study themselves. For example:

- A prospective employee who spends time in the classroom as a part of the interview process and is under continuous direct supervision by a center employee would not need a study.
- A janitor who is employed by a school district or a contracted company can carry out their job responsibilities without a background study as long as the janitor would never have unsupervised access to a child.

If your current practices allow for these individuals to have unsupervised access to children, you must either run a background study on these individuals or change your supervision practices.

Non-employees (such as an HR person) who have access to children’s records but do not have direct access to children would not need a study.

Non-employees who provide parent-approved services to a child are allowed to have unsupervised access to the child without having had a background study if they meet all four of these conditions:

- The child is signed out of the program
- The child’s record contains the parent’s prior written permission
- The child’s record contains the name of the service provider and the services provided and
- The service provider does not have unsupervised access to other children in care.

Providers are required to document that any service provider without a background study meets all four of these conditions. The name of the service provider can be an individual or company/organization, as appropriate.

As a reminder, if a center employee with a cleared background study provides supervision during use of a contractor or service provider, the contractor or service provider does not need a background study or documentation.

Consult the updated Is a Background Study Required? worksheet to assist you in determining whether an individual needs a study.

How will licensors monitor for compliance?

Licensors will review your use of contractors, volunteers, substitute and employee lists; background study documentation; and NetStudy 2.0 records to ensure all required individuals have completed a background study.
Additional background study databases

Minn. Stat. 245C.08, subd. 1

Subdivision 1. **Background studies conducted by Department of Human Services.** (a) For a background study conducted by the Department of Human Services, the commissioner shall review:

(1) information related to names of substantiated perpetrators of maltreatment of vulnerable adults that has been received by the commissioner as required under section 626.557, subdivision 9c, paragraph (j);

(2) the commissioner's records relating to the maltreatment of minors in licensed programs, and from findings of maltreatment of minors as indicated through the social service information system;

(3) information from juvenile courts as required in subdivision 4 for individuals listed in section 245C.03, subdivision 1, paragraph (a), when there is reasonable cause;

(4) information from the Bureau of Criminal Apprehension, including information regarding a background study subject's registration in Minnesota as a predatory offender under section 243.166;

(5) except as provided in clause (6), information received as a result of submission of fingerprints for a national criminal history record check, as defined in section 245C.02, subdivision 13c, when the commissioner has reasonable cause for a national criminal history record check as defined under section 245C.02, subdivision 15a, or as required under section 144.057, subdivision 1, clause (2);

(6) for a background study related to a child foster care application for licensure, children's residential facilities, a transfer of permanent legal and physical custody of a child under sections 260C.503 to 260C.515, or adoptions, and for a background study required for family child care, certified license-exempt child care, child care centers, and legal nonlicensed child care authorized under chapter 119B, the commissioner shall also review:

(i) information from the child abuse and neglect registry for any state in which the background study subject has resided for the past five years; and

(ii) when the background study subject is 18 years of age or older, or a minor under section 245C.05, subdivision 5a, paragraph (c), information received following submission of fingerprints for a national criminal history record check; and

(iii) when the background study subject is 18 years of age or older or a minor under section 245C.05, subdivision 5a, paragraph (d), for licensed family child care, certified license-exempt child care, licensed child care centers, and legal nonlicensed child care authorized under chapter 119B, information obtained using non-fingerprint-based data including information from the criminal and sex offender registries for
any state in which the background study subject resided for the past five years and information from the national crime information database and the national sex offender registry; and

(7) for a background study required for family child care, certified license-exempt child care centers, licensed child care centers, and legal nonlicensed child care authorized under chapter 119B, the background study shall also include, to the extent practicable, a name and date-of-birth search of the National Sex Offender Public website.

*The rest of the subdivision is unchanged.*

**Overview**

Beginning on July 1, 2019, background studies include a search of three additional name-based databases in order to meet federal requirements. These additional database searches are required for all adults affiliated with child care programs as well as for minors who are employed by the provider, involved in the supervision of children served by the program or if the commissioner has reasonable cause to require a national criminal history record check. DHS will initiate these additional searches. This change will not impact what is required to be entered in NETStudy 2.0 or the background study fees.

**What do providers need to do?**

Providers do not need to take any action at this time. Studies submitted through NETStudy 2.0 after July 1, 2019, automatically include these additional checks, as appropriate based on the legal requirements described above.

**How will licensors monitor for compliance?**

There is no change to how licensors monitor compliance based on these additional checks done by background studies.
**Background studies: clearance notice for background study subjects who have lived outside of Minnesota in the last five years**

Minn. Stat. 245C.13, subd. 3

**Subd. 3. Other state information.** If the commissioner has not received criminal, sex offender, or maltreatment information from another state that is required to be reviewed under this chapter within ten days of requesting the information, and the lack of the information is the only reason that a notice is issued under subdivision 2, paragraph (a), clause (1), item (ii), the commissioner may issue a notice under subdivision 2, paragraph (a), clause (1), item (i). The commissioner may take action on information received from other states after issuing a notice under subdivision 2, paragraph (a), clause (1), item (ii).

**Overview**

The study for a new employee who currently lives out of state or who has lived outside of Minnesota in the last five years requires search of the criminal, sex offender or maltreatment databases from the other state(s) where the new employee lived during those five years. If another state has not responded to the requested information after at least 10 days since DHS submitted the request — and this is the only reason that the study could not be cleared — DHS can issue a clearance notice. This clearance notice may be rescinded if the results from the other state(s) contains disqualifying information.

Currently, DHS waits weeks or months for some states to respond to information requests. The new law enables DHS to issue clearances as early as 10 days after submitting the out-of-state request. This change, effective July 1, 2019, allows Minnesota to comply with federal law while also allowing people to get clearances faster than is currently allowed.

**What do providers need to do?**

Providers need to comply with notices issued by DHS through NETStudy 2.0. Providers must ensure an individual required to have a background study does not have direct contact with children served by the program until receiving a notice indicating otherwise.

If you have a new employee who currently lives out of state or who has lived outside of Minnesota in the last five years, you are required to submit a form to DHS that will be used to complete a maltreatment check in the other state(s). A document titled *CC CANR Instructions* has been added into the “Help” section of NETStudy 2.0. This document contains instructions regarding what to do when an out of state maltreatment check is needed. It also contains links to the forms that are used for all other states. You should have the study subject follow the instructions on each form to complete them and then send the completed form to DHS immediately after their background study has been submitted. Please refer to the *CC CANR Instructions* document for further information. If you are not the individual with access to
NETStudy 2.0 for your organization, please connect with the person within your organization who can share a copy of these instructions.

**How will licensors monitor for compliance?**

Licensors will review background study documentation to ensure all required individuals completed a background study and followed direct contact and supervision requirements prior to receiving the appropriate background study clearance.
**Background studies: direct contact**

Minn. Stat. 245C.13, subd. 2

Subd. 2. **Direct contact pending completion of background study.** The subject of a background study may not perform any activity requiring a background study under paragraph (b) (c) until the commissioner has issued one of the notices under paragraph (a).

(a) Notices from the commissioner required prior to activity under paragraph (b) include:

(1) a notice of the study results under section 245C.17 stating that:

   (i) the individual is not disqualified; or

   (ii) more time is needed to complete the study but the individual is not required to be removed from direct contact or access to people receiving services prior to completion of the study as provided under section 245C.17, subdivision 1, paragraph (b) or (c). The notice that more time is needed to complete the study must also indicate whether the individual is required to be under continuous direct supervision prior to completion of the background study;

(2) a notice that a disqualification has been set aside under section 245C.23; or

(3) a notice that a variance has been granted related to the individual under section 245C.30.

(b) **For a background study affiliated with a licensed child care center or certified license exempt child care center, the notice sent under paragraph (a), clause (1), item (ii), must require the individual to be under continuous direct supervision prior to completion of the background study except as permitted in subdivision 3.**

(c) Activities prohibited prior to receipt of notice under paragraph (a) include:

(1) being issued a license;

(2) living in the household where the licensed program will be provided;

(3) providing direct contact services to persons served by a program unless the subject is under continuous direct supervision;

(4) having access to persons receiving services if the background study was completed under section 144.057, subdivision 1, or 245C.03, subdivision 1, paragraph (a), clause (2), (5), or (6), unless the subject is under continuous direct supervision;

(5) for licensed child care center and certified license exempt child care centers, providing direct contact services to persons served by the program.
Overview

Beginning Sept. 30, 2019, anyone required to have a study cannot have direct contact with children until you have received a notice from DHS about the results of the background study. For a majority of studies, this process results in a clearance notice about two or three business days after the person is fingerprinted.

The process takes longer if the results from one of the databases show the individual may have disqualifying information. In which case, the center will get a notice stating more time is needed to complete the study. The notice will indicate whether or not the person can work with or without supervision.

What do providers need to do?

Providers need to ensure that an individual required to have a background study (staff, unsupervised volunteers, substitutes and other individuals as described in the Is a Background Study Required? worksheet) does not have direct contact with children served by the program until receiving a notice indicating otherwise. Providers must adhere to the notices sent through NETStudy 2.0.

- For individuals who need a study after Sept. 30, 2019, providers must ensure that the individual does not have direct contact until a notice indicating otherwise is received.
- Existing staff who currently have a background study prior to the enhanced studies, who have unsupervised direct contact with children, may continue to have unsupervised direct contact while DHS rolls out enhanced studies. This remains true when you are notified by DHS to run enhanced studies on these existing staff. After the individual’s enhanced study is completed, if a notice is received indicating supervision is needed or a disqualification, you must follow the notice.

To expedite the process, you should encourage new background study subjects to complete the fingerprinting process as soon as possible to ensure the study can be completed quickly and the individual can begin working with children without a prolonged delay.

How will licensors monitor for compliance?

Licensors will review background study documentation, including dates of first supervised and unsupervised direct contact, to ensure all required individuals have completed a background study and did not have direct contact with a child prior to receiving the appropriate background study clearance.
Driver’s license

Minn. Stat. 245A.14, subd. 16

Subd. 16 Valid driver’s license. Notwithstanding any law to the contrary, when a licensed child care center provides transportation for children or contracts to provide transportation for children, a person who has a current, valid driver's license appropriate to the vehicle driven may transport the child.

Overview

Anyone with a current, valid driver’s license may transport children. It is not required that the driver hold a Minnesota driver’s license.

What do providers need to do?

You must ensure that anyone who provides transportation has a current, valid driver’s license. If you have prevented a staff person from providing transportation due to having an out-of-state license, you can now permit the individual to transport children so long as the license is current and valid and the employee has completed child passenger restraint training, if applicable. See p. 32-36 for more information on child passenger restraint training.

How will licensors monitor for compliance?

Your licensor will review copies of the driver’s license for each staff person who provides transportation. Beginning Sept. 30, 2019, you will not be cited if a staff person has a current, valid out-of-state license.
Emergency plan

Minn. Stat. 245A.41, subd. 3

Subd. 3. Emergency preparedness. (a) No later than September 30, 2017, a licensed child care center must have a written emergency plan for emergencies that require evacuation, sheltering, or other protection of a child, such as fire, natural disaster, intruder, or other threatening situation that may pose a health or safety hazard to a child. The plan must be written on a form developed by the commissioner and must include:

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

*The rest of the subdivision is unchanged.*

Overview

Federal law requires a child care provider’s emergency plan to include accommodations for infants and toddlers, if the center serves those ages. The 2019 law brings Minnesota child care centers into compliance with this requirement.

What do providers need to do?

If your center serves infants, toddlers or both, accommodations for these young children must be added to your emergency plan. The plan must include information about how you will accommodate the unique needs of these age groups during a shelter-in-place, lockdown situation, evacuation and relocation. The Child Care Emergency Plan currently requires information on accommodations for infants and toddlers in the evacuation and relocation procedures. DHS has created an Emergency Plan Addendum so that you can
document how you will accommodate infants and toddlers during a shelter-in-place and lockdown situation. If your center serves infants or toddlers, similar to the requirement to use the DHS Child Care Emergency Plan form, you must also use the Emergency Plan Addendum.

How will licensors monitor for compliance?

As is current practice, licensors will review the center’s emergency plan. Beginning Sept. 30, 2019, they will look to see that your emergency plan includes the addendum with accommodations for infants and toddlers, if applicable.
Telephone requirement

Minn. Stat. 245A.41, subd. 5 (repeals Minn. Rules 9503.0155, Subp. 8)

**Subd. 5. Telephone requirement in licensed child care centers.** (a) A working telephone which is capable of making outgoing calls and receiving incoming calls must be located within the licensed child care center at all times. Staff must have access to a working telephone while providing care and supervision to children in care, even if the care occurs outside of the child care facility. A license holder may use a cellular telephone to meet the requirements of this subdivision.

(b) If a cellular telephone is used to satisfy the requirements of this subdivision, the cellular telephone must be accessible to staff, be stored in a centrally located area when not in use, and be sufficiently charged for use at all times.

Overview

The 2019 law moves the telephone requirement from rule into statute and updates it to give flexibility to providers to use a cell phone. Centers may continue to use a landline phone; however, staff are now expected to have access to a phone whenever they are providing care and supervision, including when that occurs outside of the facility, such as on field trips. This new statute is effective Sept. 30, 2019.

Minnesota Rules part 9503.0155, Subp. 8 that required a non-coin operated telephone be present in the center and emergency phone numbers be posted next to the phone is repealed. This is currently a fix-it ticket item; effective Sept. 30, 2019, it will be removed from the fix-it ticket list because it will no longer be required. Centers must continue to follow Minnesota Rules part 9503.0140, Subp. 21(F) that requires centers to post phone numbers for emergency medical and dental care, poison control center, fire department (911); health authority and Licensing Division of the Department of Human Services in a visible place.

What do providers need to do?

Providers must ensure staff know where the phone is and have access to a phone both inside and outside the facility. This means you are expected to have a phone with you while supervising children on a field trip or during any other off-site outing. If you are supervising children on the center’s onsite playground and a phone (mobile or landline) is accessible within the center, an additional phone is not required outside. If using a cell phone, providers must keep it sufficiently charged. A personal cell phone may be used in the event of an emergency or on a field trip or other off-site outing but cannot be the center’s primary phone number.

Because 911 for emergency situations is available statewide, you are no longer required to post the list of emergency phone numbers next to the telephone as previously required under Minnesota Rules part
9503.0155, Subp. 8. However, as part of your written procedures for emergencies and accidents that are required to be posted in a visible place, it is still required under Minnesota Rules part 9503.0140, Subp. 21(F) to list phone numbers for emergency medical and dental care, poison control center, fire department (911); health authority and Licensing Division of the Department of Human Services.

How will licensors monitor for compliance?

Licensors will ask to see the telephone. If a cell phone is used, they will look to see that it is sufficiently charged and accessible to staff. Licensors will look to see that phone numbers for emergency medical and dental care, poison control center, fire department (911); health authority and Licensing Division of the Department of Human Services are posted in a visible place.
Exit interviews

Minn. Stat. 245A.04, subd. 4

Subd. 4. Inspections; waiver.

... (c) Before completing a licensing inspection in a family child care program or child care center, the licensing agency must offer the license holder an exit interview to discuss violations or potential violations of law or rule observed during the inspection and offer technical assistance on how to comply with applicable laws and rules. Nothing in this paragraph limits the ability of the commissioner to issue a correction order or negative action for violations of law or rule not discussed in an exit interview or in the event that a license holder chooses not to participate in an exit interview. The commissioner shall not issue a correction order or negative licensing action for violations of law or rule not discussed in an exit interview, unless a license holder chooses not to participate in an exit interview or not to complete the exit interview. If the license holder is unable to complete the exit interview, the licensing agency must offer an alternate time for the license holder to complete the exit interview.

... Other technical changes were made to subd. 4 (a) and (b) that do not impose changes for child care centers. New paragraph (d) only applies to family child care.

Overview

Exit interviews are required as a part of annual licensing inspections. Effective Sept. 30, 2019, licensors cannot issue a correction order or other licensing action for violations of rule or law that are not discussed during an exit interview, unless the provider does not participate in or complete the exit interview. Licensors must offer an alternative time to complete the exit interview if it cannot be completed at the conclusion of an annual licensing review/inspection. The exit interview is an opportunity for you to discuss the licensing review/inspection with your licensor. The goal is to have open communication and transparency about licensing requirements in order to assist you in achieving ongoing compliance. If you do not participate in the alternate date, or return the phone call or email of your licensor, the correction order or other licensing action will be completed without additional discussion.

What do providers need to do?

While the most effective way to conduct an exit interview is onsite at the conclusion of the annual review/inspection, you can decline the opportunity to have an in-person exit interview. If, for any reason,
you are not able to have the exit interview at that time, your licensor will reschedule an exit interview by phone.

**How will licensors monitor for compliance?**

During the exit interview, your licensor will discuss all violations that will or could result in a correction order or licensing action. If you are unable to participate in an exit interview, the licensor will attempt to reschedule the interview for an alternate time. There may also be times when your licensor is unable to complete the exit interview onsite, such as times when your licensor will need to bring information back to the office for further review. When an exit interview cannot occur onsite, your licensor will schedule an exit interview by phone as soon as is reasonably possible. Whether conducted onsite or by phone, your licensor may record the exit interview.
Policy for reporting suspected maltreatment

Minn. Stat. 245A.145, subd. 1

Subd. 1. Policies and procedures.

(a) All licensed child care providers The Department of Human Services must develop policies and procedures for reporting suspected child maltreatment that fulfill the requirements in section 626.556 and must develop policies and procedures for reporting complaints about the operation of a child care program. The policies and procedures must include the telephone numbers of the local county child protection agency for reporting suspected maltreatment; the county licensing agency for family and group family child care providers; and the state licensing agency for child care centers. provide the policies and procedures to all licensed child care providers. The policies and procedures must be written in plain language.

(b) The policies and procedures required in paragraph (a) must:

(1) be provided to the parents of all children at the time of enrollment in the child care program; and

(2) be made available upon request.

Overview

Centers are now required to use the DHS-created policy for reporting suspected child maltreatment. Previously, this document was optional and centers could create their own. Effective Sept. 30, 2019, you must use the DHS document.

What do providers need to do?

Use the Maltreatment of Minors Mandated Reporting Policy created by DHS as your center’s reporting policy. You can no longer create your own reporting policy. Ensure this policy is given to parents upon their child’s enrollment in your program and is available upon request.

How will licensors monitor for compliance?

Licensors will review your policies to ensure you are using the DHS-created Maltreatment of Minors Mandated Reporting Policy for reporting suspected child maltreatment and have provided it to parents upon enrollment.
Trainings

Overview

The 2019 legislation consolidates and reorganizes the child care training requirements under 245A.40. While the bill text may look like there are a lot of significant changes, many of the requirements are actually the same. The few changes that have been made, however, are primarily to comply with the training requirements under the federal Child Care and Development Block Grant Reauthorization Act of 2014. The director, staff persons, substitutes and unsupervised volunteers are required to take certain trainings. The 2019 legislation defines these roles and specifies who must receive each training and the frequency.

In order to provide consistency and clarity, training is moved from annual to calendar year. This means training required to be completed every year can be completed at any time within each calendar year. Requirements for documentation of training are outlined in 245A.40, Subd. 10 (p. 46 of the appendix). Additional documentation requirements for yearly in-service training are found in 245A.40, Subd. 7 (see p. 36 and p. 42 of the appendix).

The training changes are effective Sept. 30, 2019.
Definitions of roles

Minn. Stat. 245A.40, subd. 1a

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

(b) "Substitute" means an adult who is temporarily filling a position as a director, teacher, assistant teacher, or aide in a licensed child care center for less than 240 hours total in a calendar year due to the absence of a regularly employed staff person.

(c) "Staff person" means an employee of a child care center who provides direct contact services to children.

(d) "Unsupervised volunteer" means an individual who:

(1) assists in the care of a child in care;

(2) is not under the continuous direct supervision of a staff person; and

(3) is not employed by the child care center.

Overview

Defining these roles in statute provides clarity for the training requirements in 245A.40 to those terms. The changes to training requirements bring Minnesota into compliance with federal law for child care centers. The definition of staff person includes all employees who provide direct contact services to children, such as teachers, assistant teachers and aides. Parents or other volunteers who are always supervised and never alone with children are considered supervised volunteers and do not require training.

What do providers need to do?

Consult these definitions if you need guidance on who must receive specific trainings.

Establish a process for tracking substitute hours to ensure those who work more than 240 hours in a calendar year complete the required trainings.

- The 240 hours is site-specific.
- If a substitute works more than 240 hours in a calendar year, then the substitute needs the training required of a staff person.

Establish a process for tracking volunteers to identify volunteers who are always supervised and those who are unsupervised at any time. An example of an unsupervised volunteer is a parent who accompanies a child to the bathroom and is not directly supervised by another staff person.
How will licensors monitor for compliance?

These definitions will guide licensors when reviewing training documentation to ensure all individuals have completed required trainings.
Orientation training

Minn. Stat. 245A.40, subd. 1

Subdivision 1. Orientation. (a) The child care center license holder must ensure that every director, staff person and volunteer is given orientation training and successfully completes the training before starting assigned duties. The orientation training in this subdivision applies to volunteers who will have direct contact with or access to children and who are not under the direct supervision of a staff person. Completion of the orientation must be documented in the individual’s personnel record. The orientation training must include information about:

1. the center’s philosophy, child care program, and procedures for maintaining health and safety according to section 245A.41 and Minnesota Rules, part 9503.0140, and handling emergencies and accidents according to Minnesota Rules, part 9503.0110;

2. specific job responsibilities;

3. the behavior guidance standards in Minnesota Rules, part 9503.0055;

4. the reporting responsibilities in section 626.556, and Minnesota Rules, part 9503.0130;

5. the center’s drug and alcohol policy under section 245A.04, subdivision 1, paragraph (c);

6. the center’s risk reduction plan as required under section 245A.66, subdivision 2;

7. at least one-half hour of training on the standards under section 245A.1435 and on reducing the risk of sudden unexpected infant death as required in subdivision 5, if applicable;

8. at least one-half hour of training on the risk of abusive head trauma as required for the director and staff under subdivision 5a, if applicable; and

9. training required by a child’s individual child care program plan as required under Minnesota Rules, part 9503.0065, subpart 3, if applicable.

(b) In addition to paragraph (a), before having unsupervised direct contact with a child, the director and staff persons within the first 90 days of employment, and substitutes and unsupervised volunteers within 90 days after the first date of direct contact with a child, must complete:

1. pediatric first aid, in accordance with subdivision 3; and

2. pediatric cardiopulmonary resuscitation, in accordance with subdivision 4.

(c) In addition to paragraph (b), the director and staff persons within the first 90 days of employment, and substitutes and unsupervised volunteers within 90 days from the first date of direct contact with a child, must complete training in child development, in accordance with subdivision 2.
(d) The license holder must ensure that documentation, as required in subdivision 10, identifies the number of hours completed for each topic with a minimum training time identified, if applicable, and that all required content is included.

(e) Training in this subdivision must not be used to meet in-service training requirements in subdivision 7.

(f) Training completed within the previous 12 months under paragraphs (a), clauses (7) and (8), and (c) are transferable to another child care center.

**Overview**

The training requirements have been consolidated and reorganized for clarity in 245A.40. The 2019 law brings Minnesota child care centers into compliance with federal law by clarifying that the director, staff persons, substitutes and unsupervised volunteers need to receive orientation that includes certain elements. This section is effective Sept. 30, 2019.

**What do providers need to do?**

Provide orientation training to the director, staff persons, substitutes, and unsupervised volunteers before they start their assigned roles. The orientation must cover all of the outlined topics. Recognizing that directors often give orientation training to others, DHS expects that the director has gone through the orientation training materials themselves prior to training others. The Orientation Training Record form has been updated to help you document this training. While this is an optional form, the use of it will ensure your documentation will comply with these requirements. You do not need to re-do forms for individuals that completed orientation prior to Sept. 30, 2019. Please note that orientation training cannot be used for in-service training hours.

**How will licensors monitor for compliance?**

As is current practice, licensors will review documentation of orientation training. Beginning Sept. 30, 2019, licensors will review documentation of orientation for the director, staff persons, substitutes (new requirement) and unsupervised volunteers. Licensors will review documentation to ensure all orientation topics were covered. Licensors will look for documentation of each person’s first date of direct contact and first date of unsupervised contact with a child in care to determine that orientation was successfully completed before the individual started assigned duties. See p.36 and p.46 of the appendix for more information on training documentation requirements.
The full text can be found in 245A.40 and on p.39-46 of the appendix. The primary changes are listed below.

**Subd. 2 Child development and learning training**
- Adds substitutes and unsupervised volunteers to those who are required to take training; however, there is no minimum length required for them
- Requires training at least every second calendar year
- Allows any training in Knowledge and Competency Area I: Child Development and Learning

**Subd. 3 First aid**
- Requires the director, staff persons including aides, substitutes and unsupervised volunteers to complete pediatric first aid training before having unsupervised direct contact with a child, not to exceed the first 90 days of employment, and again every second calendar year
- Prohibits first aid training from counting towards meeting the number of hours of required in-service training

**Subd. 4 Cardiopulmonary resuscitation (CPR)**
- Requires the director, staff persons including aides, substitutes and unsupervised volunteers to complete pediatric CPR training before having unsupervised direct contact with a child, not to exceed the first 90 days of employment, and again every second calendar year
- Clarifies that CPR training must include hands-on practice and in-person assessment
- Prohibits CPR training from counting towards meeting the number of hours of required in-service training

**Subd. 5 Sudden unexpected infant death training**
- Clarifies that before caring for infants the director, staff persons, substitutes and all volunteers must complete training on reducing sudden unexpected infant death
- Requires training occur during orientation and again each calendar year

**Subd. 5a Abusive head trauma training**
- Clarifies that before caring for children under school age the director, staff persons, substitutes and unsupervised volunteers must complete training on abusive head trauma
- Requires training occur during orientation and again each calendar year
Subd. 6 Child passenger restraint systems

- Reduces the age for which training on the proper use and installation of child restraint systems in motor vehicles is required for transporting children from under nine years old to children under eight years old to align with the Department of Public Safety transportation law.

Subd. 7 In-Service

- Reduces the total number of hours of in-service training each calendar year to 24 hours for staff who work 20+ hours/week and 12 hours for those who work less than 20 hours/week.
- Requires cultural dynamics and accommodating children with disabilities trainings every other year.
- Reorganizes ongoing training requirements from various areas within statute into one section to clarify training topics and frequency.

Overview

The center director, staff persons, substitutes and unsupervised volunteers must receive child development and learning, pediatric first aid, pediatric CPR and in-service training. If applicable, these individuals must also complete sudden unexpected infant death, abusive head trauma and child passenger restraint training. The training changes are effective Sept. 30, 2019.

What do providers need to do?

Child Development and Learning

The director and staff must complete two hours of child development training within the first 90 days of employment and again every other year. Substitutes and unsupervised volunteers must also be trained within their first 90 days and again every other year. This means volunteers who have unsupervised direct contact with a child need to complete child development and learning training within 90 days from their first day volunteering at the center and substitutes must complete it within 90 days from their first day working at the center. There is no minimum training length for substitutes and unsupervised volunteers. You may use any training that covers an understanding in how children develop physically, cognitively, emotionally and socially, and learn as part of the children’s family, culture and community. Knowledge and Competency Area I: Child Development and Learning training may be used to meet this requirement. Child development and learning training taken within the previous two years satisfies this requirement.

First Aid

The director, staff persons including aides, substitutes and unsupervised volunteers must receive pediatric first aid training before having unsupervised direct contact with a child, not to exceed the first 90 days of employment, and again every other year. It is no longer acceptable to only train teachers and assistant teachers on first aid. Substitutes must complete first aid training within 90 days from their first day working.
at the center. Volunteers who you intend to have unsupervised direct contact with a child will also need to complete pediatric first aid training within 90 days from their first day volunteering at the center and before having unsupervised direct contact. Pediatric first aid training taken within the previous two years satisfies this requirement.

**CPR**

The director, staff persons including aides, substitutes and unsupervised volunteers must receive pediatric CPR training before having unsupervised direct contact with a child, not to exceed the first 90 days of employment, and again every other year. It is no longer acceptable to only train teachers and assistant teachers on CPR. Substitutes must complete first aid training within 90 days from their first day working at the center. Volunteers who you intend to have unsupervised direct contact with a child will also need to complete pediatric first aid training within 90 days from their first day volunteering at the center and before having unsupervised direct contact. The training must include hands-on practice and an in-person skills assessment by a CPR instructor. There is not a minimum length required for the training. Pediatric CPR training taken within the previous two years satisfies this requirement.

**Sudden Unexpected Infant Death**

The director, staff persons, substitutes and all volunteers (whether supervised or not) must receive training on reducing the risk of sudden unexpected infant death before caring for infants and again every calendar year. This is consistent with the current policy; the language now clearly lists all the roles.

**Abusive Head Trauma**

The director, staff persons, substitutes and unsupervised volunteers must receive abusive head trauma training before caring for children under school-age. This training must occur during orientation and again every calendar year. This language adds in unsupervised volunteers and clearly lists all other roles.

**Child Passenger Restraint**

Training on the proper use and installation of child passenger restraint systems must be completed by everyone who places a child or children under age eight into a passenger restraint. The previous requirement was for children under age nine. If the driver is not the person who places the child into the passenger restraint system, the driver does not need this training.

**In-service**

All staff working more than 20 hours per week, regardless of educational degree or staff role, must complete 24 hours of in-service training every calendar year. All staff working 20 hours per week or less must complete 12 hours of in-service training. Please note that this requirement is based on full-time or part-time employment status, not the number of hours worked in a classroom. For example, a director who works full-time and fills in as needed in classrooms is expected to complete 24 hours of in-service training every calendar year.
As is the current practice, in-service hours may be prorated only for new staff who are hired during the calendar year. For full-time staff persons, the prorated amount of in-service training is equal to two hours per month. For example, a full-time staff person hired in April (regardless of the start date within the month) would be required to complete 16 hours of in-service training that year, instead of 24 hours. If your program operates a partial year, for example a school year, training requirements for the director and staff cannot be prorated. If you have an employee who switches between full-time and part-time status, the in-service training requirement is based on an average number of hours worked per week during the calendar year.

For each person, it is up to you to determine and document the number of total training hours required to be completed. Orientation training cannot be used for in-service training hours.

Every other year, in-service training must now also include training on cultural dynamics, as well as training on accommodating children with disabilities. Trainings from any source will be accepted as long as they incorporate content about culture or children with disabilities.

Substitutes and unsupervised volunteers must complete required training on health and safety topics; mandated reporting; the risk reduction plan; child development and learning, pediatric first aid, pediatric CPR, cultural dynamics; disability training and child passenger restraint training, if applicable. It is a new requirement for substitutes and unsupervised volunteers to have ongoing training. All content must be covered, but there is no requirement for training length for substitutes and unsupervised volunteers.

The optional Yearly In-Service Training Record form has been updated to reflect the 2019 legislative changes.

How will licensors monitor for compliance?

Child Development and Learning

As is current practice, licensors will review child development training. Beginning Sept. 30, 2019, licensors will review documentation of child development training for the director, staff persons, substitutes (new requirement) and unsupervised volunteers (new requirement).

For directors and staff persons hired prior to Sept. 30, 2019, licensors will look for child development training that occurred within the first 90 days of employment and was at least two hours in length, unless the individual is exempt from the requirements under the statute. For example, if an individual has taken a three-credit college course on early childhood development within the past five years, the individual would not need to take this training initially but would need to complete it every other year.

The director and all staff persons must complete two hours of child development training within 90 days of employment and every other year. Substitutes and unsupervised volunteers must complete child development training within 90 days after the first date of direct contact with a child and every other year.
First aid

As is current practice, licensors will review pediatric first aid training. Beginning Sept. 30, 2019, licensors will review documentation of pediatric first aid training for the director (new requirement), staff persons including aides (new requirement for aides), substitutes (new requirement) and unsupervised volunteers (new requirement).

Individuals whose start date is prior to Sept. 30, 2019, will be required to comply with pediatric first aid training requirements by Jan. 1, 2020.

Individuals whose first date of unsupervised direct contact is after Sept. 30, 2019, must complete pediatric first aid training within 90 days of employment (or within 90 days of first direct contact for substitutes and unsupervised volunteers) and prior to unsupervised direct contact.

Individuals will be in compliance with pediatric first aid training requirements so long as the training has been completed every other year, regardless of whether the certification is current or expired.

CPR

As is current practice, licensors will review pediatric CPR training. Beginning Sept. 30, 2019, licensors will review documentation of pediatric CPR training for the director (new requirement), staff persons including aides (new requirement for aides), substitutes (new requirement) and unsupervised volunteers (new requirement).

Individuals whose start date is prior to Sept. 30, 2019, will be required to comply with pediatric CPR training requirements, including hands-on practice and in-person assessment, by Jan. 1, 2020.

Individuals whose first date of unsupervised direct contact is after Sept. 30, 2019, must complete pediatric CPR training within 90 days of employment (or within 90 days of first direct contact for substitutes and unsupervised volunteers) and prior to unsupervised direct contact.

Individuals will be in compliance with pediatric CPR training requirements so long as the training has been completed every other year, regardless of whether the certification is current or expired.

Sudden Unexpected Infant Death

As is current practice, licensors will review sudden unexpected infant death training for all individuals that care for infants. Beginning Sept. 30, 2019, licensors will review documentation of sudden unexpected infant death training for the director, staff persons, substitutes, and supervised and unsupervised volunteers.

Abusive Head Trauma

As is current practice, licensors will review abusive head trauma training for all individuals who care for children under school-age. Beginning Sept. 30, 2019, licensors will review documentation of abusive head
trauma training for the director, staff persons, substitutes (new requirement) and unsupervised volunteers (new requirement).

**Child Passenger Restraint**

As is current practice, licensors will review child passenger restraint training for all individuals that place a child in a passenger restraint (such as a car seat or booster seat). Beginning Sept. 30, 2019, licensors will review that the training was completed by everyone who places a child under age eight into a motor vehicle (old requirement: under age nine).

**In-service**

As is current practice, licensors will review in-service training completed during the previous calendar year:

- During calendar year 2019, licensors will review in-service training completed during the 2018 calendar year. Staff must complete the number of in-service hours based on the combination of average hours worked and qualifications (old requirement).

  - Staff hired prior to Sept. 30, 2019: Staff who worked more than 20 hours per week, must complete 24 hours of in-service training by Dec. 31, 2019. Staff who worked 20 hours per week or less must complete 12 hours of in-service training by Dec. 31, 2019. Orientation, first aid and CPR training may count towards the total hours.
  
  - Staff hired after Sept. 30, 2019: As is the current practice, in-service hours may be prorated for new staff that are hired during the calendar year. For example, a full-time staff person hired in October 2019 would be required to complete six hours of in-service training by December 31, 2019, and a staff person hired in October 2019 who works less than 20 hours per week would need to complete three hours. Orientation, first aid and CPR training no longer count towards the total hours.

- During calendar year 2020 and each calendar year going forward, licensors will review in-service training completed during the previous calendar year. All staff working more than 20 hours per week, regardless of educational degree or staff role, must complete 24 hours of in-service training by Dec. 31 (new requirement: number of hours per calendar year). All staff working 20 hours per week or less must complete 12 hours of in-service training (new requirement: number of hours per calendar year). Licensors will also look to see that substitutes and unsupervised volunteers completed required training (new requirement: ongoing training for substitutes and unsupervised volunteers). All content must be covered, but there is no requirement for training length for substitutes and unsupervised volunteers.

**Documentation**

You must document completed trainings for the director, staff persons, substitutes and unsupervised volunteers. Documentation must also be available that shows the individual’s start date, date of first direct contact with children and date of first unsupervised direct contact with children. Direct contact means
when the individual begins assisting in the care of a child. Unsupervised direct contact means when the
individual begins assisting in the care of a child without any supervision by a staff person.

As is current practice, for employees hired prior to Sept. 30, 2019, licensors will look to see that employee
documentation includes the start date and date of first direct contact with children. For employees hired
after Sept. 30, 2019, licensors will look to see that employee documentation includes the start date, date
of first direct contact with children and date of first unsupervised direct contact with children.
Additional information

License format

The language printed on licenses has changed. The licenses now state that parents who have questions about their child’s care may call the licensing agency. Previously, the licenses stated that parents who have concerns may call the licensing agency. DHS reduced the size of the font used to print the licensing agency’s telephone number because it is no longer required to print the telephone number in bold and large font.

Additional staffing

The DHS Licensing Division will hire additional licensors to support child care centers during their first year of licensure. Licensors will assist applicants through the application process and visit centers early and often, providing technical assistance and guidance several times throughout that first year of operation.

Record keeping and documentation requirements

DHS will review child care licensing and background studies record keeping and documentation requirements to identify if they can be streamlined. DHS will also begin to establish more processes for providers to submit information to DHS electronically.

Mandatory fraud reporting

Licensors must immediately report any suspected fraud to county human services investigators or the DHS Office of Inspector General (800-627-9977, https://fraudhotline.dhs.mn.gov/).

Correction order and fine data classification

Correction orders and licensing fines that are more than seven years old will be classified as nonpublic data, which means it will not be publically available upon request.

Changes to Minnesota’s Child Care Assistance Program and Parent Aware

For information about changes to Minnesota’s Child Care Assistance Program and Parent Aware (Minnesota’s quality rating and improvement system), please visit https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-care-and-early-education/.
Appendix

Minn. Stat. 245A.40, subd. 2-7

Subd. 2. Child development and learning training. (a) For purposes of child care centers, The director and all staff hired after July 1, 2006, persons, substitutes, and unsupervised volunteers shall complete and document at least two hours of child development and learning training within the first 90 days of employment. The director and staff persons, not including substitutes, must complete at least two hours of training on child development and learning. The training for substitutes and unsupervised volunteers is not required to be of a minimum length. For purposes of this subdivision, "child development and learning training" means any training in Knowledge and Competency Area I: Child Development and Learning, which is training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community. Training completed under this subdivision may be used to meet the in-service training requirements under subdivision 7.

(b) Notwithstanding paragraph (a), individuals are exempt from this requirement if they:

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

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

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

(4) have received a baccalaureate degree with a Montessori certificate within the past five years.

(c) The director and staff persons, not including substitutes, must complete at least two hours of child development and learning training every second calendar year.

(d) Substitutes and unsupervised volunteers must complete child development and learning training every second calendar year. There is no minimum number of training hours required.

(e) Except for training required under paragraph (a), training completed under this subdivision may be used to meet the in-service training requirements under subdivision 7.

Subd. 3. First aid. (a) All teachers and assistant teachers in a child care center governed by Minnesota Rules, parts 9503.0005 to 9503.0170, and at least one staff person during field trips and when transporting children in care, must satisfactorily complete pediatric first aid training within 90 days of the start of work, unless the training has been completed within the previous two years. Unless training has been completed within the previous two years, the director, staff persons, substitutes, and unsupervised volunteers must satisfactorily complete pediatric first aid training prior to having unsupervised direct contact with a child, but not to exceed the first 90 days of employment.
(b) Notwithstanding paragraph (a), which allows 90 days to complete training, at least one staff person who has satisfactorily completed pediatric first aid training must be present at all times in the center, during field trips, and when transporting children in care. Pediatric first aid training must be repeated at least every second calendar year. First aid training under this subdivision must be provided by an individual approved as a first aid instructor and must not be used to meet in-service training requirements under subdivision 7.

(c) The pediatric first aid training must be repeated at least every two years, documented in the person's personnel record and indicated on the center's staffing chart, and provided by an individual approved as a first aid instructor. This training may be less than eight hours.

Subd. 4. Cardiopulmonary resuscitation. (a) All teachers and assistant teachers in a child care center governed by Minnesota Rules, parts 9503.0005 to 9503.0170, and at least one staff person during field trips and when transporting children in care, must satisfactorily complete training in cardiopulmonary resuscitation (CPR) that includes CPR techniques for infants and children and in the treatment of obstructed airways. The CPR training must be completed within 90 days of the start of work, unless the training has been completed within the previous two years. The CPR training must have been provided by an individual approved to provide CPR instruction, must be repeated at least once every two years, and must be documented in the staff person's records.

(b) Notwithstanding paragraph (a), which allows 90 days to complete training, at least one staff person who has satisfactorily completed cardiopulmonary resuscitation training must be present at all times in the center, during field trips, and when transporting children in care.

(c) CPR training may be provided for less than four hours.

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

(1) by the American Heart Association or the American Red Cross and incorporates psychomotor skills to support the instruction; or

(2) using nationally recognized, evidence-based guidelines for CPR and incorporates psychomotor skills to support the instruction.

(a) Unless training has been completed within the previous two years, the director, staff persons, substitutes, and unsupervised volunteers must satisfactorily complete pediatric cardiopulmonary resuscitation (CPR) training that meets the requirements of this subdivision. Pediatric CPR training must be completed prior to having unsupervised direct contact with a child, but not to exceed the first 90 days of employment.

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

(c) The Pediatric CPR training must:
(1) cover CPR techniques for infants and children and the treatment of obstructed airways;

(2) include instruction, hands-on practice, and an in-person, observed skills assessment under the direct supervision of a CPR instructor; and

(3) be developed by the American Heart Association, the American Red Cross, or another organization that uses nationally recognized, evidence-based guidelines for CPR.

(d) Pediatric CPR training must be repeated at least once every second calendar year.

(e) Pediatric CPR training in this subdivision must not be used to meet in-service training requirements under subdivision 7.

Subd. 5. Sudden unexpected infant death and abusive head trauma training. (a) Before caring for infants, the director, staff persons, substitutes, unsupervised volunteers, and any other volunteers must receive training on the standards under section 245A.1435 and on reducing the risk of sudden unexpected infant death during orientation and each calendar year thereafter.

(b) Sudden unexpected infant death reduction training required under this subdivision must be at least one-half hour in length. At a minimum, the training must address the risk factors related to sudden unexpected infant death, means of reducing the risk of sudden unexpected infant death in child care, and license holder communication with parents regarding reducing the risk of sudden unexpected infant death.

(c) Except if completed during orientation, training taken under this subdivision may be used to meet the in-service training requirements under subdivision 7.

Subd. 5a. Abusive head trauma training. (a) License holders must document that before staff persons and volunteers care for infants, they are instructed on the standards in section 245A.1435 and receive training on reducing the risk of sudden unexpected infant death. In addition, license holders must document that before staff persons care for infants or children under school age, they receive training on the risk of abusive head trauma from shaking infants and young children. The training in this subdivision may be provided as orientation training under subdivision 1 and in-service training under subdivision 7. (a) Before caring for children under school age, the director, staff persons, substitutes, and unsupervised volunteers must receive training on the risk of abusive head trauma during orientation and each calendar year thereafter.

(b) Sudden unexpected infant death reduction training required under this subdivision must be at least one-half hour in length and must be completed at least once every year. At a minimum, the training must address the risk factors related to sudden unexpected infant death, means of reducing the risk of sudden unexpected infant death in child care, and license holder communication with parents regarding reducing the risk of sudden unexpected infant death.

(c) (b) Abusive head trauma training under this subdivision must be at least one-half hour in length and must be completed at least once every year. At a minimum, the training must address the risk factors...
related to shaking infants and young children, means to reduce the risk of abusive head trauma in child care, and license holder communication with parents regarding reducing the risk of abusive head trauma.

(c) Except if completed during orientation, training taken under this subdivision may be used to meet the in-service training requirements under subdivision 7.

(d) The commissioner shall make available for viewing a video presentation on the dangers associated with shaking infants and young children, which may be used in conjunction with the annual training required under paragraph (c) (a).

Subd. 6. Child passenger restraint systems; training requirement. (a) A license holder must comply with all seat belt and child passenger restraint system requirements under section 169.685. (b) Child care centers that serve a child or children under nine years of age must document training that fulfills the requirements in this subdivision.

(1) (a) Before a license holder transports a child or children under age nine eight in a motor vehicle, the person placing the child or children in a passenger restraint must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles. Training completed under this subdivision may be used to meet orientation training under subdivision 1 and in-service training under subdivision 7.

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

(3) (c) Training required under this subdivision must be provided by individuals who are certified and approved by the Department of Public Safety, Office of Traffic Safety. License holders may obtain a list of certified and approved trainers through the Department of Public Safety website or by contacting the agency.

(4) (d) Child care providers that only transport school-age children as defined in section 245A.02, subdivision 16, in child care buses as defined in section 169.448, subdivision 1, paragraph (e), are exempt from this subdivision.

(e) Training completed under this subdivision may be used to meet in-service training requirements under subdivision 7. Training completed within the previous five years is transferable upon a staff person's change in employment to another child care center.

Subd. 7. In-service. (a) A license holder must ensure that the center director and all staff who have direct contact with a child complete annual in-service training. In-service training requirements must be met by a staff person's participation in the following training areas: staff persons, substitutes, and unsupervised volunteers complete in-service training each calendar year.
(b) The center director and staff persons who work more than 20 hours per week must complete 24 hours of in-service training each calendar year. Staff persons who work 20 hours or less per week must complete 12 hours of in-service training each calendar year. Substitutes and unsupervised volunteers must complete the requirements of paragraphs (e) to (h) and do not otherwise have a minimum number of hours of training to complete.

(c) The number of in-service training hours may be prorated for individuals not employed for an entire year.

(d) Each year, in-service training must include:

(1) the center's procedures for maintaining health and safety according to section 245A.41 and Minnesota Rules, part 9503.0140, and handling emergencies and accidents according to Minnesota Rules, part 9503.0110;

(2) the reporting responsibilities under section 626.556 and Minnesota Rules, part 9503.0130;

(3) at least one-half hour of training on the standards under section 245A.1435 and on reducing the risk of sudden unexpected infant death as required under subdivision 5, if applicable; and

(4) at least one-half hour of training on the risk of abusive head trauma from shaking infants and young children as required under subdivision 5a, if applicable.

(e) Each year, or when a change is made, whichever is more frequent, in-service training must be provided on:

(1) the center's risk reduction plan under section 245A.66, subdivision 2; and 
(2) a child's individual child care program plan as required under Minnesota Rules, part 9503.0065, subpart 3.

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

(1) child development and learning training under subdivision 2;

(2) pediatric first aid that meets the requirements of subdivision 3;

(3) pediatric cardiopulmonary resuscitation training that meets the requirements of subdivision 4;

(4) cultural dynamics training to increase awareness of cultural differences; and

(5) disabilities training to increase awareness of differing abilities of children.

(g) At least once every five years, in-service training must include child passenger restraint training that meets the requirements of subdivision 6, if applicable.

(h) The remaining hours of the in-service training requirement must be met by completing training in the following content areas of the Minnesota Knowledge and Competency Framework:

(1) Content area I: child development and learning;
(2) **Content area II:** developmentally appropriate learning experiences;

(3) **Content area III:** relationships with families;

(4) **Content area IV:** assessment, evaluation, and individualization;

(5) **Content area V:** historical and contemporary development of early childhood education;

(6) **Content area VI:** professionalism; and

(7) **Content area VII:** health, safety, and nutrition; and

(8) **Content area VIII:** application through clinical experiences.

(b) (i) For purposes of this subdivision, the following terms have the meanings given them.

(1) "Child development and learning training" has the meaning given it in subdivision 2, paragraph (a). means training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children’s family, culture, and community.

(2) "Developmentally appropriate learning experiences" means creating positive learning experiences, promoting cognitive development, promoting social and emotional development, promoting physical development, and promoting creative development.

(3) "Relationships with families" means training on building a positive, respectful relationship with the child’s family.

(4) "Assessment, evaluation, and individualization" means training in observing, recording, and assessing development; assessing and using information to plan; and assessing and using information to enhance and maintain program quality.

(5) "Historical and contemporary development of early childhood education" means training in past and current practices in early childhood education and how current events and issues affect children, families, and programs.

(6) "Professionalism" means training in knowledge, skills, and abilities that promote ongoing professional development.

(7) "Health, safety, and nutrition" means training in establishing health practices, ensuring safety, and providing healthy nutrition.

(8) "Application through clinical experiences" means clinical experiences in which a person applies effective teaching practices using a range of educational programming models.
(c) The director and all program staff persons must annually complete a number of hours of in-service training equal to at least two percent of the hours for which the director or program staff person is annually paid, unless one of the following is applicable.

(1) A teacher at a child care center must complete one percent of working hours of in-service training annually if the teacher:

(i) possesses a baccalaureate or master's degree in early childhood education or school-age care;

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

(iii) possesses a baccalaureate degree with a Montessori certificate.

(2) A teacher or assistant teacher at a child care center must complete one and one-half percent of working hours of in-service training annually if the individual is:

(i) a registered nurse or licensed practical nurse with experience working with infants;

(ii) possesses a Montessori certificate, a technical college certificate in early childhood development, or a child development associate certificate; or

(iii) possesses an associate of arts degree in early childhood education, a baccalaureate degree in child development, or a technical college diploma in early childhood development.

(d) The number of required training hours may be prorated for individuals not employed full time or for an entire year.

(e) The annual in-service training must be completed within the calendar year for which it was required. In-service training completed by staff persons is transferable upon a staff person's change in employment to another child care program.

(f) (j) The license holder must ensure that, when a staff person completes in-service training, the training is documented in the staff person's personnel record. The documentation must include the date training was completed, the goal of the training and topics covered, trainer's name and organizational affiliation, trainer's signed statement that training was successfully completed, documentation, as required in subdivision 10, includes the number of total training hours required to be completed, name of the training, the Minnesota Knowledge and Competency Framework content area, number of hours completed, and the director's approval of the training.

(k) In-service training completed by a staff person that is not specific to that child care center is transferable upon a staff person's change in employment to another child care program.

Subd. 8. Cultural dynamics and disabilities training for child care providers. (a) The training required of licensed child care center staff must include training in the cultural dynamics of early childhood
development and child care. The cultural dynamics and disabilities training and skills development of child care providers must be designed to achieve outcomes for providers of child care that include, but are not limited to:

(1) an understanding and support of the importance of culture and differences in ability in children's identity development;

(2) understanding the importance of awareness of cultural differences and similarities in working with children and their families;

(3) understanding and support of the needs of families and children with differences in ability;

(4) developing skills to help children develop unbiased attitudes about cultural differences and differences in ability;

(5) developing skills in culturally appropriate caregiving; and

(6) developing skills in appropriate caregiving for children of different abilities.

(b) Curriculum for cultural dynamics and disability training shall be approved by the commissioner.

(c) The commissioner shall amend current rules relating to the training of the licensed child care center staff to require cultural dynamics training. Timelines established in the rule amendments for complying with the cultural dynamics training requirements must be based on the commissioner's determination that curriculum materials and trainers are available statewide.

(d) For programs caring for children with special needs, the license holder shall ensure that any additional staff training required by the child's individual child care program plan required under Minnesota Rules, part 9503.0065, subpart 3, is provided.

Subd. 9. Ongoing health and safety training. A staff person's orientation training on maintaining health and safety and handling emergencies and accidents, as required in subdivision 1, must be repeated at least once each calendar year by each staff person. The completion of the annual training must be documented in the staff person's personnel record.

Subd. 10. Documentation. All training must be documented and maintained on site in each personnel record. In addition to any requirements for each training provided in this section, documentation for each staff person must include the staff person's first date of direct contact and first date of unsupervised contact with a child in care.