

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 4612

(SENATE AUTHORS: WIKLUND)		
DATE	D-PG	OFFICIAL STATUS
03/18/2026	6819	Introduction and first reading Referred to Health and Human Services
04/21/2026	8549a	Comm report: To pass as amended and re-refer to Finance
04/27/2026	9114a	Comm report: To pass as amended
	9172	Second reading
04/29/2026	9212a	Special Order: Amended
	9236	Third reading Passed as amended
05/11/2026	10203a	Returned from House with amendment
	10205	Senate not concur, conference committee requested
	10409	Senate conferees Wiklund; Mann; Boldon; Utke
05/13/2026	10540	House conferees Bierman; Reyer; Backer; Nadeau
05/17/2026	11091c	Conference committee report, delete everything
	11363	Senate adopted CC report and repassed bill
	11363	Third Reading Repassed
		Presentment date 05/20/2026

1.1A bill for an act

1.2relating to state government; modifying provisions relating to the Department of

1.3Health, gas resource development, hospital stabilization, health licensing boards,

1.4health care, federal conformity, medical assistance fraud prevention and conforming

1.5changes, children, youth, and families policy, children, youth, and families budget,

1.6the Minnesota African American Family Preservation and Child Welfare

1.7Disproportionality Act, child care center licensing modernization, and family child

1.8care licensing modernization; making forecast adjustments for the Department of

1.9Human Services and Department of Children, Youth, and Families; appropriating

1.10money for the Department of Children, Youth, and Families, Department of Human

1.11Services, and other agencies; requiring reports; authorizing rulemaking; providing

1.12criminal penalties; amending Minnesota Statutes 2024, sections 8.16, subdivision

1.131; 16A.152, subdivisions 2, 4, by adding subdivisions; 62A.01, by adding a

1.14subdivision; 62A.011, subdivision 3; 62J.17, subdivision 6a; 62J.2930, subdivision

1.151; 62K.02, subdivision 2; 62K.03, subdivision 6; 62K.075; 62K.105; 62K.14;

1.1662U.04, subdivisions 4, 13, by adding a subdivision; 62V.05, subdivision 7; 62V.13;

1.1793.514; 103I.001; 103I.005, subdivisions 9, 21, by adding subdivisions; 103I.601,

1.18subdivision 1, by adding subdivisions; 116.943, subdivision 2; 116J.035, by adding

1.19a subdivision; 124D.19, by adding a subdivision; 142A.43; 142B.10, subdivision

1.2018; 142B.30, by adding a subdivision; 142B.65, subdivision 7; 142B.70, subdivision

1.216; 142C.12, subdivision 3; 142D.05, subdivision 8; 142D.21, subdivision 6;

1.22142D.25, subdivision 3; 142E.04, subdivision 4; 144.059, subdivision 8; 144.1222,

1.23subdivision 4, by adding a subdivision; 144.1501, subdivision 2; 144.1503,

1.24subdivision 7; 144.1505, subdivisions 1, 2, 3; 144.1507, subdivisions 1, 2, 4, by

1.25adding a subdivision; 144.1911, subdivisions 1, 5, 6; 144.293, subdivision 7;

1.26144.551, subdivision 1, as amended; 145.56, subdivision 5; 145.561, subdivision

1.272; 145.882, by adding subdivisions; 145A.04, subdivision 15; 145A.14, subdivision

1.282a; 148.01, subdivisions 1, 4, by adding subdivisions; 148.09; 148.10, by adding

1.29a subdivision; 148.102, subdivision 3; 148.105, subdivision 1; 148.517, subdivisions

1.301, 2; 148.5191, subdivision 4; 149A.91, subdivision 3; 149A.94, subdivision 1;

1.31149A.955, subdivision 14; 151.01, subdivision 35, by adding a subdivision;

1.32151.555, subdivision 7; 151.741, subdivision 4; 214.10, subdivision 2a; 214.41;

1.33245A.211, subdivision 1; 245C.04, subdivision 1; 245C.15, subdivisions 2, 3, 4;

1.34256.01, by adding a subdivision; 256.969, subdivisions 2b, 25; 256B.04, subdivision

1.3527; 256B.05, subdivision 5, by adding a subdivision; 256B.055, subdivision 17;

1.36256B.056, subdivisions 1, 2a, 3d, 7, 7a; 256B.0561, subdivision 2; 256B.06,

1.37subdivision 4; 256B.061; 256B.0631, subdivision 1a, by adding subdivisions;

1.38256B.75; 256L.05, subdivision 3; 256L.06, subdivision 3; 259.83, subdivision 1,

as amended; 260.63, subdivision 10; 260.64, subdivision 2; 260.67, subdivision 1; 260.68, subdivision 2; 260.69, subdivision 1; 260.693, subdivision 2; 260C.190, subdivision 1; 260C.212, subdivisions 1, 4a, by adding a subdivision; 260C.451, subdivisions 2, 3, 3a; 295.52, subdivision 8; 383B.903, subdivisions 1, 4; 383B.904, subdivision 1; 383B.908, subdivisions 5, 7; 471.6161, by adding a subdivision; 609.52, subdivision 2; Minnesota Statutes 2025 Supplement, sections 3.732, subdivision 1; 62K.10, subdivision 2; 144.125, subdivision 1; 145A.061, subdivision 3; 145C.18, subdivisions 3, 4; 148.108, subdivision 5; 151.741, subdivision 5; 256.043, subdivision 3; 256.9657, subdivision 2b; 256.969, subdivision 2f; 256B.0625, subdivision 8; 256B.12; 256B.1973, subdivision 9; 256B.69, subdivision 6d; 256B.695, subdivision 5; 260.691, subdivision 1; 260.692, subdivisions 1, 2, 3; 260C.451, subdivision 8; 268.19, subdivision 1; 609.531, subdivision 1; 609.902, subdivision 4; 628.26; Laws 2023, chapter 68, article 1, sections 2, subdivision 2, as amended; 3, subdivision 2, as amended; Laws 2024, chapter 117, sections 9; 21; 22; Laws 2024, chapter 127, article 67, section 7; Laws 2025, First Special Session chapter 3, article 8, section 25; article 23, section 2, subdivision 12; Laws 2026, chapter 88, article 1, section 181; proposing coding for new law in Minnesota Statutes, chapters 62Q; 103I; 142D; 144; 148; 256B; 260; 609; proposing coding for new law as Minnesota Statutes, chapters 142H; 142I; repealing Minnesota Statutes 2024, sections 13D.08, subdivision 4; 62J.06; 62J.156; 62J.2930, subdivision 4; 62J.57; 62U.10, subdivision 4; 142B.01, subdivisions 11, 12, 13, 25, 26, 27; 142B.41, subdivisions 4, 6, 7, 8, 10, 11, 12, 13; 142B.54, subdivisions 1, 2, 3; 142B.62; 142B.65, subdivisions 1, 2, 3, 4, 5, 6, 7, 10; 142B.66, subdivisions 1, 2, 4, 5; 142B.70, subdivisions 1, 2, 3, 4, 5, 6, 9, 10, 11, 12; 142B.71; 142B.72; 142B.74; 142B.75; 142B.76; 142B.77; 144.9821; 151.741, subdivisions 2, 3, 6; 256B.198; 256B.69, subdivision 31a; 260.63, subdivision 9; 609.466; Minnesota Statutes 2025 Supplement, sections 142B.41, subdivision 9; 142B.65, subdivisions 8, 9; 142B.66, subdivision 3; 142B.70, subdivisions 7, 8; Minnesota Rules, parts 2500.0100, subparts 5b, 6, 12; 2500.1900; 2500.2020; 2500.2040; 2500.2100; 2500.2110; 6800.0400; 6800.1150; 9502.0300; 9502.0315; 9502.0325; 9502.0335; 9502.0341; 9502.0345; 9502.0355; 9502.0365; 9502.0367; 9502.0375; 9502.0395; 9502.0405; 9502.0415; 9502.0425; 9502.0435; 9502.0445; 9503.0005; 9503.0010; 9503.0015; 9503.0030; 9503.0031; 9503.0032; 9503.0033; 9503.0034; 9503.0040; 9503.0045; 9503.0050; 9503.0055; 9503.0060; 9503.0065; 9503.0070; 9503.0075; 9503.0080; 9503.0085; 9503.0090; 9503.0095; 9503.0100; 9503.0105; 9503.0110; 9503.0115; 9503.0120; 9503.0125; 9503.0130; 9503.0140; 9503.0145; 9503.0150; 9503.0155; 9503.0170.

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

ARTICLE 1

DEPARTMENT OF HEALTH

Section 1. Minnesota Statutes 2025 Supplement, section 3.732, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** As used in this section and section 3.736 the terms defined in this section have the meanings given them.

(1) "State" includes each of the departments, boards, agencies, commissions, courts, and officers in the executive, legislative, and judicial branches of the state of Minnesota and includes but is not limited to the Housing Finance Agency, the Minnesota Office of Higher Education, the Health and Education Facilities Authority, ~~the Health Technology Advisory~~

Committee, the Armory Building Commission, the Zoological Board, the Department of Iron Range Resources and Rehabilitation, the Minnesota Historical Society, the State Agricultural Society, the University of Minnesota, the Minnesota State Colleges and Universities, state hospitals, and state penal institutions. It does not include a city, town, county, school district, or other local governmental body corporate and politic.

(2) "Employee of the state" means all present or former officers, members, directors, or employees of the state, members of the Minnesota National Guard, members of a bomb disposal unit approved by the commissioner of public safety and employed by a municipality defined in section 466.01 when engaged in the disposal or neutralization of bombs or other similar hazardous explosives, as defined in section 299C.063, outside the jurisdiction of the municipality but within the state, or persons acting on behalf of the state in an official capacity, temporarily or permanently, with or without compensation. It does not include either an independent contractor except, for purposes of this section and section 3.736 only, a guardian ad litem acting under court appointment, or members of the Minnesota National Guard while engaged in training or duty under United States Code, title 10, or title 32, section 316, 502, 503, 504, or 505, as amended through December 31, 1983. Notwithstanding sections 43A.02 and 611.263, for purposes of this section and section 3.736 only, "employee of the state" includes a district public defender or assistant district public defender in the Second or Fourth Judicial District, ~~a member of the Health Technology Advisory Committee,~~ and any officer, agent, or employee of the state of Wisconsin performing work for the state of Minnesota pursuant to a joint state initiative.

(3) "Scope of office or employment" means that the employee was acting on behalf of the state in the performance of duties or tasks lawfully assigned by competent authority.

(4) "Judicial branch" has the meaning given in section 43A.02, subdivision 25.

Sec. 2. Minnesota Statutes 2024, section 62J.17, subdivision 6a, is amended to read:

Subd. 6a. **Prospective review and approval.** (a) No health care provider subject to prospective review under this subdivision shall make a major spending commitment unless:

(1) the provider has filed an application with the commissioner to proceed with the major spending commitment and has provided all supporting documentation and evidence requested by the commissioner; and

(2) the commissioner determines, based upon this documentation and evidence, that the major spending commitment is appropriate under the criteria provided in subdivision 5a in light of the alternatives available to the provider.

(b) A provider subject to prospective review and approval shall submit an application to the commissioner before proceeding with any major spending commitment. The provider may submit information, with supporting documentation, regarding why the major spending commitment should be excepted from prospective review under subdivision 7.

(c) The commissioner shall determine, based upon the information submitted, whether the major spending commitment is appropriate under the criteria provided in subdivision 5a, or whether it should be excepted from prospective review under subdivision 7. In making this determination, the commissioner may also consider relevant information from other sources. ~~At the request of the commissioner, the health technology advisory committee shall convene an expert review panel made up of persons with knowledge and expertise regarding medical equipment, specialized services, health care expenditures, and capital expenditures to review applications and make recommendations to the commissioner.~~ The commissioner shall make a decision on the application within 60 days after an application is received.

(d) The commissioner of health has the authority to issue fines, seek injunctions, and pursue other remedies as provided by law.

Sec. 3. Minnesota Statutes 2024, section 62J.2930, subdivision 1, is amended to read:

Subdivision 1. **Establishment.** The commissioner of health shall establish an information clearinghouse within the Department of Health to facilitate the ability of consumers, employers, providers, health plan companies, and others to obtain information on health reform activities in Minnesota. The commissioner shall make available through the clearinghouse updates on federal and state health reform activities, including information developed or collected by the Department of Health on cost containment or other research initiatives, the development of voluntary purchasing pools, action plans submitted by health plan companies, reports or recommendations of ~~the Health Technology Advisory Committee~~ and other entities on technology assessments, and reports or recommendations from other formal committees applicable to health reform activities. The clearinghouse shall also refer requestors to sources of further information or assistance. The clearinghouse is subject to chapter 13.

Sec. 4. Minnesota Statutes 2024, section 62K.02, subdivision 2, is amended to read:

Subd. 2. **Scope.** (a) This chapter applies only to health plans offered in the individual market or the small group market, including stand-alone dental plans sold on MNsure.

(b) This chapter applies to health carriers with respect to individual health plans and small group health plans, unless otherwise specified.

(c) If a health carrier issues or renews individual or small group health plans in other states, this chapter applies only to health plans issued or renewed in this state to a Minnesota resident, or to cover a resident of the state, or issued or renewed to a small employer that is actively engaged in business in this state, unless otherwise specified.

(d) This chapter does not apply to short-term coverage as defined in section 62A.65, subdivision 7, or grandfathered plan coverage as defined in section 62A.011, subdivision 1b.

Sec. 5. Minnesota Statutes 2024, section 62K.03, subdivision 6, is amended to read:

Subd. 6. **Health plan.** "Health plan" means a health plan as defined in section 62A.011, subdivision 3, and includes stand-alone dental plans sold on MNsure.

Sec. 6. Minnesota Statutes 2024, section 62K.075, is amended to read:

62K.075 PROVIDER NETWORK NOTIFICATIONS.

(a) A health carrier must provide on the carrier's website the provider network for each product offered by the carrier, and must update the carrier's website at least once a month with any changes to the carrier's provider network, including provider changes from in-network status to out-of-network status. A health carrier must also provide on the carrier's website, for each product offered by the carrier, a list of the current waivers of the requirements in section 62K.10, subdivision 2 ~~or 3~~, in a format that is easily accessed and searchable by enrollees and prospective enrollees.

(b) Upon notification from an enrollee, a health carrier must reprocess any claim for services provided by a provider whose status has changed from in-network to out-of-network as an in-network claim if the service was provided after the network change went into effect but before the change was posted as required under paragraph (a) unless the health carrier notified the enrollee of the network change prior to the service being provided. This paragraph does not apply if the health carrier is able to verify that the health carrier's website displayed the correct provider network status on the health carrier's website at the time the service was provided.

(c) The limitations of section 62Q.56, subdivision 2a, shall apply to payments required by paragraph (b).

Sec. 7. Minnesota Statutes 2025 Supplement, section 62K.10, subdivision 2, is amended to read:

Subd. 2. **Time and distance standards.** Health carriers must meet the time and distance standards under Code of Federal Regulations, title 45, section 155.1050, for all covered health services, including dental, retail pharmacy, and specialty services.

Sec. 8. Minnesota Statutes 2024, section 62K.105, is amended to read:

62K.105 NETWORK ADEQUACY COMPLAINTS.

The commissioner of health shall establish a clear, easily accessible process for accepting complaints from enrollees regarding health carrier compliance with section 62K.10, subdivision 2, 3, or 4. Using this process, an enrollee may file a complaint with the commissioner that a health carrier is not in compliance with the requirements of section 62K.10, subdivision 2, 3, or 4. The commissioner of health shall investigate all complaints received under this section.

Sec. 9. Minnesota Statutes 2024, section 62K.14, is amended to read:

62K.14 LIMITED-SCOPE PEDIATRIC DENTAL PLANS.

(a) Limited-scope pediatric dental plans must be offered to the extent permitted under the Affordable Care Act: (1) on a guaranteed issue and guaranteed renewable basis; (2) with premiums rated on allowable rating factors used for health plans; and (3) without any exclusions or limitations based on preexisting conditions.

(b) Notwithstanding paragraph (a), a health carrier may discontinue a limited scope pediatric dental plan at the end of a plan year if the health carrier provides written notice to enrollees before coverage is to be discontinued that the particular plan is being discontinued and the health carrier offers enrollees other dental plan options that are the same or substantially similar to the dental plan being discontinued in terms of premiums, benefits, cost-sharing requirements, and network adequacy. The written notice to enrollees must be provided at least 105 days before the end of the plan year.

~~(c) Limited-scope pediatric dental plans must ensure primary care dental services are available within 60 miles or 60 minutes' travel time.~~

~~(d)~~ (c) If a stand-alone dental plan as defined under the Affordable Care Act or a limited-scope pediatric dental plan is offered, either separately or in conjunction with a health plan offered to individuals or small employers, the health plan shall not be considered in noncompliance with the requirements of the essential benefit package in the Affordable

Care Act because the health plan does not offer coverage of pediatric dental benefits if these benefits are covered through the stand-alone or limited-scope pediatric dental plan, to the extent permitted under the Affordable Care Act.

~~(e)~~ (d) Health carriers offering limited-scope pediatric dental plans must comply with this section and sections 62K.07, 62K.08, 62K.10, 62K.13, and 62K.15.

~~(f)~~ (e) The commissioner of commerce shall enforce paragraphs (a) and (b). Any limited-scope pediatric dental plan that is to be offered to replace a discontinued dental plan under paragraph (b) must be approved by the commissioner of commerce in terms of cost and benefit similarity, and the commissioner of health in terms of network adequacy similarity. ~~The commissioner of health shall enforce paragraph (e).~~

Sec. 10. Minnesota Statutes 2024, section 62U.04, subdivision 4, is amended to read:

Subd. 4. **Encounter data.** (a) All health plan companies, dental organizations, and third-party administrators shall submit encounter data on a monthly basis to a private entity designated by the commissioner of health. The data shall be submitted in a form and manner specified by the commissioner subject to the following requirements:

(1) the data must be de-identified data as described under the Code of Federal Regulations, title 45, section 164.514;

(2) the data for each encounter must include an identifier for the patient's health care home if the patient has selected a health care home, data on contractual value-based payments, and data deemed necessary by the commissioner to uniquely identify claims in the individual health insurance market;

(3) the data must include enrollee race and ethnicity, to the extent available, for claims incurred on or after January 1, 2023; ~~and~~

(4) except for the data described in clauses (2) and (3), the data must not include information that is not included in a health care claim, dental care claim, or equivalent encounter information transaction that is required under section 62J.536-; and

(5) the data must include at least the following data fields for any fully denied claims:

(i) an indicator of which claim lines were denied;

(ii) the reason for denial of each denied claim line;

(iii) the claim line status in terms of adjudication; and

(iv) a claim identifier to link the original claim to subsequent action on the claim.

(b) The commissioner or the commissioner's designee shall only use the data submitted under paragraph (a) to carry out the commissioner's responsibilities in this section, including supplying the data to providers so they can verify their results of the peer grouping process consistent with the recommendations developed pursuant to subdivision 3c, paragraph (d), and adopted by the commissioner and, if necessary, submit comments to the commissioner or initiate an appeal.

(c) Data on providers collected under this subdivision are private data on individuals or nonpublic data, as defined in section 13.02. Notwithstanding the data classifications in this paragraph, data on providers collected under this subdivision may be released or published as authorized in subdivision 11. The commissioner or the commissioner's designee shall establish procedures and safeguards to protect the integrity and confidentiality of any data that it maintains.

(d) The commissioner or the commissioner's designee shall not publish analyses or reports that identify, or could potentially identify, individual patients.

(e) The commissioner shall compile summary information on the data submitted under this subdivision. The commissioner shall work with its vendors to assess the data submitted in terms of compliance with the data submission requirements and the completeness of the data submitted by comparing the data with summary information compiled by the commissioner and with established and emerging data quality standards to ensure data quality.

Sec. 11. Minnesota Statutes 2024, section 62U.04, subdivision 13, is amended to read:

Subd. 13. **Expanded access to and use of the all-payer claims data.** (a) The commissioner or the commissioner's designee shall make the data submitted under subdivisions 4, 5, 5a, and 5b, including data classified as private or nonpublic, available to individuals and organizations engaged in research on, or efforts to effect transformation in, health care outcomes, access, quality, disparities, or spending, provided the use of the data serves a public benefit. Data made available under this subdivision may not be used to:

(1) create an unfair market advantage for any participant in the health care market in Minnesota, including health plan companies, payers, and providers;

(2) reidentify or attempt to reidentify an individual in the data; or

(3) publicly report contract details between a health plan company and provider and derived from the data.

(b) To implement paragraph (a), the commissioner shall:

(1) establish detailed requirements for data access; a process for data users to apply to access and use the data; legally enforceable data use agreements to which data users must consent; a clear and robust oversight process for data access and use, including a data management plan, that ensures compliance with state and federal data privacy laws; agreements for state agencies and the University of Minnesota to ensure proper and efficient use and security of data; and technical assistance for users of the data and for stakeholders;

(2) ~~develop a~~ assess fees according to the fee schedule in subdivision 14 to support the cost of expanded access to and use of the data, provided the fees charged under the schedule do not create a barrier to access or use for those most affected by disparities; ~~and~~

(3) create a research advisory group to advise the commissioner on applications for data use under this subdivision, including an examination of the rigor of the research approach, the technical capabilities of the proposed user, and the ability of the proposed user to successfully safeguard the data; and

(4) annually publish on the Department of Health website a list of projects authorized under this subdivision.

Sec. 12. Minnesota Statutes 2024, section 62U.04, is amended by adding a subdivision to read:

Subd. 14. Fees for expanded access to and use of the all-payer claims database. (a)
For purposes of this section:

(1) "custom data set or analysis" means a de-identified data set or report for which a standard data set or limited use data sets are not appropriate, that only provides the minimum necessary data, and that is de-identified using the expert determination method as defined in Code of Federal Regulations, title 45, section 164.514(b)(1);

(2) "data file" means a data file derived from medical claims, pharmacy claims, dental claims, eligibility information, membership information, or provider information for a single year;

(3) "limited use data set" means a data set that meets the requirements in Code of Federal Regulations, title 45, section 164.514(e)(2), and may include protected health information from which certain direct identifiers of individuals have been removed under the principle of minimum information necessary; and

(4) "standard data set" means a static data release designed by the commissioner to serve a wide range of projects in which nearly all de-identified data elements are disclosed in one release after applying the safe harbor de-identification method defined in Code of Federal

10.1 Regulations, title 45, section 164.514(b)(2), and from which protected health information
10.2 and any combination of data elements that directly identify any person are excluded.

10.3 (b) The commissioner must assess fees on an individual or organization that receives
10.4 data under subdivision 13 for the cost of accessing or receiving the data. Costs under this
10.5 paragraph may include but are not limited to the cost of producing and releasing data to the
10.6 individual or organization under subdivision 13 and managing infrastructure and operations.
10.7 The commissioner must assess fees according to the following schedule based on the type
10.8 of data requested and number of years for which access is requested:

10.9 (1) the fee for a standard data set is \$3,500 per data file per year;

10.10 (2) the fee for a limited use data set is \$7,000 per data file per year; and

10.11 (3) the fee for a custom data set or analysis is \$89 per hour of staff time expended, with
10.12 fees not to exceed \$5,785.

10.13 (c) An individual or organization that receives approval to access or receive data under
10.14 subdivision 13 must pay all the required fees in full before accessing or receiving the
10.15 requested data.

10.16 (d) The commissioner may grant a partial or full waiver of the fees in paragraph (b) if
10.17 the individual or organization requesting the data meets at least one of the following criteria:

10.18 (1) the fees represent a financial hardship to the individual or organization;

10.19 (2) the organization is a self-insured data submitter under this section;

10.20 (3) the individual or organization is affiliated with an academic institution;

10.21 (4) the individual or organization requests a high volume of data files; or

10.22 (5) the request is from a Tribal health director for, or the governing body of, one of the
10.23 11 federally recognized Tribes in Minnesota.

10.24 In determining whether to grant a waiver under this paragraph, the commissioner may
10.25 consult the research advisory group established under subdivision 13.

10.26 (e) Fees paid by an individual or organization approved to access or receive data under
10.27 subdivision 13 are nonrefundable. Fees collected under this subdivision must be deposited
10.28 into an account in the state government special revenue fund. Money in that account does
10.29 not cancel.

10.30 (f) The commissioner must publish the fee schedule in paragraph (b) on the Department
10.31 of Health website.

11.1 Sec. 13. Minnesota Statutes 2024, section 144.059, subdivision 8, is amended to read:

11.2 Subd. 8. **Duties.** (a) The council shall consult with and advise the commissioner on
11.3 matters related to the establishment, maintenance, operation, and outcomes evaluation of
11.4 palliative care initiatives in the state.

11.5 (b) By February 15 of each odd-numbered year, the council shall submit to the chairs
11.6 and ranking minority members of the committees of the senate and the house of
11.7 representatives with primary jurisdiction over health care a report containing:

11.8 (1) the advisory council's assessment of the availability of palliative care in the state;

11.9 (2) the advisory council's analysis of barriers to greater access to palliative care; and

11.10 (3) recommendations for legislative action, with draft legislation to implement the
11.11 recommendations.

11.12 (c) The Department of Health shall publish the report ~~each year~~ on the department's
11.13 website.

11.14 Sec. 14. Minnesota Statutes 2024, section 144.1222, is amended by adding a subdivision
11.15 to read:

11.16 Subd. 2e. **Private residential pool used for certified swimming classes.** Notwithstanding
11.17 Minnesota Rules, part 4717.0250, subpart 7, a private residential pool may be used as part
11.18 of a business if the private residential pool is used by a paying guest of the homeowner and
11.19 the guest is participating in a certified swimming class conducted by the homeowner,
11.20 provided that:

11.21 (1) the homeowner is a certified swimming instructor and is conducting a certified
11.22 swimming class on a one-on-one basis;

11.23 (2) not more than four individuals are in the pool at the same time during the class;

11.24 (3) prior to each new paying guest beginning participation in a certified swimming class:

11.25 (i) the guest, or the guest's parent or legal guardian if the guest is a minor, provides
11.26 written consent to use of the pool. The written consent must include a statement that the
11.27 guest, or the guest's parent or legal guardian if the guest is a minor, has received and read
11.28 materials provided by the Department of Health with information on the risk of disease
11.29 transmission and other risks associated with pools; and a statement that the Department of
11.30 Health does not monitor or inspect the homeowner's pool to ensure compliance with the
11.31 requirements in this section or Minnesota Rules, chapter 4717; and

12.1 (ii) the homeowner tests the pool's water for the concentration of chlorine or bromine,
12.2 pH, and alkalinity, and the water in the pool meets the requirements for disinfection residual,
12.3 pH, and alkalinity in Minnesota Rules, part 4717.1750, subparts 3 to 6; and

12.4 (4) the following notice is conspicuously posted at the pool and, prior to each new paying
12.5 guest beginning participation in a certified swimming class, is provided to the guest or to
12.6 the guest's parent or legal guardian if the guest is a minor:

12.7 "NOTICE

12.8 This pool is exempt from state and local anti-entrapment and sanitary requirements that
12.9 prevent waterborne diseases and chemical burns and is not subject to inspection.

12.10 USE AT YOUR OWN RISK"

12.11 Sec. 15. Minnesota Statutes 2024, section 144.1222, subdivision 4, is amended to read:

12.12 Subd. 4. **Definitions.** (a) For purposes of this section, the following terms have the
12.13 meanings given them.

12.14 (b) "ASME/ANSI standard" means a safety standard accredited by the American National
12.15 Standards Institute and published by the American Society of Mechanical Engineers.

12.16 (c) "ASTM standard" means a safety standard issued by ASTM International, formerly
12.17 known as the American Society for Testing and Materials.

12.18 (d) "Public pool" means any pool other than a private residential pool, that is: (1) open
12.19 to the public generally, whether for a fee or free of charge; (2) open exclusively to members
12.20 of an organization and their guests; (3) open to residents of a multiunit apartment building,
12.21 apartment complex, residential real estate development, or other multifamily residential
12.22 area; (4) open to patrons of a hotel or lodging or other public accommodation facility; or
12.23 (5) operated by a person in a park, school, licensed child care facility, group home, motel,
12.24 camp, resort, club, condominium, manufactured home park, or political subdivision with
12.25 the exception of swimming pools at family day care homes licensed under section 142B.41,
12.26 subdivision 9, paragraph (a).

12.27 (e) "Unblockable suction outlet or drain" means a drain of any size and shape that a
12.28 human body cannot sufficiently block to create a suction entrapment hazard and meets
12.29 ASME/ANSI standards.

12.30 (f) "Certified swimming class" means an infant swimming resource (ISR) class; an
12.31 American Red Cross swimming class, swimming lesson, or learn-to-swim class; or any

13.1 other swimming class certified by a nationally accredited organization that operates in all
13.2 50 states.

13.3 (g) "Certified swimming instructor" means a certified ISR instructor; a certified American
13.4 Red Cross swimming instructor or swim coach; or any other swimming instructor certified
13.5 by a nationally accredited organization that operates in all 50 states.

13.6 Sec. 16. Minnesota Statutes 2025 Supplement, section 144.125, subdivision 1, is amended
13.7 to read:

13.8 Subdivision 1. **Duty to perform testing.** (a) It is the duty of (1) the administrative officer
13.9 or other person in charge of each institution caring for infants 28 days or less of age, (2) the
13.10 person required in pursuance of the provisions of section 144.215, to register the birth of a
13.11 child, or (3) the nurse midwife or midwife in attendance at the birth, to arrange to have
13.12 administered to every infant or child in its care tests for heritable and congenital disorders
13.13 according to subdivision 2 and rules prescribed by the state commissioner of health.

13.14 (b) Testing, recording of test results, reporting of test results, and follow-up of infants
13.15 with heritable congenital disorders, including hearing loss detected through the early hearing
13.16 detection and intervention program in section 144.966, shall be performed at the times and
13.17 in the manner prescribed by the commissioner of health.

13.18 (c) The fee to support the newborn screening program, including tests administered
13.19 under this section and section 144.966, shall be \$184.35 per specimen. This fee amount
13.20 shall be deposited in the state treasury and credited to the state government special revenue
13.21 fund. If the individual described in paragraph (a) submits to an insurer a claim for
13.22 reimbursement for a newborn screening program fee but does not receive reimbursement
13.23 from the insurer, the individual may request a special fee exemption form from the newborn
13.24 screening program and may apply for an exemption from the fee. To qualify for the
13.25 exemption, the individual must provide documentation to the newborn screening program
13.26 that the insurer did not reimburse the individual for the fee.

13.27 (d) The fee to offset the cost of the support services provided under section 144.966,
13.28 subdivision 3a, shall be \$15 per specimen. This fee shall be deposited in the state treasury
13.29 and credited to the general fund.

13.30 Sec. 17. Minnesota Statutes 2024, section 144.1501, subdivision 2, is amended to read:

13.31 Subd. 2. **Availability.** (a) The commissioner of health shall use money appropriated for
13.32 health professional education loan forgiveness in this section:

14.1 (1) for medical residents, physicians, mental health professionals, and alcohol and drug
14.2 counselors agreeing to practice in designated rural areas or underserved urban communities
14.3 or specializing in the area of pediatric psychiatry;

14.4 (2) for midlevel practitioners agreeing to practice in designated rural areas or to teach
14.5 at least 12 credit hours, or 720 hours per year in the nursing field in a postsecondary program
14.6 at the undergraduate level or the equivalent at the graduate level;

14.7 (3) for nurses who agree to practice in a Minnesota nursing home; in an intermediate
14.8 care facility for persons with developmental disability; in a hospital if the hospital owns
14.9 and operates a Minnesota nursing home and a minimum of 50 percent of the hours worked
14.10 by the nurse is in the nursing home; in an assisted living facility as defined in section
14.11 144G.08, subdivision 7; or for a home care provider as defined in section 144A.43,
14.12 subdivision 4; or agree to teach at least 12 credit hours, or 720 hours per year in the nursing
14.13 field in a postsecondary program at the undergraduate level or the equivalent at the graduate
14.14 level;

14.15 (4) for other health care technicians agreeing to teach at least 12 credit hours, or 720
14.16 hours per year in their designated field in a postsecondary program at the undergraduate
14.17 level or the equivalent at the graduate level. The commissioner, in consultation with the
14.18 Healthcare Education-Industry Partnership, shall determine the health care fields where the
14.19 need is the greatest, including, but not limited to, respiratory therapy, clinical laboratory
14.20 technology, radiologic technology, and surgical technology;

14.21 (5) for pharmacists, advanced dental therapists, dental therapists, and public health nurses
14.22 who agree to practice in designated rural areas;

14.23 (6) for dentists agreeing to deliver at least 25 percent of the dentist's yearly patient
14.24 encounters to state public program enrollees or patients receiving sliding fee schedule
14.25 discounts through a formal sliding fee schedule meeting the standards established by the
14.26 United States Department of Health and Human Services under Code of Federal Regulations,
14.27 title 42, section 51c.303; and

14.28 (7) for nurses employed as a hospital nurse by a nonprofit hospital and providing direct
14.29 care to patients at the nonprofit hospital.

14.30 (b) Appropriations made for health professional education loan forgiveness in this section
14.31 do not cancel and are available until expended, ~~except that at the end of each biennium, any~~
14.32 ~~remaining balance in the account that is not committed by contract and not needed to fulfill~~
14.33 ~~existing commitments shall cancel to the fund.~~

15.1 Sec. 18. Minnesota Statutes 2024, section 144.1503, subdivision 7, is amended to read:

15.2 Subd. 7. **Selection process.** The commissioner shall determine a maximum award for
15.3 grants and loan forgiveness, and shall make selections based on the information provided
15.4 in the grant application, including the demonstrated need for an applicant provider to enhance
15.5 the education of its workforce, the proposed employee scholarship or loan forgiveness
15.6 selection process, the applicant's proposed budget, and other criteria as determined by the
15.7 commissioner. Notwithstanding any law or rule to the contrary, amounts appropriated for
15.8 purposes of this section do not cancel and are available until expended, ~~except that at the~~
15.9 ~~end of each biennium, any remaining amount that is not committed by contract and not~~
15.10 ~~needed to fulfill existing commitments shall cancel to the general fund.~~

15.11 Sec. 19. Minnesota Statutes 2024, section 144.1505, subdivision 1, is amended to read:

15.12 Subdivision 1. **Definitions.** For purposes of this section, the following definitions apply:

15.13 (1) "eligible advanced practice registered nurse program" means a program that is located
15.14 in Minnesota and is currently accredited as a master's, doctoral, or postgraduate level
15.15 advanced practice registered nurse program by the Commission on Collegiate Nursing
15.16 Education or by the Accreditation Commission for Education in Nursing, or is presents a
15.17 credible plan as a candidate for accreditation;

15.18 (2) "eligible dental therapy program" means a dental therapy education program or
15.19 advanced dental therapy education program ~~that is located in Minnesota and is either~~ that:

15.20 (i) is approved by the Board of Dentistry; ~~or~~

15.21 (ii) is currently accredited by the Commission on Dental Accreditation; or

15.22 (iii) presents a credible plan as a candidate for accreditation;

15.23 (3) "eligible mental health professional program" means a program that is located in
15.24 Minnesota and is ~~listed~~ currently accredited as a mental health professional program by the
15.25 appropriate accrediting body for clinical social work, psychology, marriage and family
15.26 therapy, or licensed professional clinical counseling, or is presents a credible plan as a
15.27 candidate for accreditation;

15.28 (4) "eligible pharmacy program" means a program that is located in Minnesota and is
15.29 currently accredited as a doctor of pharmacy program by the Accreditation Council on
15.30 Pharmacy Education or presents a credible plan as a candidate for accreditation;

15.31 (5) "eligible physician assistant program" means a program that is located in Minnesota
15.32 and is currently accredited as a physician assistant program by the Accreditation Review

16.1 Commission on Education for the Physician Assistant, or is presents a credible plan as a
16.2 candidate for accreditation;

16.3 (6) "mental health professional" means an individual providing clinical services in the
16.4 treatment of mental illness who meets one of the qualifications under section 245.462,
16.5 subdivision 18;

16.6 (7) "eligible physician training program" means a medical school training program or a
16.7 physician residency training program located in Minnesota ~~and~~ that is currently accredited
16.8 by the accrediting body or has presented a credible plan as a candidate for accreditation;

16.9 (8) "eligible dental program" means a dental education program or a dental residency
16.10 training program located in Minnesota and that is currently accredited by the accrediting
16.11 body or has presented a credible plan as a candidate for accreditation; ~~and~~

16.12 (9) "project" means a project to ~~establish or expand~~ (i) plan or implement a new eligible
16.13 clinical training for physician assistants, advanced practice registered nurses, pharmacists,
16.14 dental therapists, advanced dental therapists, or mental health professionals in Minnesota.
16.15 program or increase the base number of trainees in an existing eligible clinical training
16.16 program, or (ii) add or expand rural rotations or clinical training experiences in an existing
16.17 eligible clinical training program;

16.18 (10) "rural community" means a Tribal Nation, statutory city, home rule charter city, or
16.19 township in Minnesota that is outside the seven-county metropolitan area as defined in
16.20 section 473.121, subdivision 2; and

16.21 (11) "underserved community" means a Minnesota area or population included in the
16.22 list of designated primary medical care health professional shortage areas, medically
16.23 underserved areas, or medically underserved populations maintained and updated by the
16.24 United States Department of Health and Human Services.

16.25 Sec. 20. Minnesota Statutes 2024, section 144.1505, subdivision 2, is amended to read:

16.26 Subd. 2. **Programs.** (a) For advanced practice provider clinical training expansion grants,
16.27 the commissioner of health shall award ~~health professional training site~~ grants to eligible
16.28 physician assistant, advanced practice registered nurse, pharmacy, dental therapy, and mental
16.29 health professional programs to plan and implement ~~expanded~~ a new eligible clinical training
16.30 program or increase the base number of trainees in an existing eligible clinical training
16.31 program. Clinical training must take place in communities outside the seven-county
16.32 metropolitan area as defined in section 473.121, subdivision 2, or in underserved
16.33 communities. A planning grant shall not exceed \$75,000, and a three-year training grant

17.1 shall not exceed \$300,000 per project. The commissioner may provide a ~~one-year~~, no-cost
17.2 extension for grants.

17.3 (b) For health professional rural ~~and underserved~~ clinical rotations grants, the
17.4 commissioner of health shall award ~~health professional training site~~ grants to existing eligible
17.5 physician, physician assistant, advanced practice registered nurse, pharmacy, dentistry,
17.6 dental therapy, and mental health professional training programs to ~~augment existing clinical~~
17.7 ~~training programs~~ to add, expand, or enhance rural ~~and underserved~~ rotations or clinical
17.8 training experiences, such as credential or certificate rural tracks or other specialized training.
17.9 Rotations and clinical training experiences must take place in rural communities, excluding
17.10 the cities of Duluth, Moorhead, Rochester, and St. Cloud. For physician and dentist training,
17.11 the expanded training must include rotations in primary care settings such as community
17.12 clinics, hospitals, health maintenance organizations, or practices in rural communities.

17.13 (c) Advanced practice provider clinical training expansion grant funds may be used for:

17.14 (1) ~~establishing or expanding rotations~~ planning and implementing a new clinical training
17.15 program or increasing the base number of trainees in an existing clinical training program
17.16 as described in paragraph (a);

17.17 (2) recruitment, training, and retention of students ~~and~~, faculty, and preceptors;

17.18 (3) connecting students with appropriate clinical training sites, internships, practicums,
17.19 or externship ~~activities~~ opportunities;

17.20 (4) travel and lodging for students;

17.21 (5) faculty, student, and preceptor salaries, incentives, or other financial support;

17.22 (6) development and implementation of health equity and cultural competency
17.23 responsiveness training;

17.24 (7) evaluations of the clinical training program to inform program improvements;

17.25 (8) training site improvements, fees, equipment, and supplies required to establish,
17.26 maintain, or expand a training program; ~~and~~

17.27 (9) supporting clinical education in which trainees are part of a primary care team model;
17.28 and

17.29 (10) onboarding expenses for trainees to meet clinical training site requirements.

17.30 (d) Health professional rural clinical rotation grant funds may be used for:

- 18.1 (1) adding, expanding, or enhancing rural rotations and clinical training experiences in
 18.2 an existing clinical training program as described in paragraph (b);
- 18.3 (2) recruitment, training, and retention of students, faculty, and preceptors;
- 18.4 (3) connecting students with appropriate clinical training sites, internships, practicums,
 18.5 or externship opportunities;
- 18.6 (4) travel and lodging for students;
- 18.7 (5) faculty, student, and preceptor salaries, stipends, or other financial support;
- 18.8 (6) development and implementation of health equity and cultural responsiveness training;
- 18.9 (7) evaluations of the rural rotation or clinical training experience to inform program
 18.10 improvements;
- 18.11 (8) training site improvements, fees, equipment, and supplies required to establish or
 18.12 expand rural rotations or clinical training experiences;
- 18.13 (9) supporting clinical education in which trainees are part of a primary care team model;
 18.14 and
- 18.15 (10) onboarding expenses for trainees to meet clinical training site requirements.

18.16 Sec. 21. Minnesota Statutes 2024, section 144.1505, subdivision 3, is amended to read:

18.17 Subd. 3. **Applications.** (a) Eligible physician assistant, advanced practice registered
 18.18 nurse, pharmacy, dental therapy, dental, physician, and mental health professional programs
 18.19 seeking a grant shall apply to the commissioner. Applications for advanced practice provider
 18.20 clinical training expansion grants must include a description of the number of additional
 18.21 students who will be trained using grant funds; and attestation that funding will be used to
 18.22 support an increase in the number of clinical training slots;

18.23 (b) All applications must include a description of the problem that the proposed project
 18.24 will address; a description of the project, including all costs associated with the project;
 18.25 sources of funds for the project; detailed uses of all funds for the project, and the results
 18.26 expected; and a plan to maintain or operate any component included in the project after the
 18.27 grant period, including a description of potential barriers to sustainability. The applicant
 18.28 Applicants must describe achievable objectives, a timetable, and roles and capabilities of
 18.29 responsible individuals in the organization.

18.30 Applicants applying under subdivision 2, paragraph (b), (c) Applications for rural clinical
 18.31 rotation grants must include a description of the new, expanded, or enhanced rural rotations

19.1 or clinical training experiences; attestation that funding will be used to support improved
 19.2 rural clinical training experiences; and information about length of training and training site
 19.3 settings, geographic location of rural sites, and rural populations expected to be served.

19.4 Sec. 22. Minnesota Statutes 2024, section 144.1507, subdivision 1, is amended to read:

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

19.7 (b) "Eligible program" means a program that meets the following criteria:

19.8 (1) is located in Minnesota;

19.9 (2) trains medical residents in the specialties of family medicine, general internal
 19.10 medicine, general pediatrics, psychiatry, geriatrics, or general surgery in rural residency
 19.11 training programs or in community-based ambulatory care centers that primarily serve the
 19.12 underserved, or trains postdoctoral psychology residents; and

19.13 (3) is accredited by the Accreditation Council for Graduate Medical Education or the
 19.14 American Psychological Association or presents a credible plan to obtain accreditation.

19.15 (c) "Rural community" means a Tribal Nation, statutory city, home rule charter city, or
 19.16 township in Minnesota that is outside the seven-county metropolitan area as defined in
 19.17 section 473.121, subdivision 2, excluding the cities of Duluth, Mankato, Moorhead,
 19.18 Rochester, and St. Cloud.

19.19 ~~(e)~~ (d) "Rural residency training program" means a rural medical residency program or
 19.20 a rural psychology residency program that provides an initial year of training in an accredited
 19.21 residency program in Minnesota. The subsequent years of the residency program are At
 19.22 least two-thirds of the residency training must be based in rural communities, utilizing local
 19.23 clinics and community hospitals, with specialty rotations in nearby regional medical centers.
 19.24 When specialty rotations cannot take place within rural communities, training may occur
 19.25 in nonrural sites provided that at least one-half of all training occurs in rural communities.
 19.26 For residency training programs in general surgery, pediatrics, and psychiatry, at least
 19.27 one-half of the residency training must be based in communities outside the seven-county
 19.28 metropolitan area, with rotations in rural communities.

19.29 ~~(d)~~ (e) "Community-based ambulatory care centers" means federally qualified health
 19.30 centers, community mental health centers, rural health clinics, health centers operated by
 19.31 the Indian Health Service, an Indian Tribe or Tribal organization, or an urban American
 19.32 Indian organization or an entity receiving funds under Title X of the Public Health Service
 19.33 Act.

20.1 ~~(e)~~ (f) "Eligible project" means a project to establish and maintain a rural residency
20.2 training program.

20.3 Sec. 23. Minnesota Statutes 2024, section 144.1507, subdivision 2, is amended to read:

20.4 Subd. 2. **Rural residency training program.** (a) The commissioner of health shall
20.5 award rural residency training program grants to eligible programs to plan, implement, and
20.6 sustain rural residency training programs. A rural medical residency training program grant
20.7 shall not exceed \$250,000 per year for up to three years for planning and development, and
20.8 \$225,000 per resident per year for each year thereafter to sustain the program. A rural
20.9 psychology residency training program grant shall not exceed \$150,000 per year for up to
20.10 three years for planning and development and \$150,000 per resident per year for each year
20.11 thereafter to sustain the program. Medical and psychology residency programs that meet
20.12 eligibility guidelines and continue to demonstrate financial need shall be granted sustaining
20.13 funds, renewable every five years.

20.14 (b) Funds may be spent to cover the costs of:

20.15 (1) planning related to establishing accredited rural residency training programs;

20.16 (2) obtaining accreditation by the Accreditation Council for Graduate Medical Education,
20.17 the American Psychological Association, or another national body that accredits rural
20.18 residency training programs;

20.19 (3) establishing new rural residency training programs;

20.20 (4) recruitment, training, and retention of new residents and faculty related to the new
20.21 rural residency training program;

20.22 (5) travel and lodging for new residents;

20.23 (6) faculty, new resident, and preceptor salaries related to new rural residency training
20.24 programs;

20.25 (7) training site improvements, fees, equipment, and supplies required for new rural
20.26 residency training programs; and

20.27 (8) supporting clinical education in which trainees are part of a primary care team model.

20.28 Sec. 24. Minnesota Statutes 2024, section 144.1507, subdivision 4, is amended to read:

20.29 Subd. 4. **Consideration of grant applications.** The commissioner shall review each
20.30 application to determine if the residency program application is complete, if the proposed
20.31 rural residency program and residency slots are eligible for a grant, and if the program is

21.1 eligible for federal graduate medical education funding, and when the funding is available.
21.2 If eligible programs are not eligible for federal graduate medical education funding, the
21.3 commissioner may award continuation funding to the eligible program beyond the initial
21.4 grant period without requiring a competitive application. The commissioner shall award
21.5 grants to support training programs in family medicine, general internal medicine, general
21.6 pediatrics, psychiatry, geriatrics, general surgery, psychology, and other primary care focus
21.7 areas.

21.8 Sec. 25. Minnesota Statutes 2024, section 144.1507, is amended by adding a subdivision
21.9 to read:

21.10 Subd. 6. **Clinical training program coordination.** The commissioner may award grants
21.11 to the University of Minnesota to provide technical assistance to residency training programs
21.12 for coordinated development of rural clinical training programs statewide.

21.13 Sec. 26. Minnesota Statutes 2024, section 144.1911, subdivision 1, is amended to read:

21.14 Subdivision 1. **Establishment.** The international medical graduates assistance program
21.15 is established to address barriers to practice and facilitate pathways to assist immigrant
21.16 international medical graduates to integrate into the Minnesota health care delivery system,
21.17 with the goal of increasing access to primary care in rural and underserved areas of the state.
21.18 Notwithstanding any law to the contrary, appropriations made to the program do not cancel
21.19 and are available until expended.

21.20 Sec. 27. Minnesota Statutes 2024, section 144.1911, subdivision 5, is amended to read:

21.21 Subd. 5. **Clinical preparation.** ~~(a)~~ The commissioner shall award grants to support
21.22 clinical preparation for Minnesota international medical graduates needing additional clinical
21.23 preparation or experience to qualify for residency. The grant program shall include:

21.24 (1) proposed training curricula;

21.25 (2) associated policies and procedures for clinical training sites, which must be part of
21.26 existing clinical medical education programs in Minnesota; and

21.27 (3) monthly stipends for international medical graduate participants. Priority shall be
21.28 given to primary care sites in rural or underserved areas of the state, ~~and~~ International
21.29 medical graduate participants who receive funding through the international medical graduate
21.30 primary care residency grant program must commit to serving at least five years in a rural
21.31 or underserved community of the state.

22.1 ~~(b) The policies and procedures for the clinical preparation grants must be developed~~
22.2 ~~by December 31, 2015, including an implementation schedule that begins awarding grants~~
22.3 ~~to clinical preparation programs beginning in June of 2016.~~

22.4 Sec. 28. Minnesota Statutes 2024, section 144.1911, subdivision 6, is amended to read:

22.5 Subd. 6. **International medical graduate primary care residency grant program**
22.6 **and revolving account.** (a) The commissioner shall award grants to support primary care
22.7 residency positions designated for Minnesota immigrant physicians who are willing to serve
22.8 in rural or underserved areas of the state. No grant shall exceed \$150,000 per residency
22.9 position per year. Eligible primary care residency grant recipients include accredited family
22.10 medicine, general surgery, internal medicine, obstetrics and gynecology, psychiatry, and
22.11 pediatric residency programs. Eligible primary care residency programs shall apply to the
22.12 commissioner. Applications must include the number of anticipated residents to be funded
22.13 using grant funds and a budget. ~~Notwithstanding any law to the contrary, funds awarded to~~
22.14 ~~grantees in a grant agreement do not lapse until the grant agreement expires.~~ Before any
22.15 funds are distributed, a grant recipient shall provide the commissioner with the following:

22.16 (1) a copy of the signed contract between the primary care residency program and the
22.17 participating international medical graduate;

22.18 (2) certification that the participating international medical graduate has lived in
22.19 Minnesota for at least two years and is certified by the Educational Commission on Foreign
22.20 Medical Graduates. Residency programs may also require that participating international
22.21 medical graduates hold a Minnesota certificate of clinical readiness for residency, once the
22.22 certificates become available; and

22.23 (3) verification that the participating international medical graduate has executed a
22.24 participant agreement pursuant to paragraph (b).

22.25 (b) Upon acceptance by a participating residency program, international medical graduates
22.26 shall enter into an agreement with the commissioner to provide primary care for at least
22.27 five years in a rural or underserved area of Minnesota after graduating from the residency
22.28 program and make payments to the revolving international medical graduate residency
22.29 account for five years beginning in their second year of postresidency employment.
22.30 Participants shall pay \$15,000 or ten percent of their annual compensation each year,
22.31 whichever is less.

22.32 (c) A revolving international medical graduate residency account is established as an
22.33 account in the special revenue fund in the state treasury. The commissioner of management

23.1 and budget shall credit to the account appropriations, payments, and transfers to the account.
23.2 Earnings, such as interest, dividends, and any other earnings arising from fund assets, must
23.3 be credited to the account. Funds in the account are appropriated annually to the
23.4 commissioner to award grants and administer the grant program established in paragraph
23.5 (a). Notwithstanding any law to the contrary, any funds deposited in the account do not
23.6 expire. The commissioner may accept contributions to the account from private sector
23.7 entities subject to the following provisions:

23.8 (1) the contributing entity may not specify the recipient or recipients of any grant issued
23.9 under this subdivision;

23.10 (2) the commissioner shall make public the identity of any private contributor to the
23.11 account, as well as the amount of the contribution provided; and

23.12 (3) a contributing entity may not specify that the recipient or recipients of any funds use
23.13 specific products or services, nor may the contributing entity imply that a contribution is
23.14 an endorsement of any specific product or service.

23.15 Sec. 29. Minnesota Statutes 2024, section 144.293, subdivision 7, is amended to read:

23.16 Subd. 7. **Exception to consent.** Subdivision 2 does not apply to the release of health
23.17 records to the commissioner of health or the Health Data Institute under chapter 62J, provided
23.18 that the commissioner encrypts the patient identifier upon receipt of the data.

23.19 Sec. 30. Minnesota Statutes 2024, section 144.551, subdivision 1, as amended by Laws
23.20 2026, chapter 91, section 1, is amended to read:

23.21 Subdivision 1. **Restricted construction or modification.** (a) The following construction
23.22 or modification may not be commenced:

23.23 (1) any erection, building, alteration, reconstruction, modernization, improvement,
23.24 extension, lease, or other acquisition by or on behalf of a hospital that increases the bed
23.25 capacity of a hospital, relocates hospital beds from one physical facility, complex, or site
23.26 to another, or otherwise results in an increase or redistribution of hospital beds within the
23.27 state; and

23.28 (2) the establishment of a new hospital.

23.29 (b) This section does not apply to:

23.30 (1) construction or relocation within a county by a hospital, clinic, or other health care
23.31 facility that is a national referral center engaged in substantial programs of patient care,

24.1 medical research, and medical education meeting state and national needs that receives more
24.2 than 40 percent of its patients from outside the state of Minnesota;

24.3 (2) a project for construction or modification for which a health care facility held an
24.4 approved certificate of need on May 1, 1984, regardless of the date of expiration of the
24.5 certificate;

24.6 (3) a project for which a certificate of need was denied before July 1, 1990, if a timely
24.7 appeal results in an order reversing the denial;

24.8 (4) a project exempted from certificate of need requirements by Laws 1981, chapter 200,
24.9 section 2;

24.10 (5) a project involving consolidation of pediatric specialty hospital services within the
24.11 Minneapolis-St. Paul metropolitan area that would not result in a net increase in the number
24.12 of pediatric specialty hospital beds among the hospitals being consolidated;

24.13 (6) a project involving the temporary relocation of pediatric-orthopedic hospital beds to
24.14 an existing licensed hospital that will allow for the reconstruction of a new philanthropic,
24.15 pediatric-orthopedic hospital on an existing site and that will not result in a net increase in
24.16 the number of hospital beds. Upon completion of the reconstruction, the licenses of both
24.17 hospitals must be reinstated at the capacity that existed on each site before the relocation;

24.18 (7) the relocation or redistribution of hospital beds within a hospital building or
24.19 identifiable complex of buildings provided the relocation or redistribution does not result
24.20 in: (i) an increase in the overall bed capacity at that site; (ii) relocation of hospital beds from
24.21 one physical site or complex to another; or (iii) redistribution of hospital beds within the
24.22 state or a region of the state;

24.23 (8) relocation or redistribution of hospital beds within a hospital corporate system that
24.24 involves the transfer of beds from a closed facility site or complex to an existing site or
24.25 complex provided that: (i) no more than 50 percent of the capacity of the closed facility is
24.26 transferred; (ii) the capacity of the site or complex to which the beds are transferred does
24.27 not increase by more than 50 percent; (iii) the beds are not transferred outside of a federal
24.28 health systems agency boundary in place on July 1, 1983; (iv) the relocation or redistribution
24.29 does not involve the construction of a new hospital building; and (v) the transferred beds
24.30 are used first to replace within the hospital corporate system the total number of beds
24.31 previously used in the closed facility site or complex for mental health services and substance
24.32 use disorder services. Only after the hospital corporate system has fulfilled the requirements
24.33 of this item may the remainder of the available capacity of the closed facility site or complex
24.34 be transferred for any other purpose;

(9) a construction project involving up to 35 new beds in a psychiatric hospital in Rice County that primarily serves adolescents and that receives more than 70 percent of its patients from outside the state of Minnesota;

(10) a project to replace a hospital or hospitals with a combined licensed capacity of 130 beds or less if: (i) the new hospital site is located within five miles of the current site; and (ii) the total licensed capacity of the replacement hospital, either at the time of construction of the initial building or as the result of future expansion, will not exceed 100 licensed hospital beds, or the combined licensed capacity of the hospitals, whichever is less;

(11) the relocation of licensed hospital beds from an existing state facility operated by the Direct Care and Treatment executive board to a new or existing facility, building, or complex operated by the Direct Care and Treatment executive board; from one regional treatment center site to another; or from one building or site to a new or existing building or site on the same campus;

(12) the construction or relocation of hospital beds operated by a hospital having a statutory obligation to provide hospital and medical services for the indigent that does not result in a net increase in the number of hospital beds, notwithstanding section 144.552, 27 beds, of which 12 serve mental health needs, may be transferred from Hennepin County Medical Center to Regions Hospital under this clause;

(13) a construction project involving the addition of up to 31 new beds in an existing nonfederal hospital in Beltrami County;

(14) a construction project involving the addition of up to eight new beds in an existing nonfederal hospital in Otter Tail County with 100 licensed acute care beds;

(15) a construction project involving the addition of 20 new hospital beds in an existing hospital in Carver County serving the southwest suburban metropolitan area;

(16) a project for the construction or relocation of up to 20 hospital beds for the operation of up to two psychiatric facilities or units for children provided that the operation of the facilities or units have received the approval of the commissioner of human services;

(17) a project involving the addition of 14 new hospital beds to be used for rehabilitation services in an existing hospital in Itasca County;

(18) a project to add 20 licensed beds in existing space at a hospital in Hennepin County that closed 20 rehabilitation beds in 2002, provided that the beds are used only for rehabilitation in the hospital's current rehabilitation building. If the beds are used for another purpose or moved to another location, the hospital's licensed capacity is reduced by 20 beds;

(19) a critical access hospital established under section 144.1483, clause (9), and section 1820 of the federal Social Security Act, United States Code, title 42, section 1395i-4, that delicensed beds since enactment of the Balanced Budget Act of 1997, Public Law 105-33, to the extent that the critical access hospital does not seek to exceed the maximum number of beds permitted such hospital under federal law;

(20) notwithstanding section 144.552, a project for the construction of a new hospital in the city of Maple Grove with a licensed capacity of up to 300 beds provided that:

(i) the project, including each hospital or health system that will own or control the entity that will hold the new hospital license, is approved by a resolution of the Maple Grove City Council as of March 1, 2006;

(ii) the entity that will hold the new hospital license will be owned or controlled by one or more not-for-profit hospitals or health systems that have previously submitted a plan or plans for a project in Maple Grove as required under section 144.552, and the plan or plans have been found to be in the public interest by the commissioner of health as of April 1, 2005;

(iii) the new hospital's initial inpatient services must include, but are not limited to, medical and surgical services, obstetrical and gynecological services, intensive care services, orthopedic services, pediatric services, noninvasive cardiac diagnostics, behavioral health services, and emergency room services;

(iv) the new hospital:

(A) will have the ability to provide and staff sufficient new beds to meet the growing needs of the Maple Grove service area and the surrounding communities currently being served by the hospital or health system that will own or control the entity that will hold the new hospital license;

(B) will provide uncompensated care;

(C) will provide mental health services, including inpatient beds;

(D) will be a site for workforce development for a broad spectrum of health-care-related occupations and have a commitment to providing clinical training programs for physicians and other health care providers;

(E) will demonstrate a commitment to quality care and patient safety;

(F) will have an electronic medical records system, including physician order entry;

(G) will provide a broad range of senior services; and

(H) will provide emergency medical services that will coordinate care with regional providers of trauma services and licensed emergency ambulance services in order to enhance the continuity of care for emergency medical patients; and

~~(I) will be completed by December 31, 2009, unless delayed by circumstances beyond the control of the entity holding the new hospital license; and~~

(v) as of 30 days following submission of a written plan, the commissioner of health has not determined that the hospitals or health systems that will own or control the entity that will hold the new hospital license are unable to meet the criteria of this clause;

(21) a project approved under section 144.553;

(22) a project for the construction of a hospital with up to 25 beds in Cass County within a 20-mile radius of the state Ah-Gwah-Ching facility, provided the hospital's license holder is approved by the Cass County Board;

(23) a project for an acute care hospital in Fergus Falls that will increase the bed capacity from 108 to 110 beds by increasing the rehabilitation bed capacity from 14 to 16 and closing a separately licensed 13-bed skilled nursing facility;

(24) notwithstanding section 144.552, a project for the construction and expansion of a specialty psychiatric hospital in Hennepin County for up to 50 beds, exclusively for patients who are under 21 years of age on the date of admission. The commissioner conducted a public interest review of the mental health needs of Minnesota and the Twin Cities metropolitan area in 2008. No further public interest review shall be conducted for the construction or expansion project under this clause;

(25) a project for a 16-bed psychiatric hospital in the city of Thief River Falls, if the commissioner finds the project is in the public interest after the public interest review conducted under section 144.552 is complete;

(26)(i) a project for a 20-bed psychiatric hospital, within an existing facility in the city of Maple Grove, exclusively for patients who are under 21 years of age on the date of admission, if the commissioner finds the project is in the public interest after the public interest review conducted under section 144.552 is complete;

(ii) this project shall serve patients in the continuing care benefit program under section 256.9693. The project may also serve patients not in the continuing care benefit program; and

(iii) if the project ceases to participate in the continuing care benefit program, the commissioner must complete a subsequent public interest review under section 144.552. If

the project is found not to be in the public interest, the license must be terminated six months from the date of that finding. If the commissioner of human services terminates the contract without cause or reduces per diem payment rates for patients under the continuing care benefit program below the rates in effect for services provided on December 31, 2015, the project may cease to participate in the continuing care benefit program and continue to operate without a subsequent public interest review;

(27) a project involving the addition of 21 new beds in an existing psychiatric hospital in Hennepin County that is exclusively for patients who are under 21 years of age on the date of admission;

(28) a project to add 55 licensed beds in an existing safety net, level I trauma center hospital in Ramsey County as regulated under section 383A.91, subdivision 5, of which 15 beds are to be used for inpatient mental health and 40 are to be used for other services. In addition, five unlicensed observation mental health beds shall be added;

(29) upon submission of a plan to the commissioner for public interest review under section 144.552 and the addition of the 15 inpatient mental health beds specified in clause (28), to its bed capacity, a project to add 45 licensed beds in an existing safety net, level I trauma center hospital in Ramsey County as regulated under section 383A.91, subdivision 5. Five of the 45 additional beds authorized under this clause must be designated for use for inpatient mental health and must be added to the hospital's bed capacity before the remaining 40 beds are added. Notwithstanding section 144.552, the hospital may add licensed beds under this clause prior to completion of the public interest review, provided the hospital submits its plan by the 2021 deadline and adheres to the timelines for the public interest review described in section 144.552;

(30) upon submission of a plan to the commissioner for public interest review under section 144.552, a project to add up to 30 licensed beds in an existing psychiatric hospital in Hennepin County that exclusively provides care to patients who are under 21 years of age on the date of admission. Notwithstanding section 144.552, the psychiatric hospital may add licensed beds under this clause prior to completion of the public interest review, provided the hospital submits its plan by the 2021 deadline and adheres to the timelines for the public interest review described in section 144.552;

(31) any project to add licensed beds in a hospital located in Cook County or Mahanomen County that: (i) is designated as a critical access hospital under section 144.1483, clause (9), and United States Code, title 42, section 1395i-4; (ii) has a licensed bed capacity of fewer than 25 beds; and (iii) has an attached nursing home, so long as the total number of

29.1 licensed beds in the hospital after the bed addition does not exceed 25 beds. Notwithstanding
29.2 section 144.552, a public interest review is not required for a project authorized under this
29.3 clause;

29.4 (32) upon submission of a plan to the commissioner for public interest review under
29.5 section 144.552, a project to add 22 licensed beds at a Minnesota freestanding children's
29.6 hospital in St. Paul that is part of an independent pediatric health system with freestanding
29.7 inpatient hospitals located in Minneapolis and St. Paul. The beds shall be utilized for pediatric
29.8 inpatient behavioral health services. Notwithstanding section 144.552, the hospital may add
29.9 licensed beds under this clause prior to completion of the public interest review, provided
29.10 the hospital submits its plan by the 2022 deadline and adheres to the timelines for the public
29.11 interest review described in section 144.552;

29.12 (33) a project for a 144-bed psychiatric hospital on the site of the former Bethesda
29.13 hospital in the city of Saint Paul, Ramsey County, if the commissioner finds the project is
29.14 in the public interest after the public interest review conducted under section 144.552 is
29.15 complete. Following the completion of the construction project, the commissioner of health
29.16 shall monitor the hospital, including by assessing the hospital's case mix and payer mix,
29.17 patient transfers, and patient diversions. The hospital must have an intake and assessment
29.18 area. The hospital must accommodate patients with acute mental health needs, whether they
29.19 walk up to the facility, are delivered by ambulances or law enforcement, or are transferred
29.20 from other facilities. The hospital must comply with subdivision 1a, paragraph (b). The
29.21 hospital must annually submit de-identified data to the department in the format and manner
29.22 defined by the commissioner;

29.23 (34) a project involving the relocation of up to 26 licensed long-term acute care hospital
29.24 beds from an existing long-term care hospital located in Hennepin County with a licensed
29.25 capacity prior to the relocation of 92 beds to dedicated space on the campus of an existing
29.26 safety net, level I trauma center hospital in Ramsey County as regulated under section
29.27 383A.91, subdivision 5, provided both the commissioner finds the project is in the public
29.28 interest after the public interest review conducted under section 144.552 is complete and
29.29 the relocated beds continue to be used as long-term acute care hospital beds after the
29.30 relocation; or

29.31 (35) a project to add 85 licensed beds in an existing safety net, level I trauma center
29.32 hospital in Ramsey County as regulated under section 383A.91, subdivision 5.

29.33 **EFFECTIVE DATE.** This section is effective the day following final enactment.

30.1 Sec. 31. Minnesota Statutes 2024, section 145.56, subdivision 5, is amended to read:

30.2 Subd. 5. **Periodic evaluations; biennial reports.** To the extent funds are appropriated
30.3 for the purposes of this subdivision, the commissioner shall conduct periodic evaluations
30.4 of the impact of and outcomes from implementation of the state's suicide prevention plan
30.5 and each of the activities specified in this section. ~~By July 1, 2002, and~~ On July 1 of each
30.6 even-numbered year ~~thereafter~~, the commissioner shall report the results of these evaluations
30.7 to the chairs of the policy and finance committees in the house of representatives and senate
30.8 with jurisdiction over health and human services issues.

30.9 Sec. 32. Minnesota Statutes 2024, section 145.561, subdivision 2, is amended to read:

30.10 Subd. 2. **988 Lifeline.** (a) The commissioner shall administer the designation of and
30.11 oversight for a 988 Lifeline center or a network of 988 Lifeline centers to answer contacts
30.12 from individuals accessing the Suicide and Crisis Lifeline from any jurisdiction within the
30.13 state 24 hours per day, seven days per week.

30.14 (b) The designated 988 Lifeline Center must:

30.15 (1) have an active agreement with the 988 Suicide and Crisis Lifeline program for
30.16 participation in the network and the department;

30.17 (2) meet the 988 Lifeline program requirements and best practice guidelines for
30.18 operational and clinical standards;

30.19 (3) provide data and reports, and participate in evaluations and related quality
30.20 improvement activities as required by the 988 Lifeline program and the department;

30.21 (4) identify or adapt technology that is demonstrated to be interoperable across mobile
30.22 crisis and public safety answering points used in the state for the purpose of crisis care
30.23 coordination;

30.24 (5) facilitate crisis and outgoing services, including mobile crisis teams in accordance
30.25 with guidelines established by the 988 Lifeline program and the department;

30.26 (6) actively collaborate and coordinate service linkages with mental health and substance
30.27 use disorder treatment providers, local community mental health centers including certified
30.28 community behavioral health clinics and community behavioral health centers, mobile crisis
30.29 teams, and community based and hospital emergency departments;

30.30 (7) offer follow-up services to individuals accessing the 988 Lifeline Center that are
30.31 consistent with guidance established by the 988 Lifeline program and the department; and

31.1 (8) meet the requirements set by the 988 Lifeline program and the department for serving
31.2 at-risk and specialized populations.

31.3 (c) The commissioner shall adopt rules to allow appropriate information sharing and
31.4 communication between and across crisis and emergency response systems.

31.5 (d) The commissioner, having primary oversight of suicide prevention, shall work with
31.6 the 988 Lifeline program, veterans crisis line, and other SAMHSA-approved networks for
31.7 the purpose of ensuring consistency of public messaging about 988 services.

31.8 (e) The commissioner shall work with representatives from 988 Lifeline Centers and
31.9 public safety answering points, other public safety agencies, and the commissioner of public
31.10 safety to facilitate the development of protocols and procedures for interactions between
31.11 988 and 911 services across Minnesota. Protocols and procedures shall be developed
31.12 following available national standards and guidelines.

31.13 (f) The commissioner shall provide ~~an annual~~ a biennial public report on 988 Lifeline
31.14 usage by July 1 of each even-numbered year, including data on answer rates, abandoned
31.15 calls, and referrals to 911 emergency response. The biennial report may be included as a
31.16 section within the state suicide prevention report required under section 145.56.

31.17 Sec. 33. Minnesota Statutes 2024, section 145.882, is amended by adding a subdivision
31.18 to read:

31.19 Subd. 9. **Contracting and procurement.** The commissioner is exempt from the contract
31.20 term limits in chapter 16C for issuance of benefits under the Special Supplemental Nutrition
31.21 Program for Women, Infants and Children (WIC) through an electronic benefit transfer
31.22 (EBT) system and related services and contracts. The contracts may have an initial term of
31.23 up to five years, with extensions not to exceed a ten-year total contract duration.

31.24 Sec. 34. Minnesota Statutes 2024, section 145.882, is amended by adding a subdivision
31.25 to read:

31.26 Subd. 10. **Management information systems; contracting and procurement.** WIC
31.27 is exempt from the contract term limits in chapter 16C for the management information
31.28 systems used for issuance of supplemental nutrition benefits and the WIC EBT systems
31.29 used for processing the redemptions of supplemental nutrition benefits. These contracts
31.30 may have an initial term of up to five years, with extensions not to exceed a ten-year total
31.31 contract duration.

32.1 Sec. 35. Minnesota Statutes 2024, section 145A.04, subdivision 15, is amended to read:

32.2 Subd. 15. **State and local advisory committees.** (a) A state community health services
32.3 advisory committee is established to advise, consult with, and make recommendations to
32.4 the commissioner on the development, maintenance, funding, and evaluation of local and
32.5 Tribal public health services. Each community health board may appoint a member to serve
32.6 on the committee. Each of Minnesota's federally recognized Tribal Nations may appoint a
32.7 member to serve on the committee. The committee must meet at least quarterly, and special
32.8 meetings may be called by the committee chair or a majority of the members. A Tribal
32.9 Nation may elect to participate at any time. Members or their alternates may be reimbursed
32.10 for travel and other necessary expenses while engaged in their official duties.

32.11 (b) Notwithstanding section 15.059, the State Community Health Services Advisory
32.12 Committee does not expire.

32.13 (c) The city boards or county boards that have established or are members of a community
32.14 health board may appoint a community health advisory committee to advise, consult with,
32.15 and make recommendations to the community health board on the duties under subdivision
32.16 1a.

32.17 Sec. 36. Minnesota Statutes 2024, section 145A.14, subdivision 2a, is amended to read:

32.18 Subd. 2a. **Tribal governments.** (a) Of the funding available for local public health
32.19 grants, \$1,500,000 per year is available to Tribal governments for:

- 32.20 (1) maternal and child health activities ~~under section 145.882, subdivision 7;~~
32.21 (2) activities to reduce health disparities ~~under section 145.928, subdivision 10; and~~
32.22 (3) emergency preparedness; and
32.23 (4) additional public health activities identified by each Tribal government.

32.24 (b) The commissioner, in consultation with Tribal governments, shall establish a formula
32.25 for distributing the funds and developing the outcomes to be measured.

32.26 Sec. 37. Minnesota Statutes 2024, section 148.517, subdivision 1, is amended to read:

32.27 Subdivision 1. **Applicability.** An applicant who applies for licensure as a speech-language
32.28 pathologist or audiologist by reciprocity must meet the requirements of subdivisions 2 and
32.29 3. An applicant who applies for licensure as an audiologist by reciprocity must pass the
32.30 practical exam required under section 148.515, subdivision 6.

33.1 Sec. 38. Minnesota Statutes 2024, section 148.517, subdivision 2, is amended to read:

33.2 Subd. 2. **Current credentials required.** An applicant applying for licensure by
33.3 reciprocity must provide evidence to the commissioner that the applicant holds a current
33.4 and unrestricted credential for the practice of speech-language pathology or audiology in
33.5 another jurisdiction that has requirements equivalent to or higher than those in effect for
33.6 determining whether an applicant in this state is qualified to be licensed as a speech-language
33.7 pathologist or audiologist. An applicant who provides sufficient evidence need not meet
33.8 the requirements of section 148.515, except for section 148.515, subdivision 6, for applicants
33.9 for licensure as an audiologist, provided that the applicant otherwise meets all other
33.10 requirements of section 148.514.

33.11 Sec. 39. Minnesota Statutes 2024, section 148.5191, subdivision 4, is amended to read:

33.12 Subd. 4. **Renewal deadline.** Each license, including a temporary license provided under
33.13 section 148.5161, must state an expiration date. An application for licensure renewal must
33.14 be received by the Department of Health or postmarked at least 30 days before the expiration
33.15 date. ~~If the postmark is illegible, the application shall be considered timely if received at~~
33.16 ~~least 21 days before the expiration date.~~

33.17 When the commissioner establishes the renewal schedule for an applicant, licensee, or
33.18 temporary licensee, if the period before the expiration date is less than two years, the fee
33.19 shall be prorated.

33.20 Sec. 40. Minnesota Statutes 2024, section 149A.91, subdivision 3, is amended to read:

33.21 Subd. 3. **Embalming or refrigeration required.** (a) A dead human body must be
33.22 embalmed by a licensed mortician or registered intern or practicum student or clinical
33.23 student, refrigerated, or packed in dry ice in the following circumstances:

33.24 (1) if the body will be transported by public transportation, pursuant to section 149A.93,
33.25 subdivision 7;

33.26 (2) if final disposition will not be accomplished within 72 hours after death or release
33.27 of the body by a competent authority with jurisdiction over the body or the body will be
33.28 lawfully stored for final disposition in the future, except as provided in section 149A.94,
33.29 subdivision 1;

33.30 (3) if the body will be publicly viewed subject to paragraph (b); or

33.31 (4) if so ordered by the commissioner of health for the control of infectious disease and
33.32 the protection of the public health.

(b) For purposes of this subdivision, "publicly viewed" means reviewal of a dead human body by anyone other than those mentioned in section 149A.80, subdivision 2, and their minor children. Dry ice may only be used when the dead human body is publicly viewed within private property.

(c) A body may not be kept in refrigeration for a period that exceeds ~~six~~ 14 calendar days, or packed in dry ice for a period that exceeds four calendar days, from the time and release of the body from the place of death or from the time of release from the coroner or medical examiner.

Sec. 41. Minnesota Statutes 2024, section 149A.94, subdivision 1, is amended to read:

Subdivision 1. **Generally.** Every dead human body lying within the state, except unclaimed bodies delivered for dissection by the medical examiner, those delivered for anatomical study pursuant to section 149A.81, subdivision 2, or lawfully carried through the state for the purpose of disposition elsewhere; and the remains of any dead human body after dissection or anatomical study, shall be decently buried or entombed in a public or private cemetery, alkaline hydrolyzed, cremated, or, ~~effective July 1, 2025,~~ naturally reduced ~~within a reasonable time~~ 14 calendar days after death or release of the body by a competent authority with jurisdiction over the body. Where final disposition of a body will not be accomplished, or, ~~effective July 1, 2025,~~ when natural organic reduction will not be initiated, within 72 hours following death or release of the body by a competent authority with jurisdiction over the body, the body must be properly embalmed, refrigerated, or packed with dry ice. A body may not be kept in refrigeration for a period exceeding ~~six~~ 14 calendar days, or packed in dry ice for a period that exceeds four calendar days, from the time of death or release of the body from the coroner or medical examiner.

Sec. 42. Minnesota Statutes 2024, section 149A.955, subdivision 14, is amended to read:

Subd. 14. **Bodies awaiting natural organic reduction.** A dead human body must be placed in the natural organic reduction vessel to initiate the natural reduction process within ~~24 hours~~ 14 calendar days after the natural organic reduction facility accepts legal and physical custody of the body. A natural organic reduction facility must keep the body in refrigeration while awaiting natural reduction. If a natural organic reduction facility does not initiate natural reduction within 14 calendar days after accepting legal and physical custody of the body, the facility must arrange final disposition of the body by burial or cremation. The person or persons with the right to control and duty of disposition of the

35.1 body must determine whether the body is buried or cremated, and the body must be buried
35.2 or cremated within five calendar days after the end of the 14-day period.

35.3 Sec. 43. **REVISOR INSTRUCTION.**

35.4 The revisor of statutes shall renumber Minnesota Statutes, section 62Q.075, as Minnesota
35.5 Statutes, section 62D.081. The revisor shall also make necessary cross-reference changes
35.6 consistent with the renumbering.

35.7 Sec. 44. **REPEALER.**

35.8 Minnesota Statutes 2024, sections 13D.08, subdivision 4; 62J.06; 62J.156; 62J.2930,
35.9 subdivision 4; 62J.57; and 144.9821, are repealed.

35.10 **ARTICLE 2**

35.11 **GAS RESOURCE DEVELOPMENT**

35.12 Section 1. Minnesota Statutes 2024, section 93.514, is amended to read:

35.13 **93.514 GAS AND OIL PRODUCTION RULEMAKING.**

35.14 (a) The following agencies may adopt rules governing gas and oil exploration or
35.15 production, as applicable:

35.16 (1) the commissioner of the Pollution Control Agency may adopt or amend rules
35.17 regulating air emissions; water discharges, including stormwater management; and storage
35.18 tanks as they pertain to gas and oil production;

35.19 ~~(2) the commissioner of health may adopt or amend rules on groundwater and surface~~
35.20 ~~water protection, exploratory boring construction, drilling registration and licensure, and~~
35.21 ~~inspections as they pertain to the exploration and appraisal of gas and oil resources;~~

35.22 ~~(3)~~ (2) the Environmental Quality Board may adopt or amend rules to establish mandatory
35.23 categories for environmental review as they pertain to gas and oil production;

35.24 ~~(4)~~ (3) the commissioner of natural resources must adopt or amend rules pertaining to
35.25 ~~the conversion of an exploratory boring to a production well, pooling, spacing, unitization,~~
35.26 ~~well abandonment, siting, financial assurance, and reclamation for the production of gas~~
35.27 ~~and oil; and~~

35.28 ~~(5)~~ (4) the commissioner of labor and industry may adopt or amend rules to protect
35.29 workers from exposure and other potential hazards from gas and oil production.

(b) An agency adopting rules under this section must use the expedited procedure in section 14.389. Rules adopted or amended under this authority are exempt from the 18-month time limit under section 14.125. The agency must publish notice of intent to adopt expedited rules within 24 months of May 22, 2024.

(c) For purposes of this section, "gas" includes both hydrocarbon and nonhydrocarbon gases. "Production" includes extraction and beneficiation of gas or oil from consolidated or unconsolidated formations in the state.

(d) Any grant of rulemaking authority in this section is in addition to existing rulemaking authority and does not replace, impair, or interfere with any existing rulemaking authority.

(e) An entity adopting rules under this section is subject to the Tribal consultation requirements under section 10.65.

Sec. 2. Minnesota Statutes 2024, section 103I.001, is amended to read:

103I.001 LEGISLATIVE INTENT.

This chapter is intended to protect the health and general welfare by providing a means for the ~~development and~~ protection of the natural resource of groundwater in an orderly, healthful, and reasonable manner.

Sec. 3. Minnesota Statutes 2024, section 103I.005, subdivision 9, is amended to read:

Subd. 9. **Exploratory boring.** "Exploratory boring" means a surface drilling done to explore or prospect for ~~oil, natural gas, apatite, diamonds, graphite, gemstones, kaolin clay, and metallic minerals, including iron, copper, zinc, lead, gold, silver, titanium, vanadium, nickel, cadmium, molybdenum, chromium, manganese, cobalt, zirconium, beryllium, thorium, uranium, aluminum, platinum, palladium, radium, tantalum, tin, and niobium, and~~ a drilling or boring for petroleum.

Sec. 4. Minnesota Statutes 2024, section 103I.005, is amended by adding a subdivision to read:

Subd. 10a. **Gas.** "Gas" includes both hydrocarbon and nonhydrocarbon gases.

Sec. 5. Minnesota Statutes 2024, section 103I.005, is amended by adding a subdivision to read:

Subd. 10b. **Gas well.** "Gas well" means an excavation that is constructed to locate, extract, or produce gas.

37.1 Sec. 6. Minnesota Statutes 2024, section 103I.005, is amended by adding a subdivision
37.2 to read:

37.3 Subd. 10c. **Gas well contractor.** "Gas well contractor" means a person with a gas well
37.4 contractor's license issued by the commissioner.

37.5 Sec. 7. Minnesota Statutes 2024, section 103I.005, is amended by adding a subdivision
37.6 to read:

37.7 Subd. 11a. **Hydraulic fracturing treatment.** "Hydraulic fracturing treatment" means
37.8 all stages of the treatment of a gas well by the application of fluid under pressure that is
37.9 expressly intended to initiate or propagate fractures in a target geologic formation to enhance
37.10 production of oil and gas.

37.11 Sec. 8. Minnesota Statutes 2024, section 103I.005, subdivision 21, is amended to read:

37.12 Subd. 21. **Well.** "Well" means an excavation that is drilled, cored, bored, washed, driven,
37.13 dug, jetted, or otherwise constructed if the excavation is intended for the location, diversion,
37.14 artificial recharge, monitoring, testing, remediation, or acquisition of groundwater. Well
37.15 includes environmental wells, drive point wells, and dewatering wells. "Well" does not
37.16 include:

37.17 (1) an excavation by backhoe, or otherwise for temporary dewatering of groundwater
37.18 for nonpotable use during construction, if the depth of the excavation is 25 feet or less;

37.19 (2) an excavation made to obtain or prospect for oil, ~~natural~~ gas, minerals, or products
37.20 of mining or quarrying;

37.21 (3) an excavation to insert media to repressure oil or ~~natural~~ gas bearing formations or
37.22 to store petroleum, ~~natural~~ gas, or other products;

37.23 (4) an excavation for nonpotable use for wildfire suppression activities; ~~or~~

37.24 (5) borings; or

37.25 (6) gas and oil wells.

37.26 Sec. 9. Minnesota Statutes 2024, section 103I.601, subdivision 1, is amended to read:

37.27 Subdivision 1. **Definitions.** (a) For the purposes of this section, the following words
37.28 have the meanings given them.

37.29 (b) "Data" includes samples and factual noninterpreted data obtained from exploratory
37.30 borings and samples including analytical results.

38.1 (c) "Parcel" means a government section, fractional section, or government lot.

38.2 (d) "Samples" means at least a one-quarter portion of all samples from exploratory
38.3 borings that are customarily collected by the explorer. When the exploratory borings are
38.4 being done to explore or prospect for kaolin clay, "samples" means a representative sample
38.5 of at least two cubic inches of material per foot from exploratory borings of the material
38.6 that is customarily collected by the explorer.

38.7 (e) "Encounter gas" means a sustained presence of gas in an exploratory boring for at
38.8 least 24 hours and in which gas has not dissipated prior to sealing.

38.9 Sec. 10. Minnesota Statutes 2024, section 103I.601, is amended by adding a subdivision
38.10 to read:

38.11 Subd. 10. **Exploratory borings encountering gas.** (a) Requirements in this subdivision
38.12 apply only for exploratory borings encountering gas.

38.13 (b) An explorer must notify the commissioners of health and natural resources:

38.14 (1) within 24 hours of drilling an exploratory boring encountering gas; and

38.15 (2) prior to beginning a permanent sealing of an exploratory boring encountering gas.

38.16 (c) An explorer must submit a permanent sealing notification and fee of \$125 to the
38.17 commissioner prior to permanently sealing an exploratory boring encountering gas.

38.18 (d) An explorer must begin permanently sealing an exploratory boring encountering gas
38.19 within ten days of encountering gas.

38.20 (e) An exploratory boring encountering gas is exempt from paragraph (d) if the boring
38.21 is constructed to prevent movement of gas and water within and from one geological
38.22 formation to another. The boring must be permanently sealed according to rules adopted
38.23 by the commissioner.

38.24 (f) An exploratory boring encountering gas must be permanently sealed from the bottom
38.25 of the boring to within two feet of the established ground surface.

38.26 (g) A permanent sealing report as required by subdivision 9 must also contain information
38.27 indicating gas was encountered during construction and at what depth it was encountered.

38.28 (h) A person must not use an exploratory boring to extract gas for production.

39.1 Sec. 11. Minnesota Statutes 2024, section 103I.601, is amended by adding a subdivision
39.2 to read:

39.3 Subd. 11. **Conversion of a gas well prohibited.** A person must not convert a gas well
39.4 to any other type of well or boring.

39.5 Sec. 12. Minnesota Statutes 2024, section 103I.601, is amended by adding a subdivision
39.6 to read:

39.7 Subd. 12. **Conversion of a well or boring to a gas well.** A person must not convert a
39.8 well or boring to a gas well, except that an exploratory boring may be converted to a gas
39.9 well if the exploratory boring was constructed:

39.10 (1) with innermost casing meeting API Specification 5CT;

39.11 (2) before July 1, 2025; and

39.12 (3) in compliance with provisions of this chapter.

39.13 Sec. 13. **[103I.706] GAS WELLS.**

39.14 Subdivision 1. **Rulemaking authority.** The commissioner of health must adopt rules
39.15 for gas wells including requirements for exploratory borings for gas, and drilling,
39.16 construction, sealing, use, reporting, and rig registration; and for licensing and certifying
39.17 persons constructing, repairing, and sealing gas wells. These rules must include a prohibition
39.18 against hydraulic fracturing treatment and a prohibition against the injection or disposal of
39.19 surface water, groundwater, or any other liquid, gas, or chemical except for approved drilling
39.20 fluids. In adopting rules under this section, the commissioner must use the expedited
39.21 procedure in section 14.389. These rules must distinguish between types of gas based on
39.22 the risks they pose to groundwater quality, health, and safety, and must specify the
39.23 requirements that apply when an exploratory boring or gas well encounters a gas different
39.24 from that for which exploration, prospecting, location, extraction, or production was
39.25 proposed. Rules adopted or amended under this authority are exempt from the 18-month
39.26 time limit under section 14.125. The commissioner must publish notice of intent to adopt
39.27 expedited rules within 24 months after May 22, 2026. In adopting rules under this
39.28 subdivision, the commissioner is subject to the Tribal consultation requirements under
39.29 section 10.65.

39.30 Subd. 2. **Fees.** (a) License, certification, and registration renewals are not prorated and
39.31 expire on December 31 of each year.

(b) An applicant must meet the gas well contractor license requirements and fee requirements to construct, repair, or seal a gas well. The fee for a gas well contractor license is \$300. The annual renewal fee for a gas well contractor license is \$300.

(c) A gas well contractor must designate a certified representative. The certified representative must meet the application and fee requirements. The application fee for a certified representative is \$100. The annual renewal fee for a certified representative is \$100.

(d) A gas well contractor must meet the registration and fee requirements for rigs used to construct, repair, service, or seal a gas well. The fee to register gas well rigs is \$125. The annual renewal fee for gas well rig registration is \$125.

(e) If a gas well contractor or certified representative under paragraphs (b) and (c) fails to submit all information required for renewal or submits the application and information after the required renewal date:

(1) the gas well contractor or certified representative must include a late fee of \$75; and

(2) the gas well contractor or certified representative may not conduct activities authorized by the gas well contractor's license or certified representative's certification until the renewal application, renewal application fee, and all other information required is submitted.

(f) A gas well contractor must submit a notification for construction of a proposed gas well on a form prescribed by the commissioner, with a fee of \$10,000.

(g) A gas well contractor must submit a notification for sealing a gas well on a form prescribed by the commissioner, with a fee of \$7,500.

Subd. 3. **Rig registration.** (a) Rigs used to drill, maintain, repair, or seal a gas well, including drilling rigs and workover rigs, must be registered with the commissioner.

(b) A person must file an application to register a rig on a form provided by the commissioner with the fee under subdivision 2, paragraph (d), with the commissioner.

(c) A registration is valid until the date prescribed by the commissioner in the registration.

(d) A person must file an application with the fee under subdivision 2, paragraph (d), to renew the registration by the date prescribed by the commissioner in the registration.

Subd. 4. **Gas well contractor's license.** (a) A person must not construct, repair, or seal a gas well without a gas well contractor's license issued by the commissioner.

(b) A person must file a complete application for a gas well contractor's license on a form provided by the commissioner with the fee under subdivision 2, paragraph (b), with

41.1 the commissioner. The person applying must meet the qualifications for a gas well contractor
41.2 license.

41.3 (c) A gas well contractor's license is valid until the date prescribed by the commissioner
41.4 in the license.

41.5 (d) A gas well contractor must file a complete application with the fee under subdivision
41.6 2, paragraph (b), to renew the license by the date prescribed by the commissioner in the
41.7 license. A person must not construct, repair, or seal a gas well until a gas well contractor's
41.8 license is renewed. The commissioner may not renew a license until the renewal fee is paid.

41.9 (e) A gas well contractor must include information at the time of renewal that the
41.10 applicant has met the continuing education requirements established by the commissioner
41.11 for gas wells.

41.12 (f) A gas well contractor must designate a certified representative to supervise and
41.13 oversee regulated work on gas wells.

41.14 (g) A person must file a complete application on a form provided by the commissioner
41.15 with the fee under subdivision 2, paragraph (c), to qualify as a certified representative.

41.16 (h) A certified representative must file an application with the fee under subdivision 2,
41.17 paragraph (c), to renew the certification by the expiration date prescribed by the commissioner
41.18 on the certification. A certified representative may not supervise or oversee regulated work
41.19 on a gas well until the renewal application and application fee are submitted. The
41.20 commissioner may not review a certification until the renewal fee is paid.

41.21 (i) A certified representative must include information at the time of renewal that the
41.22 applicant has met the continuing education requirements established by the commissioner
41.23 for gas wells.

41.24 (j) The commissioner of natural resources may require a bond, security, or other assurance
41.25 from a gas well contractor if the commissioner of natural resources has reasonable doubts
41.26 about the person's financial ability to comply with the requirements of law relating to
41.27 reclamation of a gas well and the process to restore the land disturbed by a gas well drilling
41.28 and production operations back to the condition of original state.

41.29 (k) The commissioner may suspend or revoke a licensee's license according to section
41.30 144.99.

41.31 Subd. 5. **Construction notification.** (a) A gas well contractor must not begin drilling
41.32 or constructing a gas well unless it is included in a valid gas resource development permit
41.33 issued by the commissioner of natural resources.

(b) After receiving permit approval from the commissioner of natural resources and prior to drilling or constructing a gas well, the gas well contractor must submit a notification to construct a gas well:

(1) to the commissioner, along with the fee under subdivision 2, paragraph (f); and

(2) to any Tribal Nation for which the gas well will be located within five miles of the Tribal Nation's exterior boundary, or to the nearest Tribal Nation if the gas well will not be located within five miles of any Tribal Nation's exterior boundary.

Subd. 6. **Access to drill sites.** (a) The commissioner of health shall have access to gas well sites to inspect gas wells, including the drilling, construction, and sealing of gas wells.

(b) The commissioner of health has enforcement authority according to section 144.99.

Subd. 7. **Emergency notification.** In the event of an occurrence during construction, repair, or sealing of a gas well that has a potential for significant adverse public health or environmental effects, the person drilling or constructing a gas or well must promptly:

(1) take reasonable action to minimize the adverse effects; and

(2) notify the commissioners of health, natural resources, and the Pollution Control Agency immediately by informing the Minnesota Duty Officer.

Subd. 8. **Sealing notification.** (a) A gas well, including an unsuccessful gas well, that is not in use must be sealed by a gas well contractor.

(b) A gas well contractor must file a notification and fee with the commissioner prior to sealing a gas well.

Subd. 9. **Report of work.** Within 60 days after completion or sealing of a gas well, the gas well contractor must submit a verified report to the commissioner on a form prescribed by the commissioner or in a format approved by the commissioner.

Sec. 14. **[103I.707] MORATORIUM ON GAS WELL CONVERSION AND CONSTRUCTION.**

A person shall not drill, convert under section 103I.601, subdivision 12, or construct a gas well for the primary purpose of extracting or producing gas until:

(1) rules are adopted under section 103I.706;

(2) the legislature enacts a statute specifically authorizing the issuance of gas resource development permits; and

(3) the legislature enacts fees for gas resource development permits.

43.1 Sec. 15. **[103I.708] WELLS; RESTRICTIONS.**

43.2 (a) Notwithstanding any provision of this chapter or chapter 93, or the rules adopted
43.3 thereunder, to the contrary, a person shall not explore, prospect, or construct an oil well.

43.4 (b) Notwithstanding any provision of this chapter or chapter 93, or the rules adopted
43.5 thereunder, to the contrary, a person shall not construct a gas well for the primary purpose
43.6 of extracting or producing a gas other than helium. Gas wells constructed for the primary
43.7 purpose of extracting or producing helium may only be constructed in Cook County, Lake
43.8 County, and St. Louis County. Nothing in this paragraph shall be construed to prevent:

43.9 (1) the drilling or construction of an exploratory boring; or

43.10 (2) the sale of carbon dioxide extracted in the ordinary course of extracting or producing
43.11 helium.

43.12 Sec. 16. **[103I.709] GAS WELLS; PROHIBITIONS.**

43.13 Subdivision 1. **Injection prohibited.** A gas well must not be used to inject or dispose
43.14 surface water, groundwater, or any other liquid, gas, or chemical. This does not prohibit
43.15 injection:

43.16 (1) of approved drilling fluids; or

43.17 (2) if a class 2 injection well permit is obtained for a gas well, as authorized by the
43.18 Environmental Protection Agency.

43.19 Subd. 2. **Hydraulic fracturing treatment prohibited.** Hydraulic fracturing treatment
43.20 is prohibited in a gas well.

43.21 Sec. 17. **TRIBAL CONSULTATION; REPORT.**

43.22 An entity adopting rules under Minnesota Statutes, section 93.514 or 103I.706, must
43.23 submit a report to the chairs and ranking minority members of the legislative committees
43.24 with jurisdiction over health and the environment and natural resources, the Native American
43.25 caucuses of the legislature, and the Minnesota Indian Affairs Council that details the process
43.26 and results of meeting the requirements of Minnesota Statutes, section 10.65, for purposes
43.27 of the rulemaking. The report must be submitted within 90 days of adoption of the rules.

43.28 Sec. 18. **EFFECTIVE DATE.**

43.29 This article is effective the day following final enactment.

ARTICLE 3

HOSPITAL STABILIZATION

Section 1. Minnesota Statutes 2024, section 16A.152, is amended by adding a subdivision to read:

Subd. 1c. **Hospital stabilization reserve.** A hospital stabilization reserve account is created in the general fund in the state treasury. Amounts in the hospital stabilization reserve are appropriated to the commissioner of management and budget for the uses authorized in subdivision 1d. Any balance remaining in the account on June 30, 2031, is canceled to the general fund.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 2. Minnesota Statutes 2024, section 16A.152, is amended by adding a subdivision to read:

Subd. 1d. **Hospital stabilization reserve uses.** The commissioner of management and budget, in consultation with the commissioner of health and after review by the Legislative Advisory Commission as required in subdivision 1e, may make payments to an eligible hospital as defined in section 144.7051.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 3. Minnesota Statutes 2024, section 16A.152, is amended by adding a subdivision to read:

Subd. 1e. **Hospital stabilization reserve Legislative Advisory Commission review.** (a) The Legislative Advisory Commission established under section 3.30 must review proposed allocations from the hospital stabilization reserve account.

(b) The commissioner of management and budget must submit proposed expenditures from the hospital stabilization reserve account to the Legislative Advisory Commission for its review and recommendation. Upon receiving a submission, the commission has seven days after the request is submitted to review the proposed expenditures submitted under this subdivision.

(c) Commission members may make a positive recommendation, a negative recommendation, or no recommendation on a proposed expenditure. If a majority of the commission members from the senate and a majority of the commission members from the house of representatives make a negative recommendation on a proposed expenditure, the commissioner is prohibited from expending the money. If a majority of the commission

members from the senate and a majority of the commission members from the house of representatives do not make a negative recommendation, or if the commission makes no recommendation, the commissioner may expend the money.

(d) The commission may hold a public meeting to approve or disapprove a proposed expenditure from the hospital stabilization reserve account. Notwithstanding section 3.055, the commission may conduct a public meeting remotely. The commission may approve or disapprove proposed expenditures without a public meeting. The commission members may approve or disapprove proposed expenditures via written communication sent to the commissioner of management and budget.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 4. Minnesota Statutes 2024, section 16A.152, subdivision 2, is amended to read:

Subd. 2. **Additional revenues; priority.** (a) If on the basis of a forecast of general fund revenues and expenditures, the commissioner of management and budget determines that there will be a positive unrestricted budgetary general fund balance at the close of the biennium, the commissioner of management and budget must allocate money to the following accounts and purposes in priority order:

(1) the cash flow account established in subdivision 1 until that account reaches \$350,000,000;

(2) the budget reserve account established in subdivision 1a until that account reaches ~~\$2,852,098,000~~ \$3,421,764,000;

(3) the amount necessary to increase the aid payment schedule for school district aids and credits payments in section 127A.45 to not more than 90 percent rounded to the nearest tenth of a percent without exceeding the amount available and with any remaining funds deposited in the budget reserve; and

(4) the amount necessary to restore all or a portion of the net aid reductions under section 127A.441 and to reduce the property tax revenue recognition shift under section 123B.75, subdivision 5, by the same amount.

(b) The amounts necessary to meet the requirements of this section are appropriated from the general fund within two weeks after the forecast is released or, in the case of transfers under paragraph (a), clauses (3) and (4), as necessary to meet the appropriations schedules otherwise established in statute.

(c) The commissioner of management and budget shall certify the total dollar amount of the reductions under paragraph (a), clauses (3) and (4), to the commissioner of education. The commissioner of education shall increase the aid payment percentage and reduce the property tax shift percentage by these amounts and apply those reductions to the current fiscal year and thereafter.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 5. Minnesota Statutes 2024, section 16A.152, subdivision 4, is amended to read:

Subd. 4. **Reduction.** (a) If the commissioner determines that probable receipts for the general fund will be less than anticipated, and that the amount available for the remainder of the biennium will be less than needed, the commissioner shall, with the approval of the governor, and after consulting the Legislative Advisory Commission, reduce the amount in the budget reserve account and the hospital stabilization reserve as needed to balance expenditures with revenue.

(b) An additional deficit shall, with the approval of the governor, and after consulting the Legislative Advisory Commission, be made up by reducing unexpended allotments of any prior appropriation or transfer. Notwithstanding any other law to the contrary, the commissioner is empowered to defer or suspend prior statutorily created obligations which would prevent effecting such reductions.

(c) If the commissioner determines that probable receipts for any other fund, appropriation, or item will be less than anticipated, and that the amount available for the remainder of the term of the appropriation or for any allotment period will be less than needed, the commissioner shall notify the agency concerned and then reduce the amount allotted or to be allotted so as to prevent a deficit.

(d) In reducing allotments, the commissioner may consider other sources of revenue available to recipients of state appropriations and may apply allotment reductions based on all sources of revenue available.

(e) In like manner, the commissioner shall reduce allotments to an agency by the amount of any saving that can be made over previous spending plans through a reduction in prices or other cause.

(f) The commissioner is prohibited from reducing an allotment or appropriation made to the legislature.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 6. [144.7051] HOSPITAL STABILIZATION RESERVE.

Subdivision 1. **Eligibility.** A hospital is eligible to receive payment under section 16A.152, subdivision 1d, if 40 percent of the hospital's total acute care admissions in each of calendar years 2022, 2023, and 2024 were medical assistance or MinnesotaCare enrollees, the hospital provided 15 percent or more of Minnesota's total uncompensated care in calendar year 2024 as determined by the commissioner of health, and costs incurred for uncompensated care were at least three percent of the hospital's operating revenue in calendar year 2024.

Subd. 2. **Quarterly financial statements.** An eligible hospital under subdivision 1 must submit a quarterly report to the commissioner of health beginning on October 1, 2026. Each report must provide the following information:

(1) the hospital's monthly cash position for the current quarter;

(2) the hospital's net operating margin for the previous quarter;

(3) updates to the hospital's net operating margin for the last four quarters that reflect adjustments and any completed audits since the prior quarterly report; and

(4) information necessary to support clauses (1) to (3).

Subd. 3. **Eligibility certification.** (a) If the chief executive officer of an eligible hospital under subdivision 1 provides written notice to the commissioner of health that the hospital had less than 60 days of operating cash at any time during the preceding 12 months, and that the hospital had an operating margin loss of at least 1.5 percent at any time during the preceding 12 months, the commissioner must review and certify whether the hospital is eligible to receive a payment from the hospital stabilization reserve to maintain stable operations and avoid substantial negative operating effects for the next 12 months. If the information provided to the commissioner is insufficient to make a certification of eligibility determination, the commissioner may request additional information to support the certification request. In making a certification determination, the commissioner must not include payments received from the hospital stabilization reserve established in section 16A.152, subdivision 1c, or any fiscal year 2026 and 2027 appropriations.

(b) The commissioner must make a certification decision within 30 days of receiving the written notice and associated documentation from the chief executive officer. The commissioner must provide a written response to the chief executive officer within 45 days of receiving the written notice and associated documentation. If the commissioner certifies that the hospital should receive a payment from the hospital stabilization reserve, the

48.1 commissioner must notify the commissioner of management and budget within 15 days of
 48.2 making that certification.

48.3 Subd. 4. **Payment.** (a) If the commissioner of management and budget receives
 48.4 notification from the commissioner of health under subdivision 3 that a hospital is certified
 48.5 to receive a payment from the hospital stabilization reserve, the commissioner of management
 48.6 and budget must submit the proposed payment to the Legislative Advisory Commission
 48.7 under section 16A.152, subdivision 1e, for the commission's review.

48.8 (b) A certified hospital must submit sufficient information determined by the
 48.9 commissioner of management and budget to support the submission of the certified payment
 48.10 to the Legislative Advisory Commission.

48.11 (c) If a negative review from the Legislative Advisory Commission is not received, the
 48.12 commissioner of management and budget must pay the eligible hospital from the hospital
 48.13 stabilization reserve under section 16A.152, subdivision 1d.

48.14 **EFFECTIVE DATE.** This section is effective July 15, 2027.

48.15 Sec. 7. Minnesota Statutes 2024, section 383B.903, subdivision 1, is amended to read:

48.16 Subdivision 1. **Governance.** The corporation shall be governed by a board of directors
 48.17 ~~consisting that consists~~ of between 11 and 15 directors and that includes members with the
 48.18 professional training and expertise needed to govern a health system and safety net hospital.
 48.19 Two of the directors on the board of the corporation must be county commissioners currently
 48.20 serving as elected officials on the county board who are chosen and may be removed by a
 48.21 majority vote of the county board.

48.22 **EFFECTIVE DATE.** This section is effective the day following final enactment.

48.23 Sec. 8. Minnesota Statutes 2024, section 383B.903, subdivision 4, is amended to read:

48.24 Subd. 4. **Qualifications.** Members of the board ~~shall~~ must possess a high degree of
 48.25 experience and knowledge in ~~relevant~~ fields needed to govern a health system and safety
 48.26 net hospital and must possess a high degree of interest in the corporation and support for
 48.27 its mission. ~~Members shall be appointed based in part on the objective of ensuring that the~~
 48.28 ~~corporation includes diverse and beneficial perspectives and experience including, but not~~
 48.29 ~~limited to, those of medical or other health professionals,~~ At least 75 percent of the board's
 48.30 noncounty commissioner members must have expertise in hospital administration, finance,
 48.31 business management, law, or health equity, or have other experience relevant to the
 48.32 administration of a health system and safety net hospital, with a preference for members

with experience working in an urban setting with diverse cultural communities. Up to 25 percent of the board's noncounty commissioner members may represent urban, cultural, and ethnic perspectives of the population served by the corporation, ~~business management, law, finance, health sector employees, public health, serving the uninsured, health professional training,~~ and the patient or consumer perspective. The corporation shall provide a public announcement of vacancies on the board of the corporation in the manner normally used by Hennepin County to provide public notice of open appointments.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 9. Minnesota Statutes 2024, section 383B.904, subdivision 1, is amended to read:

Subdivision 1. **Election.** (a) The officers of the board of the corporation shall consist of the chair, vice-chair, secretary, treasurer, and other officers as the board shall from time to time deem necessary. The board shall elect officers by a majority vote of the board at the annual meeting, or in the case of the initial board, at the first meeting following appointment by the county board. The county commissioner members of the corporate board are not eligible to serve as officers of the corporate board.

(b) Any of the offices or functions, with the exception of the chair and vice-chair, may be held or exercised by the same person.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 10. Minnesota Statutes 2024, section 383B.908, subdivision 5, is amended to read:

Subd. 5. **Financial oversight.** The county board ~~shall~~ must approve the annual budget of the corporation as presented by the corporate board and shall receive an annual audited financial statement. The annual budget shall address how efficiencies and revenues contribute to stabilize or reduce county liabilities for indigent care. The county board shall also retain the right:

(1) to conduct an independent audit of the finances of the corporation; and

(2) in sustained conditions of financial distress, to modify the corporation's annual budget as needed to respond to the corporation's financial condition while preserving access to essential health services provided by HCMC.

Sec. 11. Minnesota Statutes 2024, section 383B.908, subdivision 7, is amended to read:

Subd. 7. **Dissolution or reorganization of corporation.** The county board shall retain the right to dissolve the corporation, reorganize the corporation, or remove the entire

corporate board in order to resume management of and financial oversight over Hennepin County Medical Center upon a two-thirds vote of the entire county board- if:

(1) the corporation experiences sustained conditions of financial distress, such as but not limited to the corporation meeting at least two of the following conditions:

(i) a negative operating margin of more than \$30,000,000 for two consecutive years;

(ii) a decline in net assets of more than ten percent in the most recent year; or

(iii) a negative cash flow margin of more than ten percent in the most recent year;

(2) prior to taking any steps to dissolve the corporation, reorganize the corporation, or remove the entire corporate board, the county board and the corporate board engage in mediation in good faith. The attorney general may select an individual to serve as a mediator. In the mediation, the parties must attempt to address the corporation's conditions of financial distress through means other than dissolving the corporation, reorganizing the corporation, or removing the entire corporate board; and

(3) the county board and corporate board are not able to agree on another means to address the corporation's financial distress.

Sec. 12. Laws 2023, chapter 68, article 1, section 2, subdivision 2, as amended by Laws 2025, First Special Session chapter 8, article 1, section 13, is amended to read:

Subd. 2. **Multimodal Systems**

(a) **Aeronautics**

(1) Airport Development and Assistance	69,598,000	18,598,000

Appropriations by Fund			
	2024	2025	
General	36,000,000	-0-	
Airports	33,598,000	18,598,000	

The appropriation from the state airports fund must be spent according to Minnesota Statutes, section 360.305, subdivision 4.

\$36,000,000 in fiscal year 2024 is from the general fund for matches to federal aid and state investments related to airport infrastructure projects. This is a onetime

51.1 appropriation and is available until June 30,
51.2 2027.

51.3 \$15,000,000 in fiscal year 2024 is from the
51.4 state airports fund for system maintenance of
51.5 critical airport safety systems, equipment, and
51.6 essential airfield technology.

51.7 Notwithstanding Minnesota Statutes, section
51.8 16A.28, subdivision 6, the appropriation from
51.9 the state airports fund is available for five
51.10 years after the year of the appropriation. If the
51.11 appropriation for either year is insufficient,
51.12 the appropriation for the other year is available
51.13 for it.

51.14 If the commissioner of transportation
51.15 determines that a balance remains in the state
51.16 airports fund following the appropriations
51.17 made in this article and that the appropriations
51.18 made are insufficient for advancing airport
51.19 development and assistance projects, an
51.20 amount necessary to advance the projects, not
51.21 to exceed the balance in the state airports fund,
51.22 is appropriated in each year to the
51.23 commissioner and must be spent according to
51.24 Minnesota Statutes, section 360.305,
51.25 subdivision 4. Within two weeks of a
51.26 determination under this contingent
51.27 appropriation, the commissioner of
51.28 transportation must notify the commissioner
51.29 of management and budget and the chairs,
51.30 ranking minority members, and staff of the
51.31 legislative committees with jurisdiction over
51.32 transportation finance concerning the funds
51.33 appropriated. Funds appropriated under this
51.34 contingent appropriation do not adjust the base
51.35 for fiscal years 2026 and 2027.

52.1	(2) Aviation Support Services	15,397,000	8,431,000
52.2	Appropriations by Fund		
52.3	20242025		
52.4	General8,707,0001,741,000		
52.5	Airports6,690,0006,690,000		
52.6	\$7,000,000 in fiscal year 2024 is from the		
52.7	general fund to purchase two utility aircraft		
52.8	for the Department of Transportation.		
52.9	(3) Civil Air Patrol	80,000	80,000
52.10	This appropriation is from the state airports		
52.11	fund for the Civil Air Patrol.		
52.12	(b) Transit and Active Transportation	58,478,000	18,374,000
52.13	This appropriation is from the general fund.		
52.14	\$200,000 in fiscal year 2024 and \$50,000 in		
52.15	fiscal year 2025 are for a grant to the city of		
52.16	Rochester to implement demand response		
52.17	transit service using electric transit vehicles.		
52.18	The money is available for mobile software		
52.19	application development; vehicles and		
52.20	equipment, including accessible vehicles;		
52.21	associated charging infrastructure; and capital		
52.22	and operating costs.		
52.23	\$40,000,000 in fiscal year 2024 is for matches		
52.24	to federal aid and state investments related to		
52.25	transit and active transportation projects. This		
52.26	is a onetime appropriation and is available		
52.27	until June 30, 2027.		
52.28	(c) Safe Routes to School	15,297,000	10,500,000
52.29	This appropriation is from the general fund		
52.30	for the safe routes to school program under		
52.31	Minnesota Statutes, section 174.40.		
52.32	If the appropriation for either year is		
52.33	insufficient, the appropriation for the other		

53.1

year is available for it. The appropriations in

53.2

each year are available until June 30, 2027.

53.3

The base for this appropriation is \$1,500,000

53.4

in each of fiscal years 2026 and 2027.

53.5

(d) Passenger Rail

197,521,000

4,226,000

53.6

This appropriation is from the general fund

53.7

for passenger rail activities under Minnesota

53.8

Statutes, sections 174.632 to 174.636.

53.9

\$194,700,000 in fiscal year 2024 is for capital

53.10

improvements and betterments for the

53.11

Minneapolis-Duluth Northern Lights Express

53.12

intercity passenger rail project, including

53.13

preliminary engineering, design, engineering,

53.14

environmental analysis and mitigation,

53.15

acquisition of land and right-of-way,

53.16

equipment and rolling stock, and construction.

53.17

From this appropriation, the amount necessary

53.18

is for: (1) Coon Rapids station improvements

53.19

to establish a joint station that provides for

53.20

Amtrak train service on the Empire Builder

53.21

line between Chicago and Seattle; and (2)

53.22

acquisition of equipment and rolling stock for

53.23

purposes of participation in the Midwest fleet

53.24

pool to provide for service on Northern Lights

53.25

Express and expanded Amtrak train service

53.26

between Minneapolis and St. Paul and

53.27

Chicago. The commissioner of transportation

53.28

must not approve additional stops or stations

53.29

beyond those included in the Federal Railroad

53.30

Administration's January 2018 Finding of No

53.31

Significant Impact and Section 4(f)

53.32

Determination if the commissioner determines

53.33

that the resulting speed reduction would

53.34

negatively impact total ridership. This

53.35

appropriation is onetime and is available until

54.1 June 30, 2028. Any remaining balance must
54.2 cancel to the hospital stabilization reserve
54.3 account under Minnesota Statutes, section
54.4 16A.152, subdivision 1c.

54.5 \$1,833,000 in fiscal year 2024 and \$3,238,000
54.6 in fiscal year 2025 are for a match to federal
54.7 aid for capital and operating costs for
54.8 expanded Amtrak train service between
54.9 Minneapolis and St. Paul and Chicago. These
54.10 amounts are available until June 30, 2028.

54.11 The base from the general fund is \$5,742,000
54.12 in each of fiscal years 2026 and 2027.

54.13	(e) Freight	14,650,000	9,066,000

54.14	Appropriations by Fund		
54.15		2024	2025
54.16	General	8,283,000	2,400,000
54.17	Trunk Highway	6,367,000	6,666,000

54.18 \$5,000,000 in fiscal year 2024 is from the
54.19 general fund for matching federal aid grants
54.20 for improvements, engineering, and
54.21 administrative costs for the Stone Arch Bridge
54.22 in Minneapolis. This is a onetime
54.23 appropriation and is available until June 30,
54.24 2027.

54.25 \$1,000,000 in each year is from the general
54.26 fund for staff, operating costs, and
54.27 maintenance related to weight and safety
54.28 enforcement systems.

54.29 \$974,000 in fiscal year 2024 is from the
54.30 general fund for procurement costs of a
54.31 statewide freight network optimization tool
54.32 under Laws 2021, First Special Session
54.33 chapter 5, article 4, section 133. This is a

55.1 onetime appropriation and is available until
55.2 June 30, 2025.

55.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.

55.4 Sec. 13. Laws 2023, chapter 68, article 1, section 3, subdivision 2, as amended by Laws
55.5 2024, chapter 127, article 1, section 11, is amended to read:

55.6	Subd. 2. Transit System Operations	75,654,000	32,654,000

55.7 This appropriation is for transit system
55.8 operations under Minnesota Statutes, sections
55.9 473.371 to 473.449.

55.10 \$40,000,000 in fiscal year 2024 is for a grant
55.11 to Hennepin County for the Blue Line light
55.12 rail transit extension project, including but not
55.13 limited to predesign, design, engineering,
55.14 environmental analysis and mitigation,
55.15 right-of-way acquisition, construction, and
55.16 acquisition of rolling stock. Of this amount,
55.17 \$30,000,000 is available only upon entering
55.18 a full funding grant agreement with the Federal
55.19 Transit Administration by June 30, 2027. This
55.20 is a onetime appropriation and is available
55.21 until June 30, 2030. If a full funding grant
55.22 agreement with the Federal Transit
55.23 Administration is not reached by June 30,
55.24 2027, this appropriation cancels to the hospital
55.25 stabilization reserve under Minnesota Statutes,
55.26 section 16A.152, subdivision 1c.

55.27 \$3,000,000 in fiscal year 2024 is for highway
55.28 bus rapid transit project development in the
55.29 marked U.S. Highway 169 and marked Trunk
55.30 Highway 55 corridors, including but not
55.31 limited to feasibility study, predesign, design,
55.32 engineering, environmental analysis and
55.33 remediation, and right-of-way acquisition.

56.1 **EFFECTIVE DATE.** This section is effective the day following final enactment.

56.2 Sec. 14. **HOSPITAL STABILIZATION RESERVE; TRANSFER.**

56.3 (a) By July 15, 2027, the commissioner of management and budget must transfer
56.4 \$354,000,000 from the general fund budget reserve account to the hospital stabilization
56.5 reserve account. This is a onetime transfer.

56.6 (b) By July 15, 2028, the commissioner of management and budget must transfer up to
56.7 \$146,000,000 from the general fund budget reserve account to the hospital stabilization
56.8 reserve account. This is a onetime transfer.

56.9 (c) The total transfers and cancellations credited to the hospital stabilization reserve
56.10 account must not exceed \$500,000,000.

56.11 **EFFECTIVE DATE.** This section is effective July 1, 2027.

56.12 Sec. 15. **HOSPITAL STABILIZATION PROGRAM.**

56.13 Subdivision 1. **Establishment.** The commissioner of health must establish a hospital
56.14 stabilization program to provide financial relief to critical access hospitals, rural emergency
56.15 hospitals, and hospitals that provide a disproportionate level of uncompensated care.

56.16 Subd. 2. **Definitions.** (a) For purposes of this section, the following terms have the
56.17 meanings given.

56.18 (b) "Commissioner" means the commissioner of health.

56.19 (c) "Qualifying hospital" means a hospital:

56.20 (1) licensed under section 144.50;

56.21 (2) located within the state;

56.22 (3) that has filed a Medicare cost report in the Healthcare Cost Report Information
56.23 System; and

56.24 (4) that is a Medicaid disproportionate share hospital, excluding a hospital that qualifies
56.25 as a Medicaid disproportionate share hospital solely based upon providing transplant services.

56.26 (d) "Qualifying uncompensated episode of care" means the provision by a qualifying
56.27 hospital of one or more services that are covered under medical assistance to an individual
56.28 during a single patient encounter or episode of care when the:

56.29 (1) individual is not enrolled in medical assistance, MinnesotaCare, or Medicare and
56.30 does not have other health coverage;

57.1 (2) individual is determined to be ineligible for medical assistance and MinnesotaCare
57.2 for the date of service following any retroactive eligibility determination; and

57.3 (3) total cumulative reimbursement amount for the services provided, if paid under
57.4 medical assistance payment methodologies using a cost to charge methodology as defined
57.5 in the Minnesota Health Care Cost Information System, would be at least \$2,000 but not
57.6 more than \$50,000.

57.7 Subd. 3. **Payments to critical access hospitals and rural emergency hospitals.** The
57.8 commissioner must make a onetime payment of \$50,000 to each of the critical access
57.9 hospitals and rural emergency hospitals in the state. Payments shall be made in a form and
57.10 manner determined by the commissioner.

57.11 Subd. 4. **Application for payments; qualifying hospitals.** (a) A qualifying hospital
57.12 seeking payment under this section must submit to the commissioner documentation
57.13 identifying qualifying uncompensated episodes of care within a reporting period.

57.14 (b) The reporting periods are:

57.15 (1) January 1 through June 30; and

57.16 (2) July 1 through December 31.

57.17 (c) The initial reporting period begins January 1, 2026.

57.18 (d) For services provided during the January 1 through June 30 reporting period, a
57.19 qualifying hospital must submit the required documentation to the commissioner by
57.20 September 15 of the same calendar year.

57.21 (e) For services provided during the July 1 through December 31 reporting period, a
57.22 qualifying hospital must submit the required documentation to the commissioner by March
57.23 15 of the next calendar year.

57.24 (f) Qualifying hospitals must submit documentation in a form and manner specified by
57.25 the commissioner and must provide supporting documentation as requested by the
57.26 commissioner.

57.27 Subd. 5. **Calculation of payments; qualifying hospitals.** (a) For each reporting period,
57.28 the commissioner must determine each qualifying hospital's share of the total value of
57.29 qualifying uncompensated episodes of care submitted under subdivision 4.

57.30 (b) The commissioner must distribute payments proportionally based on each qualifying
57.31 hospital's share of the statewide total among qualifying hospitals.

58.1 (c) A qualifying hospital must not receive more than ten percent of the money available
58.2 for a reporting period.

58.3 (d) If money remains after the payment limitation in paragraph (c), the commissioner
58.4 must redistribute the remaining money among qualifying hospitals that have not reached
58.5 the limit in paragraph (c) in proportion to their share of the value of qualifying
58.6 uncompensated episodes of care.

58.7 (e) The commissioner may establish procedures to reconcile adjustments, corrected
58.8 claims, or late submissions in a subsequent reporting period.

58.9 Subd. 6. **Distribution of payments; qualifying hospitals.** (a) The amount available for
58.10 payments to qualifying hospitals is the amount appropriated for this section that remains
58.11 after payments are made under subdivision 3. One-half of the amount available for payments
58.12 to qualifying hospitals must be allocated to each reporting period.

58.13 (b) For the January 1 through June 30 reporting period, the commissioner must distribute
58.14 payments no later than November 15 of the same calendar year.

58.15 (c) For the July 1 through December 31 reporting period, the commissioner must
58.16 distribute payments no later than May 15 of the next calendar year.

58.17 Subd. 7. **Reporting requirements; qualifying hospitals.** (a) A qualifying hospital
58.18 receiving payment under this section must submit to the commissioner any information
58.19 necessary to evaluate the appropriate use of funds. The information must include, at
58.20 minimum, by June 30, 2027, a detailed analysis of how the funds were used to preserve
58.21 regional and local access to essential health care services, including emergency care, inpatient
58.22 hospital care, maternal care and obstetrical services, behavioral and mental health care, and
58.23 primary care and clinic services.

58.24 (b) A qualifying hospital receiving payment under this section must submit to the
58.25 commissioner, by June 30, 2027, an organizational chart presenting the identities of and
58.26 interrelationships among affiliated entities within the hospital system. No subsidiary of an
58.27 entity specified on the chart need be shown if the equity or membership interest of the
58.28 subsidiary held by the entity is less than ten percent of the subsidiary. As to each entity
58.29 specified in the chart, the qualifying hospital must indicate the type of organization and the
58.30 state of domicile.

58.31 (c) Upon receipt of notice by a qualifying hospital receiving payment under this section
58.32 submitted pursuant to section 144.555, the commissioner must provide notice of the hospital's

59.1 planned actions and documentation of the amount of any payment distributed to the hospital
59.2 under this section to:

59.3 (1) the chairs and ranking minority members of the legislative committees with
59.4 jurisdiction over health and human services finance and policy; and

59.5 (2) the majority and minority leaders of the senate and house of representatives.

59.6 (d) The commissioner must determine the reporting requirement for payments under
59.7 this section in addition to the reporting requirements under section 16B.98, subdivision 12.

59.8 Subd. 8. **Prohibited uses.** Funds received under this section must not be used to:

59.9 (1) supplant any other funding sources; or

59.10 (2) increase the salary, benefits, or other discretionary payment to an officer, director,
59.11 manager, or any other executive.

59.12 Subd. 9. **Hospital stabilization program ineligibility.** Hennepin Healthcare System,
59.13 Inc., is ineligible for payment under this section.

59.14 Sec. 16. **CORPORATE BOARD OF HENNEPIN HEALTHCARE SYSTEM, INC.;**
59.15 **RECONSTITUTED AND OPERATIONAL.**

59.16 (a) For purposes of this section, "Hennepin Healthcare System, Inc.," means the public
59.17 corporation created under Minnesota Statutes, section 383B.901.

59.18 (b) By January 15, 2027, the Hennepin County Board of Commissioners must:

59.19 (1) reconstitute the corporate board of Hennepin Healthcare System, Inc., with members
59.20 who meet the requirements in Minnesota Statutes, section 383B.903, subdivision 4; and

59.21 (2) complete the transition of governance of Hennepin Healthcare System, Inc., to the
59.22 reconstituted corporate board.

59.23 Sec. 17. **HENNEPIN HEALTHCARE SYSTEM, INC.; STABILIZATION**
59.24 **PAYMENTS.**

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

59.27 (b) "Commissioner" means the commissioner of health.

59.28 (c) "HCMC" has the meaning given in Minnesota Statutes, section 383B.902.

(d) "Hennepin Healthcare System, Inc.," means the public corporation created under Minnesota Statutes, section 383B.901.

Subd. 2. **Annual stabilization payments.** The commissioner of health must award stabilization payments to Hennepin Healthcare System, Inc., in fiscal years 2026 and 2027 to stabilize HCMC operations, avoid the closure of HCMC, ensure that HCMC continues to provide high-quality care to patients, and preserve access to essential services at HCMC that support the health care needs of the communities served by HCMC and of the state of Minnesota.

Subd. 3. **Accountability requirements.** (a) To ensure that Hennepin Healthcare System, Inc., is meeting the requirements of this section, the commissioner must collect from HCMC the information necessary to complete the commissioner's reporting requirements under subdivision 4 and must collect from HCMC the following information in fiscal year 2027:

(1) a comprehensive financial analysis that describes the financial stability of HCMC. The report must consider the core financial metrics of HCMC, including expenses and staffing data; revenue, including payer mix; utilization data; and necessary data as determined by the commissioner; and

(2) quarterly updates of financial information submitted under the hospital annual report according to Minnesota Statutes, sections 144.695 to 144.703, on a schedule to be determined by the commissioner, and long-term capital spending priorities, including mandatory maintenance and replacement of existing facilities and equipment.

(b) Upon receipt of notice by Hennepin Healthcare System, Inc., provided according to Minnesota Statutes, section 144.555, the commissioner must provide notice of Hennepin Healthcare System, Inc.'s planned actions to:

(1) the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services finance and policy; and

(2) the majority and minority leaders of the senate and house of representatives.

Subd. 4. **Reporting requirement.** (a) By January 15, 2028, the commissioner must report to the legislative committees with jurisdiction over health and human services finance and policy on the financial stabilization of Hennepin Healthcare System, Inc.

(b) Hennepin Healthcare System, Inc., must provide the commissioner with all information and documents requested by the commissioner, including nonpublic data from HCMC, for purposes of this subdivision and subdivision 3. For purposes of this subdivision

61.1 and subdivision 3, "nonpublic data" has the meaning given in Minnesota Statutes, section
61.2 13.02, subdivision 9.

61.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.

61.4 Sec. 18. **ADVISORY TASK FORCE ON GOVERNANCE AND FINANCING OF**
61.5 **HENNEPIN HEALTHCARE SYSTEM, INC.**

61.6 Subdivision 1. **Establishment.** An advisory task force on governance and financing of
61.7 Hennepin Healthcare System, Inc., is established to develop recommendations to the
61.8 legislature on the ownership, governance, and financing of Hennepin Healthcare System,
61.9 Inc., including its integrated system of health care facilities and services that includes
61.10 Hennepin County Medical Center. The advisory task force must evaluate options that
61.11 recognize Hennepin County Medical Center as a regional and statewide public health and
61.12 public safety asset that:

61.13 (1) provides critical health care services to:

61.14 (i) complex patients with high medical needs;

61.15 (ii) a large proportion of the state's medical assistance, MinnesotaCare, and uninsured
61.16 populations; and

61.17 (iii) patients from health care providers and health systems across Minnesota and the
61.18 surrounding region. These services include level I trauma care, hyperbaric medicine,
61.19 treatment services for burns and complex wounds, comprehensive cancer care, and accredited
61.20 poison control services; and

61.21 (2) supports Minnesota's future health care workforce through education and training.

61.22 Subd. 2. **Membership.** (a) The advisory task force shall consist of the following nine
61.23 members appointed by the governor. Members shall be direct appointments as defined in
61.24 Minnesota Statutes, section 15.0597, subdivision 1:

61.25 (1) one individual from the Health Subcabinet under Minnesota Statutes, section 4.047;

61.26 (2) the chief executive officer of Hennepin County Medical Center;

61.27 (3) one individual representing Hennepin County;

61.28 (4) one individual with expertise in academic medicine, clinical and public health
61.29 research, hospital operations, or health system finance;

61.30 (5) one individual with professional experience in public health;

62.1 (6) one individual with professional experience in safety net hospital and clinical system
62.2 operations;

62.3 (7) two individuals with professional experience in health care finance and public health
62.4 care programs; and

62.5 (8) one individual with professional experience in public sector governance and public
62.6 authorities.

62.7 (b) Members must be appointed to the advisory task force by August 1, 2026, and serve
62.8 until the advisory task force expires.

62.9 Subd. 3. **Governance; first meeting; chairperson.** (a) Compensation and removal of
62.10 members appointed under subdivision 2 are governed by Minnesota Statutes, section 15.059.

62.11 (b) The individual from the Health Subcabinet who is appointed to the advisory task
62.12 force must convene the first meeting of the advisory task force by September 1, 2026, and
62.13 shall serve as the chairperson of the advisory task force.

62.14 Subd. 4. **Duties.** The advisory task force must:

62.15 (1) evaluate the current governance structure, payer mix, and financing of Hennepin
62.16 Healthcare System, Inc.;

62.17 (2) evaluate whether public health care program reimbursement rates adequately
62.18 reimburse Hennepin County Medical Center for the cost of care provided;

62.19 (3) evaluate labor and workforce needs and challenges at Hennepin County Medical
62.20 Center;

62.21 (4) identify and evaluate Hennepin County Medical Center's capital, infrastructure, and
62.22 technology needs;

62.23 (5) evaluate governance and ownership models of health systems comparable to Hennepin
62.24 Healthcare System, Inc.;

62.25 (6) evaluate financing and funding mechanisms that would allow Hennepin Healthcare
62.26 System, Inc., to achieve sustainable, long-term financial stability while ensuring the continued
62.27 operation of critical specialized services by Hennepin County Medical Center that are
62.28 essential to Minnesota's comprehensive statewide hospital network of rural, regional, and
62.29 safety net hospitals;

62.30 (7) engage with public health leaders throughout the state and professionals and
62.31 individuals with the following qualifications or with expertise in the following areas:

- 63.1 (i) rural hospitals and rural health systems;
- 63.2 (ii) urban, nonprofit hospitals other than Hennepin County Medical Center;
- 63.3 (iii) physicians licensed and practicing in Minnesota with experience in emergency
- 63.4 medicine, trauma care, critical care, or hospital medicine;
- 63.5 (iv) registered nurses;
- 63.6 (v) organized labor representing hospital workers or health care workers;
- 63.7 (vi) ambulance service providers or emergency medical services;
- 63.8 (vii) local public health departments or community health boards;
- 63.9 (viii) federally qualified health centers or other community clinics serving low-income
- 63.10 patients;
- 63.11 (ix) consumer or patient advocates with experience accessing services from a safety net
- 63.12 hospital; and
- 63.13 (x) state legislators, county commissioners, and state agency commissioners; and
- 63.14 (8) develop specific recommendations for an ownership structure, governance and
- 63.15 oversight, and sustainable, long-term funding for Hennepin Healthcare System, Inc. In
- 63.16 developing these recommendations, the task force must consider how to maintain Hennepin
- 63.17 County Medical Center as a public hospital and whether ownership of Hennepin Healthcare
- 63.18 System, Inc., should be transferred to an entity other than solely Hennepin County. These
- 63.19 recommendations must identify legislative changes needed to implement the
- 63.20 recommendations, provide legislative language for the needed legislative changes, and
- 63.21 specify a process to implement changes to ownership, governance and oversight, and funding.
- 63.22 Subd. 5. **Data.** (a) The advisory task force may request data and technical assistance
- 63.23 from state agencies, hospital systems, and other stakeholders as necessary to carry out its
- 63.24 duties.
- 63.25 (b) Data provided to the advisory task force under this subdivision retains its classification
- 63.26 under Minnesota Statutes, chapter 13, and any other applicable state or federal law.
- 63.27 Subd. 6. **Administrative support and cooperation.** The Health Subcabinet must provide
- 63.28 meeting space and administrative services for the advisory task force. State agencies must
- 63.29 provide technical assistance upon the request of the advisory task force.
- 63.30 Subd. 7. **Findings and recommendations.** (a) By January 15, 2027, the advisory task
- 63.31 force must submit preliminary findings and recommendations to the chairs and ranking

minority members of the legislative committees with jurisdiction over health and human services finance and policy. The preliminary findings and recommendations must include information on the meetings and activities of the advisory task force to date, identification of priority focus areas and preliminary findings and recommendations on the subjects listed in subdivision 4, recommendations on steps to improve the stabilization of Hennepin Healthcare System, Inc., and plans for future meetings and work.

(b) By January 15, 2028, the advisory task force must submit final findings and recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over health finance and policy and human services finance and policy. The final findings and recommendations must address the subjects listed in subdivision 4.

Subd. 8. **Expiration.** The advisory task force expires June 30, 2028.

ARTICLE 4

HEALTH LICENSING BOARDS

Section 1. Minnesota Statutes 2024, section 148.01, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** For the purposes of sections 148.01 to 148.10:

(1) "abnormal articulation" means the condition of opposing bony joint surfaces and their related soft tissues that do not function normally, including subluxation, fixation, adhesion, degeneration, deformity, dislocation, or other pathology that results in pain or disturbances within the nervous system, results in postural alteration, inhibits motion, allows excessive motion, alters direction of motion, or results in loss of axial loading efficiency, or a combination of these;

(2) "acupuncture" means a modality of treating abnormal physical conditions by stimulating various points of the body or interruption of the cutaneous integrity by needle insertion to secure a reflex relief of the symptoms by nerve stimulation as utilized as an adjunct to chiropractic adjustment;

(3) "animal chiropractic diagnosis and treatment" means treatment that includes identification and resolution of vertebral subluxation complexes, spinal manipulation, and manipulation of the extremity articulations of nonhuman vertebrates. Animal chiropractic diagnosis and treatment does not include:

(i) performing surgery;

(ii) dispensing or administering medications; or

(iii) performing traditional veterinary care and diagnosis;

~~(1)~~ (4) "chiropractic" means the health care discipline that recognizes the innate recuperative power of the body to heal itself without the use of drugs or surgery by identifying and caring for vertebral subluxations and other abnormal articulations by emphasizing the relationship between structure and function as coordinated by the nervous system and how that relationship affects the preservation and restoration of health;

~~(2)~~ (5) "chiropractic services" means the evaluation and facilitation of structural, biomechanical, and neurological function and integrity through the use of adjustment, manipulation, mobilization, or other procedures accomplished by manual or mechanical forces applied to bones or joints and their related soft tissues for correction of vertebral subluxation, other abnormal articulations, neurological disturbances, structural alterations, or biomechanical alterations, and includes, but is not limited to, manual therapy and mechanical therapy as defined in section 146.23;

~~(3) "abnormal articulation" means the condition of opposing bony joint surfaces and their related soft tissues that do not function normally, including subluxation, fixation, adhesion, degeneration, deformity, dislocation, or other pathology that results in pain or disturbances within the nervous system, results in postural alteration, inhibits motion, allows excessive motion, alters direction of motion, or results in loss of axial loading efficiency, or a combination of these;~~

~~(4)~~ (6) "diagnosis" means the physical, clinical, and laboratory examination of the patient, and the use of diagnostic services for diagnostic purposes within the scope of the practice of chiropractic described in sections 148.01 to 148.10;

~~(5)~~ (7) "diagnostic services" means clinical, physical, laboratory, and other diagnostic measures, including diagnostic imaging that may be necessary to determine the presence or absence of a condition, deficiency, deformity, abnormality, or disease as a basis for evaluation of a health concern, diagnosis, differential diagnosis, treatment, further examination, or referral;

(8) "good standing" means that a license is not the subject of current disciplinary action under section 148.10 or an equivalent disciplinary law in another jurisdiction;

(9) "reinstatement" means the process by which a board-terminated license or voluntarily retired license returns to active license status under section 148.071 or 148.076;

~~(6)~~ (10) "therapeutic services" means rehabilitative therapy as defined in Minnesota Rules, part 2500.0100, subpart 11, and all of the therapeutic, rehabilitative, and preventive sciences and procedures for which the licensee was subject to examination under section 148.06. ~~When provided, therapeutic services must be performed within a practice where~~

66.1 ~~the primary focus is the provision of chiropractic services, to prepare the patient for~~
66.2 ~~chiropractic services, or to complement the provision of chiropractic services. The~~
66.3 ~~administration of therapeutic services is the responsibility of the treating chiropractor and~~
66.4 ~~must be rendered under the direct supervision of qualified staff; and~~

66.5 (7) ~~"acupuncture" means a modality of treating abnormal physical conditions by~~
66.6 ~~stimulating various points of the body or interruption of the cutaneous integrity by needle~~
66.7 ~~insertion to secure a reflex relief of the symptoms by nerve stimulation as utilized as an~~
66.8 ~~adjunct to chiropractic adjustment. Acupuncture may not be used as an independent therapy~~
66.9 ~~or separately from chiropractic services. Acupuncture is permitted under section 148.01~~
66.10 ~~only after registration with the board which requires completion of a board-approved course~~
66.11 ~~of study and successful completion of a board-approved national examination on acupuncture.~~
66.12 ~~Renewal of registration shall require completion of board-approved continuing education~~
66.13 ~~requirements in acupuncture. The restrictions of section 147B.02, subdivision 2, apply to~~
66.14 ~~individuals registered to perform acupuncture under this section; and~~

66.15 (8) ~~"animal chiropractic diagnosis and treatment" means treatment that includes~~
66.16 ~~identifying and resolving vertebral subluxation complexes, spinal manipulation, and~~
66.17 ~~manipulation of the extremity articulations of nonhuman vertebrates. Animal chiropractic~~
66.18 ~~diagnosis and treatment does not include:~~

66.19 (i) ~~performing surgery;~~

66.20 (ii) ~~dispensing or administering of medications; or~~

66.21 (iii) ~~performing traditional veterinary care and diagnosis.~~

66.22 (11) "voluntarily retired license" means a license held by a chiropractor who has changed
66.23 the chiropractor's license status to a voluntarily retired license under section 148.075.

66.24 Sec. 2. Minnesota Statutes 2024, section 148.01, subdivision 4, is amended to read:

66.25 Subd. 4. **Practice of chiropractic.** An individual licensed to practice under section
66.26 148.06 is authorized to perform chiropractic services, ~~acupuncture~~, and therapeutic services,
66.27 and to provide diagnosis and to render opinions pertaining to those services for the purpose
66.28 of determining a course of action in the best interests of the patient, such as a treatment
66.29 plan, appropriate referral, or both.

67.1 Sec. 3. Minnesota Statutes 2024, section 148.01, is amended by adding a subdivision to
67.2 read:

67.3 Subd. 5. **Practice of therapeutic services.** Therapeutic services must be performed
67.4 within a practice where the primary focus is the provision of chiropractic services, preparing
67.5 the patient for chiropractic services, or complementing the provision of chiropractic services.
67.6 The administration of therapeutic services is the responsibility of the treating chiropractor
67.7 and must be rendered under the direct supervision of qualified staff.

67.8 Sec. 4. Minnesota Statutes 2024, section 148.01, is amended by adding a subdivision to
67.9 read:

67.10 Subd. 6. **Practice of acupuncture.** Acupuncture must not be used as an independent
67.11 therapy or separately from chiropractic services. Acupuncture is permitted under this section
67.12 only after registration with the board, which requires completing a board-approved course
67.13 of study and a board-approved national examination on acupuncture. Renewal of registration
67.14 requires completing board-approved continuing education requirements in acupuncture.
67.15 The restrictions of section 147B.02, subdivision 2, apply to individuals registered to perform
67.16 acupuncture under this section.

67.17 Sec. 5. **[148.071] REINSTATEMENT OF A LICENSE TERMINATED FOR**
67.18 **FAILING TO RENEW OR TO COMPLETE CONTINUING EDUCATION.**

67.19 Subdivision 1. **Scope.** This section applies to a chiropractor whose Minnesota license
67.20 was terminated by the board for failing to timely renew the license or complete annual
67.21 continuing education requirements.

67.22 Subd. 2. **Application requirements.** At the time of application for reinstatement, the
67.23 applicant must:

67.24 (1) submit an application for reinstatement and pay the application fee;

67.25 (2) pay the current renewal fee;

67.26 (3) complete a criminal background check as prescribed under section 214.075 and pay
67.27 the required fee;

67.28 (4) submit license verification from each jurisdiction where the applicant holds or has
67.29 held a chiropractic license;

67.30 (5) submit evidence of passing the board's jurisprudence exam;

68.1 (6) submit evidence of correcting any outstanding requirements and paying any
68.2 outstanding fees that existed at the time the license was terminated; and

68.3 (7) complete any additional applicable requirements established in subdivisions 3, 4, 5,
68.4 6, and 9.

68.5 **Subd. 3. Reinstatement of terminated license for licensee in good standing in another**
68.6 **jurisdiction.** The board must reinstate the license of an applicant who is currently licensed
68.7 and in good standing in another jurisdiction if the applicant:

68.8 (1) completes all requirements in subdivision 2;

68.9 (2) provides verification of the active chiropractic license in good standing in another
68.10 jurisdiction; and

68.11 (3) provides verification of completing 20 continuing education hours in the year
68.12 immediately preceding the application for reinstatement.

68.13 **Subd. 4. Reinstatement of terminated license after five years or less.** The board must
68.14 reinstate the license of an applicant who does not meet the requirements of subdivision 3
68.15 and who applies for reinstatement five years or less after license termination in Minnesota
68.16 or another jurisdiction if the applicant:

68.17 (1) completes all requirements in subdivision 2; and

68.18 (2) provides verification of:

68.19 (i) completing 20 continuing education hours for each year since the applicant last held
68.20 an active license in good standing in Minnesota or another jurisdiction and 20 continuing
68.21 education hours in the year immediately preceding the application for reinstatement; or

68.22 (ii) passing the Special Purposes Examination for Chiropractic, or an alternate
68.23 examination the board determines is equivalent, within 12 months after application.

68.24 **Subd. 5. Reinstatement of terminated license after more than five years.** The board
68.25 must reinstate the license of an applicant who does not meet the requirements of subdivision
68.26 3 and who applies for reinstatement more than five years after license termination in
68.27 Minnesota or another jurisdiction if the applicant:

68.28 (1) completes all requirements in subdivision 2;

68.29 (2) provides verification of completing 20 continuing education hours for each year
68.30 since the applicant last held an active license in good standing in Minnesota or another
68.31 jurisdiction and 20 continuing education hours in the year immediately preceding the

69.1 application for reinstatement, not to exceed a maximum of 100 required continuing education
69.2 hours; and

69.3 (3) provides verification of passing the Special Purposes Examination for Chiropractic,
69.4 or an alternate examination the board determines is equivalent, within 12 months after
69.5 application.

69.6 **Subd. 6. Reinstatement within the same calendar year of continuing education**
69.7 **termination.** The board must reinstate the license of an applicant whose license was
69.8 terminated for failing to submit the required number of continuing education hours if within
69.9 the same calendar year of termination the applicant:

69.10 (1) completes the required number of continuing education hours and outstanding penalty
69.11 hours imposed by the board; and

69.12 (2) pays all application fees and penalty fees.

69.13 **Subd. 7. Board authority.** Applications for reinstatement and licenses reinstated under
69.14 this section are subject to the same board authority under sections 148.10 and 214.103 as
69.15 other applications and licenses issued by the board to deny, refuse to issue, revoke, suspend,
69.16 condition, or limit a license or to take disciplinary or corrective action against a licensee or
69.17 applicant for conduct that violates applicable law or professional standards.

69.18 **Subd. 8. Continuing education in year of reinstatement.** A licensee must not use
69.19 continuing education hours obtained for the purpose of applying for reinstatement of a
69.20 terminated license under this section to meet the annual hour requirement for the year in
69.21 which the license is reinstated.

69.22 **Subd. 9. Previously terminated licenses.** If a chiropractor's license was terminated
69.23 before July 1, 2026, and the chiropractor applies for reinstatement under this section, the
69.24 chiropractor is not required to repay any renewal fees that accrued before the license
69.25 reinstatement.

69.26 **Sec. 6. [148.075] VOLUNTARILY RETIRED LICENSE.**

69.27 **Subdivision 1. Application.** A Minnesota licensed chiropractor in good standing and
69.28 with no continuing education audit deficiencies may apply to the board to voluntarily retire
69.29 a license by submitting an application on a form provided by the board and a signed affidavit
69.30 stating that the applicant will no longer actively practice chiropractic in Minnesota.

Subd. 2. **Grounds for denial.** The board may deny an application to voluntarily retire a license if the applicant's Minnesota license or license issued in another jurisdiction is not in good standing or is subject to a pending disciplinary action.

Sec. 7. **[148.076] REINSTATEMENT OF A VOLUNTARILY RETIRED LICENSE.**

Subdivision 1. **Scope.** This section applies to a chiropractor who voluntarily retired a Minnesota chiropractic license under section 148.075.

Subd. 2. **Application requirements.** At the time of application for reinstatement, the applicant must:

(1) submit an application for reinstatement;

(2) pay the current renewal fee;

(3) complete a criminal background check as prescribed under section 214.075 and pay the required fee;

(4) submit license verification from each jurisdiction where the applicant holds or has held a chiropractic license;

(5) submit evidence of passing the board's jurisprudence exam;

(6) submit evidence of correcting any outstanding requirements and paying any outstanding fees that existed at the time the license was voluntarily retired; and

(7) complete any additional applicable requirements in subdivisions 3, 4, 5, and 7.

Subd. 3. **Reinstatement of voluntarily retired license for licensee in good standing in another jurisdiction.** The board must reinstate the license of an applicant who is currently licensed and in good standing in another jurisdiction if the applicant:

(1) completes all requirements in subdivision 2;

(2) provides verification of the active chiropractic license in good standing in another jurisdiction; and

(3) provides verification of completing 20 continuing education hours in the year immediately preceding the application for reinstatement.

Subd. 4. **Reinstatement of voluntarily retired license after five years or less.** The board must reinstate the license of an applicant who does not meet the requirements of subdivision 3 and who applies for reinstatement five years or less after voluntary license retirement in Minnesota or the equivalent in another jurisdiction if the applicant:

71.1 (1) completes all requirements in subdivision 2; and

71.2 (2) provides verification of:

71.3 (i) completing 20 continuing education hours for each year since the applicant last held
71.4 an active license in good standing in Minnesota or another jurisdiction and 20 continuing
71.5 education hours in the year immediately preceding the application for reinstatement; or

71.6 (ii) passing the Special Purposes Examination for Chiropractic, or an alternate
71.7 examination the board determines is equivalent, within 12 months after application.

71.8 Subd. 5. **Reinstatement of voluntarily retired license after more than five years.** The
71.9 board must reinstate the license of an applicant who does not meet the requirements of
71.10 subdivision 3 and who applies for reinstatement more than five years after voluntary license
71.11 retirement in Minnesota or the equivalent in another jurisdiction if the applicant:

71.12 (1) completes all requirements in subdivision 2;

71.13 (2) provides verification of completing 20 continuing education hours for each year
71.14 since the applicant last held an active license in good standing in Minnesota or another
71.15 jurisdiction and 20 continuing education hours in the year immediately preceding the
71.16 application for reinstatement, not to exceed a maximum of 100 required continuing education
71.17 hours; and

71.18 (3) provides verification of passing the Special Purposes Examination for Chiropractic,
71.19 or an alternate examination the board determines is equivalent, within 12 months after
71.20 application.

71.21 Subd. 6. **Board authority.** Applications for reinstatement and licenses reinstated under
71.22 this section are subject to the same board authority under sections 148.10 and 214.103 as
71.23 other applications and licenses issued by the board to deny, refuse to issue, revoke, suspend,
71.24 condition, or limit a license or to take disciplinary or corrective action against a licensee or
71.25 applicant for conduct that violates applicable law or professional standards.

71.26 Subd. 7. **Continuing education in year of reinstatement.** A licensee must not use
71.27 continuing education hours obtained for the purpose of applying for reinstatement of a
71.28 voluntarily retired license under this section to meet the annual hour requirement for the
71.29 year the license is reinstated.

71.30 Subd. 8. **Previously voluntarily retired licensees.** (a) If a chiropractor who voluntarily
71.31 retired before July 1, 2026, applies for reinstatement under this section, the chiropractor is
71.32 not required to repay any renewal fees that accrued before the license reinstatement.

(b) Before reinstatement under this subdivision, the voluntarily retired licensee must complete any outstanding continuing education hours due at the time the license was voluntarily retired.

Sec. 8. Minnesota Statutes 2024, section 148.09, is amended to read:

148.09 INDEPENDENT EXAMINATION.

Subdivision 1. Requirements for examiners. (a) A doctor of chiropractic conducting a physical examination of a patient or a review of records by a doctor of chiropractic, for the purpose of generating a report or opinion to aid a reparation obligor under chapter 65B in making a determination regarding the condition or further treatment of the patient, shall meet the following requirements:

(1) the doctor of chiropractic must either be an instructor at an accredited school of chiropractic or have devoted not less than 50 percent of practice time to direct patient care during the two years immediately preceding the examination;

(2) the doctor of chiropractic must have completed any annual continuing education requirements for chiropractors prescribed by the Board of Chiropractic Examiners;

(3) the doctor of chiropractic must not accept a fee of more than \$500 for each independent exam conducted; and

(4) the doctor of chiropractic must register with the Board of Chiropractic Examiners as an independent examiner and adhere to all rules governing the practice of chiropractic.

(b) The examiner must identify in the written report the source of all records reviewed and the dates or period of services covered by those records. The examiner's notes and a copy of the final written report must be retained for at least four years following the examination.

(c) Before conducting an independent examination, the examiner must provide written disclosures to the examinee that clearly state the purpose of the examination and the examinee's right to have a third party present under subdivision 2.

Subd. 2. Third-party presence during examinations. (a) An examiner performing an independent examination under this section must not prohibit the examinee from having a third party of the examinee's choice present during the consultation and examination. The examiner must not bar the presence of a third party based on the third party's training or credentials. Advance notice to the examiner or to any other person, organization, or agency is not required for the presence of a third party under this subdivision.

(b) The third party must provide their name to the examiner. The examiner must document the presence and stated identity of any third party in the written report of the examination.

(c) A third party may make a written or audio recording of the consultation or examination if the recording does not obstruct the conduct of the examination. A third party must not make a video recording of the consultation or examination.

(d) An examiner must not consider the examinee's exercise of rights under this subdivision as failing to cooperate with the examination. If an examiner determines that the examination has been obstructed, the examiner must describe in detail the nature of the obstruction in the body of the written report. For purposes of this subdivision, "obstruct" means to hinder the examination to the degree that the examination cannot be completed, unless the obstruction is necessary for the safety or well-being of the patient.

Subd. 3. **Violation.** A violation of this section constitutes unprofessional conduct under section 148.10, subdivision 1, paragraph (e).

Sec. 9. [148.095] ADMINISTRATIVE HOLD DURING COMPLAINT RESOLUTION PROCESS.

Subdivision 1. **Administrative hold.** (a) If there is a pending complaint against a licensee and the licensee fails to pay required renewal fees, fails to renew the license, or fails to complete required continuing education hours within the time prescribed by law, the board must place the license on an administrative hold.

(b) A license on an administrative hold:
(1) is expired and does not authorize the licensee to engage in the practice of chiropractic;
and

(2) remains under the board's full jurisdiction for all purposes under sections 148.10 and 214.103, including investigation, adjudication, and imposition of discipline.

Subd. 2. **Prohibition on status change while on administrative hold.** (a) If the board places a license on administrative hold, the board must not:

(1) accept an application to voluntarily retire the license under section 148.075;

(2) terminate the license for failing to renew or to complete continuing education requirements; or

(3) otherwise change the license status of the licensee in a manner that allows the licensee to delay, avoid, or terminate the complaint resolution process.

74.1 (b) The board must remove the administrative hold upon the resolution of all pending
74.2 complaints against the licensee.

74.3 Subd. 3. **Licensee obligations not suspended.** An administrative hold on a license does
74.4 not relieve a licensee of the legal obligation to timely renew the license, pay renewal or
74.5 other required fees, or complete continuing education hours according to law.

74.6 Sec. 10. Minnesota Statutes 2024, section 148.10, is amended by adding a subdivision to
74.7 read:

74.8 Subd. 8. **Loss and restoration of good standing.** The pendency of a complaint does
74.9 not cause a license to lose good standing unless: (1) the complaint results in disciplinary
74.10 action under this section or an equivalent disciplinary law in another jurisdiction; or (2) a
74.11 stipulation and order or an equivalent order in another jurisdiction provides for the loss of
74.12 good standing. A license is restored to good standing upon the satisfactory completion,
74.13 expiration, or other agreed-upon termination of all terms of a stipulation and order or an
74.14 equivalent order in another jurisdiction. An agreement for corrective action as described
74.15 under section 214.103, subdivision 6, does not cause a license to lose good standing.

74.16 Sec. 11. Minnesota Statutes 2024, section 148.102, subdivision 3, is amended to read:

74.17 Subd. 3. **Insurers.** ~~Two times each year~~ (a) Every January 1 and July 1, each insurer
74.18 authorized to sell insurance described in section 60A.06, subdivision 1, clause (13), and
74.19 providing professional liability insurance to chiropractors shall submit to the board a report
74.20 concerning the chiropractors against whom malpractice settlements or awards have been
74.21 made to the plaintiff. The report must contain at least the following information:

74.22 (1) the total number of malpractice settlements or awards made to the plaintiff;

74.23 (2) the date the malpractice settlements or awards to the plaintiff were made;

74.24 (3) the allegations contained in the claim or complaint leading to the settlements or
74.25 awards made to the plaintiff;

74.26 (4) the dollar amount of each malpractice settlement or award;

74.27 (5) the regular address of the practice of the doctor of chiropractic against whom an
74.28 award was made or with whom a settlement was made; and

74.29 (6) the name of the doctor of chiropractic against whom an award was made or with
74.30 whom a settlement was made.

(b) The insurance company shall, in addition to the above information, report to the board any information it possesses which tends to substantiate a charge that a doctor of chiropractic may have engaged in conduct violating section 148.10 and this section.

Sec. 12. Minnesota Statutes 2024, section 148.105, subdivision 1, is amended to read:

Subdivision 1. **Generally.** Any person who practices, or attempts to practice, chiropractic or who uses any of the terms or letters "Doctors of Chiropractic," "Chiropractor," "DC," or any other title or letters under any circumstances as to lead the public to believe that the person who so uses the terms is engaged in the practice of chiropractic, without having complied with the provisions of sections 148.01 to 148.104, is guilty of a gross misdemeanor; and, upon conviction, fined not less than \$1,000 nor more than \$10,000 or be imprisoned in the county jail for not less than 30 days nor more than six months or punished by both fine and imprisonment, in the discretion of the court. It is the duty of the county attorney of the county in which the person practices to prosecute. Nothing in sections 148.01 to ~~148.105~~ 148.108 shall be considered as interfering with any person:

(1) licensed by a health-related licensing board, as defined in section 214.01, subdivision 2, including psychological practitioners with respect to the use of hypnosis;

(2) registered or licensed by the commissioner of health under section 214.13; or

(3) engaged in other methods of healing regulated by law in the state of Minnesota; provided that the person confines activities within the scope of the license or other regulation and does not practice or attempt to practice chiropractic.

Sec. 13. Minnesota Statutes 2025 Supplement, section 148.108, subdivision 5, is amended to read:

Subd. 5. **Chiropractic license fees.** Fees for chiropractic licensure are the following amounts but may be adjusted lower by board action:

(1) initial application for licensure ~~fee~~, \$300;

(2) annual renewal of an active license ~~fee~~, \$250;

~~(3) annual renewal of an inactive license fee, 75 percent of the current active license renewal fee under clause (2);~~

~~(4) (3) late renewal penalty fee, \$150 per month late; and~~

~~(5) (4) application for reinstatement of a voluntarily retired or inactive terminated license fee, \$187.50; \$100; and~~

76.1 (5) penalty for failure to complete CE requirements at the time of license renewal:

76.2 (i) at the first failure to complete CE requirements at the time of license renewal, the
76.3 amount of the fee for annual renewal of an active license under clause (2);

76.4 (ii) at the second failure to complete CE requirements at the time of license renewal,
76.5 two times the amount of the fee for annual renewal of an active license under clause (2);
76.6 and

76.7 (iii) at the third failure to complete CE requirements at the time of license renewal and
76.8 every subsequent failure, three times the amount of the fee for annual renewal of an active
76.9 license under clause (2).

76.10 Sec. 14. Minnesota Statutes 2024, section 151.01, subdivision 35, is amended to read:

76.11 Subd. 35. **Compounding.** "Compounding" means preparing, mixing, assembling,
76.12 packaging, and labeling a drug for an identified individual patient as a result of a practitioner's
76.13 prescription drug order. Compounding also includes anticipatory compounding, as defined
76.14 in this section, and the preparation of drugs in which all bulk drug substances and components
76.15 are nonprescription substances. Compounding does not include mixing or reconstituting a
76.16 drug according to the product's labeling or to the manufacturer's directions, provided that
76.17 such labeling has been approved by the United States Food and Drug Administration (FDA)
76.18 or the manufacturer is licensed under section 151.252. Compounding does not include the
76.19 preparation of a drug for the purpose of, or incident to, research, teaching, or chemical
76.20 analysis, provided that the drug is not prepared for dispensing or administration to patients.
76.21 All compounding, regardless of the type of product, must be done pursuant to a prescription
76.22 drug order unless otherwise permitted in this chapter or by the rules of the board.
76.23 Compounding does not include a minor deviation from such directions with regard to
76.24 radioactivity, volume, or stability, which is made by or under the supervision of a licensed
76.25 nuclear pharmacist or a physician, and which is necessary in order to accommodate
76.26 circumstances not contemplated in the manufacturer's instructions, such as the rate of
76.27 radioactive decay or geographical distance from the patient. Compounding does not include
76.28 the use of a flavoring agent to flavor a drug.

76.29 Sec. 15. Minnesota Statutes 2024, section 151.01, is amended by adding a subdivision to
76.30 read:

76.31 Subd. 44. **Flavoring agent.** "Flavoring agent" means a therapeutically inert, nonallergenic
76.32 substance consisting of inactive ingredients that is added to a drug to improve the drug's
76.33 taste and palatability.

77.1 Sec. 16. Minnesota Statutes 2024, section 151.555, subdivision 7, is amended to read:

77.2 Subd. 7. **Standards and procedures for inspecting and storing donated drugs and**
77.3 **supplies.** (a) A pharmacist or authorized practitioner who is employed by or under contract
77.4 with the central repository or a local repository shall inspect all donated drugs and supplies
77.5 before the drug or supply is dispensed to determine, to the extent reasonably possible in the
77.6 professional judgment of the pharmacist or practitioner, that the drug or supply is not
77.7 adulterated or misbranded, has not been tampered with, is safe and suitable for dispensing,
77.8 has not been subject to a recall, and meets the requirements for donation. If a local repository
77.9 receives drugs and supplies from the central repository, the local repository does not need
77.10 to reinspect the drugs and supplies.

77.11 (b) The central repository and local repositories shall store donated drugs and supplies
77.12 in a secure storage area under environmental conditions appropriate for the drug or supply
77.13 being stored. Donated drugs and supplies may not be stored with nondonated inventory.

77.14 (c) The central repository and local repositories shall dispose of all drugs and medical
77.15 supplies that are not suitable for donation in compliance with applicable federal and state
77.16 statutes, regulations, and rules concerning hazardous waste.

77.17 (d) In the event that controlled substances or drugs that can only be dispensed to a patient
77.18 registered with the drug's manufacturer are shipped or delivered to a central or local repository
77.19 for donation, the shipment delivery must be documented by the repository and returned
77.20 immediately to the donor or the donor's representative that provided the drugs.

77.21 (e) Each repository must develop drug and medical supply recall policies and procedures.
77.22 If a repository receives a recall notification, the repository shall destroy all of the drug or
77.23 medical supply in its inventory that is the subject of the recall and complete a record of
77.24 destruction form in accordance with paragraph (f). If a drug or medical supply that is the
77.25 subject of a Class I or Class II recall has been dispensed, the repository shall immediately
77.26 notify the recipient of the recalled drug or medical supply. A drug that potentially is subject
77.27 to a recall need not be destroyed if its packaging bears a lot number and that lot of the drug
77.28 is not subject to the recall. If no lot number is on the drug's packaging, it must be destroyed.

77.29 (f) A record of destruction of accepted donated drugs and supplies that are not dispensed
77.30 under subdivision 8, ~~are subject to a recall under paragraph (e), or are not suitable for~~
77.31 ~~donation~~ or are subject to a recall under paragraph (e) shall be maintained by the repository
77.32 for at least two years. ~~For each drug or supply destroyed,~~ The record shall include the
77.33 following information:

77.34 (1) the date of destruction;

78.1 (2) the name, strength, and quantity of the drug destroyed; and

78.2 (3) the name of the person or firm that destroyed the drug.

78.3 No other record of destruction is required.

78.4 Sec. 17. Minnesota Statutes 2024, section 151.741, subdivision 4, is amended to read:

78.5 Subd. 4. **Insulin safety net program account.** (a) The insulin safety net program account
78.6 is established in the special revenue fund in the state treasury. Money in the account is
78.7 appropriated each fiscal year to:

78.8 (1) the MNsure board in an amount sufficient to carry out assigned duties under section
78.9 151.74, subdivision 7; and

78.10 (2) the Board of Pharmacy in an amount sufficient to cover costs incurred by the board
78.11 ~~in assessing and collecting the registration fee under this section and~~ in administering the
78.12 insulin safety net program under section 151.74.

78.13 (b) The commissioner of management and budget shall annually transfer from the health
78.14 care access fund to the insulin safety net program account an amount sufficient to implement
78.15 paragraph (a).

78.16 Sec. 18. Minnesota Statutes 2025 Supplement, section 151.741, subdivision 5, is amended
78.17 to read:

78.18 Subd. 5. **Insulin repayment account; annual transfer from health care access fund.** (a)
78.19 The insulin repayment account is established in the special revenue fund in the state treasury.
78.20 Money in the account is appropriated each fiscal year to the commissioner of administration
78.21 to reimburse manufacturers for insulin dispensed under the insulin safety net program in
78.22 section 151.74, in accordance with section 151.74, subdivisions 3, paragraph (h), and 6,
78.23 paragraph (h), and to cover costs incurred by the commissioner in providing these
78.24 reimbursement payments.

78.25 (b) ~~By June 30, 2025, and~~ Each June 30 thereafter, the commissioner of administration
78.26 shall certify to the commissioner of management and budget the total amount expended in
78.27 the prior fiscal year for:

78.28 (1) reimbursement to manufacturers for insulin dispensed under the insulin safety net
78.29 program in section 151.74, in accordance with section 151.74, subdivisions 3, paragraph
78.30 (h), and 6, paragraph (h); and

(2) costs incurred by the commissioner of administration in providing the reimbursement payments described in clause (1).

(c) Each July 1, the commissioner of management and budget shall transfer from the health care access fund to the insulin repayment account, ~~beginning July 1, 2025, and each July 1 thereafter~~, an amount equal to the amount to which the commissioner of administration certified pursuant to paragraph (b).

Sec. 19. Minnesota Statutes 2024, section 214.41, is amended to read:

214.41 ~~PHYSICIAN~~ HEALTH CARE PROVIDER WELLNESS PROGRAM.

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

(b) "Health care provider" or "provider" means an individual who is licensed or registered by the state to perform health care services within the provider's scope of practice and in accordance with state law.

(c) ~~"physician~~ Health care provider wellness program" means a program for health care providers of evaluation, counseling, or other modality to address an issue related to career fatigue or wellness related to work stress ~~for physicians licensed under chapter 147~~ that is administered by a statewide association that is exempt from taxation under United States Code, title 26, section 501(c)(6), and that primarily represents physicians and osteopaths of multiple specialties. Physician Health care provider wellness program does not include the provision of services intended to monitor for impairment under the authority of section 214.31.

Subd. 2. **Confidentiality.** Any record of a ~~person's~~ health care provider's participation in a ~~physician~~ health care provider wellness program is confidential and not subject to discovery, subpoena, or a reporting requirement to the applicable health-related licensing board or to the commissioner of health, unless the ~~person~~ provider voluntarily provides for written release of the information or the disclosure is required to meet the ~~licensee's~~ provider's obligation to report certain information to the applicable health-related licensing board or the commissioner of health according to ~~section 147.111~~ law governing the practice of the provider's profession.

Subd. 3. **Civil liability.** Any person, agency, institution, facility, or organization employed by, contracting with, or operating a ~~physician~~ health care provider wellness program is immune from civil liability for any action related to their duties in connection with a ~~physician~~ health care provider wellness program when acting in good faith.

80.1 Sec. 20. Laws 2025, First Special Session chapter 3, article 23, section 2, subdivision 12,
80.2 is amended to read:

80.3 Subd. 12. **Board of Pharmacy**

80.4 Appropriations by Fund

80.5 General 937,000 937,000

80.6 State Government

80.7 Special Revenue 6,280,000 6,280,000

80.8 **Medication Repository Program. \$450,000**

80.9 in fiscal year 2026 and \$450,000 in fiscal year

80.10 2027 are from the general fund for the

80.11 medication repository program to purchase

80.12 ~~prescription drugs~~ under Minnesota Statutes,

80.13 section 151.555, subdivision 6, paragraph (g).

80.14 **EFFECTIVE DATE.** This section is effective the day following final enactment.

80.15 Sec. 21. **TRANSITION OF INACTIVE LICENSES.**

80.16 On July 1, 2026, the Board of Chiropractic Examiners must administratively change all

80.17 chiropractic licenses put on inactive license status under Minnesota Rules, part 2500.2020,

80.18 before that date to a voluntarily retired license under Minnesota Statutes, section 148.075.

80.19 **EFFECTIVE DATE.** This section is effective the day following final enactment.

80.20 Sec. 22. **INTERIM CHIROPRACTIC ACUPUNCTURE REGISTRATION**

80.21 **REINSTATEMENT PROCEDURES.**

80.22 Subdivision 1. **Scope.** This section applies to a chiropractor whose Minnesota chiropractic

80.23 acupuncture registration was canceled.

80.24 Subd. 2. **Application requirements.** At the time of application for reinstatement of an

80.25 acupuncture registration, the applicant must:

80.26 (1) hold an active Minnesota chiropractic license;

80.27 (2) submit an application for reinstatement;

80.28 (3) pay the current renewal fee;

80.29 (4) submit license verification from each jurisdiction where the applicant holds or has

80.30 held a chiropractic license; and

81.1 (5) complete any additional applicable requirements as established in subdivisions 3, 4,
81.2 and 5.

81.3 Subd. 3. **Reinstatement of canceled registration for registrant in good standing in**
81.4 **another jurisdiction.** The Board of Chiropractic Examiners must reinstate the chiropractic
81.5 acupuncture registration of an applicant in good standing in another jurisdiction if the
81.6 applicant:

81.7 (1) completes all requirements in subdivision 2;

81.8 (2) provides verification of a chiropractic acupuncture credential in good standing from
81.9 each jurisdiction where the applicant is authorized to perform chiropractic acupuncture; and

81.10 (3) provides verification of completing two continuing education units in acupuncture
81.11 or acupuncture-related subjects in the year immediately preceding the application for
81.12 reinstatement.

81.13 Subd. 4. **Reinstatement of canceled registration after five years or less.** The board
81.14 must reinstate the chiropractic acupuncture registration of an applicant who does not meet
81.15 the requirements of subdivision 3 and who applies for reinstatement five years or less after
81.16 the Minnesota registration cancellation if the applicant:

81.17 (1) completes all requirements in subdivision 2; and

81.18 (2) provides verification of:

81.19 (i) completing two continuing education hours in acupuncture or acupuncture-related
81.20 subjects for each year since the applicant last held an active chiropractic acupuncture
81.21 registration in Minnesota or credential in another jurisdiction; or

81.22 (ii) passing the National Board of Chiropractic Examiners Acupuncture Examination or
81.23 the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)
81.24 Examination, or an alternate examination the board determines is equivalent, within 12
81.25 months after application.

81.26 Subd. 5. **Reinstatement of canceled registration license after more than five**
81.27 **years.** The board must reinstate the chiropractic acupuncture registration of an applicant
81.28 who does not meet the requirements of subdivision 3 and who applies for reinstatement
81.29 more than five years after the Minnesota registration cancellation if the applicant:

81.30 (1) completes all requirements in subdivision 2; and

82.1 (2) provides verification of passing either the National Board of Chiropractic Examiners
82.2 Acupuncture Examination or the NCCAOM Examination, or an alternative examination
82.3 the board determines is equivalent, within 12 months after application.

82.4 Subd. 6. **Continuing education in year of reinstatement.** A licensee must not use
82.5 continuing education units obtained for the purpose of applying for reinstatement of a
82.6 canceled registration under this section to meet the annual requirement for the year the
82.7 license is reinstated.

82.8 Subd. 7. **Board authority.** Applications for reinstatement and registrations reinstated
82.9 under this section are subject to the same board authority under Minnesota Statutes, sections
82.10 148.10 and 214.103, as other applications and registrations issued by the board to deny,
82.11 refuse to issue, revoke, suspend, condition, or limit a license or to take disciplinary or
82.12 corrective action against a registrant or applicant for conduct that violates applicable law
82.13 or professional standards.

82.14 Subd. 8. **Expiration.** This section expires on the date that rules adopted by the board
82.15 removing the inactive status for chiropractic acupuncture registration reinstatement and
82.16 establishing new chiropractic acupuncture registration reinstatement procedures become
82.17 effective.

82.18 Sec. 23. **INTERIM ANIMAL CHIROPRACTIC REGISTRATION**
82.19 **REINSTATEMENT PROCEDURES.**

82.20 Subdivision 1. **Scope.** This section applies to a chiropractor whose Minnesota animal
82.21 chiropractic registration was canceled.

82.22 Subd. 2. **Application requirements.** At the time of application for reinstatement of an
82.23 animal chiropractic registration, the applicant must:

82.24 (1) hold an active Minnesota chiropractic license;

82.25 (2) submit an application for reinstatement;

82.26 (3) pay the current renewal fee;

82.27 (4) submit license verification from each jurisdiction where the applicant holds or has
82.28 held a chiropractic license; and

82.29 (5) complete any additional applicable requirements as established in subdivisions 3 and
82.30 4.

82.31 Subd. 3. **Reinstatement of canceled registration for registrant in good standing in**
82.32 **another jurisdiction.** The Board of Chiropractic Examiners must reinstate the animal

83.1 chiropractic registration of an applicant who holds an animal chiropractic credential that is
83.2 equivalent to a Minnesota registration and in good standing in another jurisdiction if the
83.3 applicant:

83.4 (1) completes all requirements in subdivision 2;

83.5 (2) provides verification of an animal acupuncture credential in good standing from each
83.6 jurisdiction where the applicant is authorized to perform animal acupuncture; and

83.7 (3) provides verification of completing six continuing education units in animal
83.8 chiropractic diagnosis and treatment in the year immediately preceding the application for
83.9 reinstatement.

83.10 Subd. 4. **Reinstatement of canceled registration for registrant with no animal**
83.11 **chiropractic credential in good standing in another jurisdiction.** The board must reinstate
83.12 the registration of an applicant who does not meet the requirements of subdivision 3 if the
83.13 applicant:

83.14 (1) completes all requirements in subdivision 2; and

83.15 (2) provides verification of completing six continuing education units related to animal
83.16 chiropractic diagnosis and treatment for each year the applicant cannot verify an active
83.17 animal chiropractic credential that is equivalent to a Minnesota registration and in good
83.18 standing.

83.19 Subd. 5. **Continuing education in year of reinstatement.** A licensee must not use
83.20 continuing education hours obtained for the purposes of applying for reinstatement of a
83.21 canceled registration under this section to meet the annual hour requirement for the year
83.22 the license is reinstated.

83.23 Subd. 6. **Board authority.** Applications for reinstatement and registrations reinstated
83.24 under this section are subject to the same board authority under Minnesota Statutes, sections
83.25 148.10 and 214.103, as other applications and registrations issued by the board to deny,
83.26 refuse to issue, revoke, suspend, condition, or limit a license or to take disciplinary or
83.27 corrective action against a registrant or applicant for conduct that violates applicable law
83.28 or professional standards.

83.29 Subd. 7. **Expiration.** This section expires on the date that rules adopted by the board
83.30 removing the inactive status for animal chiropractic registration reinstatement and establishing
83.31 new animal chiropractic registration reinstatement procedures become effective.

84.1 Sec. 24. **REVISOR INSTRUCTION.**

84.2 The revisor of statutes shall renumber each provision of Minnesota Statutes listed in
84.3 column A to the number listed in column B. The revisor shall also make necessary
84.4 cross-reference changes consistent with the renumbering:

84.5 <u>Column A</u>	<u>Column B</u>
84.6 <u>148.01, subdivision 1a</u>	<u>148.032, subdivision 1</u>
84.7 <u>148.01, subdivision 1b</u>	<u>148.032, subdivision 2</u>
84.8 <u>148.01, subdivision 1c</u>	<u>148.032, subdivision 3</u>
84.9 <u>148.01, subdivision 1d</u>	<u>148.032, subdivision 4</u>
84.10	<u>148.032, subdivision 5, paragraphs (a) and</u>
84.11 <u>148.032, paragraphs (a) and (b)</u>	<u>(b)</u>
84.12	<u>148.032, subdivision 6, paragraphs (a) and</u>
84.13 <u>148.032, paragraphs (c) and (d)</u>	<u>(b)</u>
84.14 <u>148.032, paragraph (e)</u>	<u>148.032, subdivision 7</u>

84.15 Sec. 25. **REPEALER.**

84.16 (a) Minnesota Statutes 2024, section 151.741, subdivisions 2, 3, and 6, are repealed.

84.17 (b) Minnesota Rules, parts 2500.0100, subparts 5b, 6, and 12; 2500.1900; 2500.2020;
84.18 2500.2040; 2500.2100; 2500.2110; 6800.0400; and 6800.1150, are repealed.

84.19 **ARTICLE 5**84.20 **HEALTH CARE**

84.21 Section 1. Minnesota Statutes 2024, section 62V.05, subdivision 7, is amended to read:

84.22 Subd. 7. **Agreements; consultation.** (a) The board shall:

84.23 (1) establish and maintain an agreement with the commissioner of human services for
84.24 cost allocation and services regarding eligibility determinations and enrollment for public
84.25 health care programs that use a modified adjusted gross income standard to determine
84.26 program eligibility. The board may establish and maintain an agreement with the
84.27 commissioner of human services for other services;

84.28 (2) establish and maintain an agreement with the commissioners of commerce and health
84.29 for services regarding enforcement of MNsure certification requirements for health plans
84.30 and dental plans offered through MNsure. The board may establish and maintain agreements
84.31 with the commissioners of commerce and health for other services; and

(3) establish interagency agreements to transfer funds to other state agencies for their costs related to implementing and operating MNsure, excluding medical assistance allocatable costs.

(b) The board shall consult with the commissioners of commerce and health regarding the operations of MNsure.

(c) The board shall consult with Indian tribes and organizations regarding the operation of MNsure.

~~(d) Beginning March 15, 2016, and each March 15 thereafter, the board shall submit a report to the chairs and ranking minority members of the committees in the senate and house of representatives with primary jurisdiction over commerce, health, and human services on all the agreements entered into with the chief information officer of the Department of Information Technology Services, or the commissioners of human services, health, or commerce in accordance with this subdivision. The report shall include the agency in which the agreement is with; the time period of the agreement; the purpose of the agreement; and a summary of the terms of the agreement. A copy of the agreement must be submitted to the extent practicable.~~

Sec. 2. Minnesota Statutes 2024, section 62V.13, is amended to read:

62V.13 EASY ENROLLMENT HEALTH INSURANCE OUTREACH PROGRAM.

Subdivision 1. **Establishment.** The board, in cooperation with the commissioner of revenue, must establish the easy enrollment health insurance outreach program to:

(1) reduce the number of uninsured Minnesotans and increase access to affordable health insurance coverage;

(2) allow the commissioner of revenue to provide return information, at the request of the taxpayer, to MNsure to provide the taxpayer with information about the taxpayer's potential eligibility for financial assistance and health insurance enrollment options through MNsure;

~~(3) allow MNsure to estimate taxpayer potential eligibility for financial assistance for health insurance coverage~~ provide general information regarding potential eligibility for health insurance programs and financial assistance available through MNsure; and

(4) allow MNsure to conduct targeted outreach to assist interested taxpayer households in applying for and enrolling in affordable health insurance options through MNsure,

86.1 including connecting interested taxpayer households with a navigator or broker for free
86.2 enrollment assistance.

86.3 Subd. 2. **Screening for eligibility for insurance assistance.** Upon receipt of ~~and based~~
86.4 ~~on~~ return information received from the commissioner of revenue under section 270B.14,
86.5 subdivision 22, MNsure may ~~make a projected assessment on whether the interested~~
86.6 ~~taxpayer's household may qualify for a financial assistance program for health insurance~~
86.7 ~~coverage~~ review the information to identify households that may benefit from health coverage
86.8 through MNsure and provide general information on available coverage and financial
86.9 assistance programs.

86.10 Subd. 3. **Outreach letter and special enrollment period.** (a) MNsure must provide a
86.11 written letter ~~of the projected assessment under subdivision 2~~ with general information
86.12 about health insurance coverage and financial assistance available through MNsure to a
86.13 taxpayer who indicates to the commissioner of revenue that the taxpayer is interested in
86.14 obtaining information on access to health insurance.

86.15 (b) MNsure must allow a special enrollment period for taxpayers who receive the outreach
86.16 letter in paragraph (a) and are determined eligible to enroll in a qualified health plan through
86.17 MNsure. The triggering event for the special enrollment period is the day the outreach letter
86.18 under this subdivision is mailed to the taxpayer. An eligible individual, and their dependents,
86.19 have 65 days from the triggering event to select a qualifying health plan and coverage for
86.20 the qualifying health plan is effective the first day of the month after plan selection.

86.21 (c) Taxpayers who have a member of the taxpayer's household currently enrolled in a
86.22 qualified health plan through MNsure are not eligible for the special enrollment under
86.23 paragraph (b).

86.24 (d) MNsure must provide information to the general public about the easy enrollment
86.25 health insurance outreach program and the special enrollment period described in this
86.26 subdivision.

86.27 Subd. 4. **Appeals.** (a) ~~Projected~~ Any eligibility assessments for financial assistance under
86.28 ~~this section are not appealable~~ information provided under this section is not appealable.

86.29 (b) Qualification for the special enrollment period under this section is appealable to
86.30 MNsure under this chapter and Minnesota Rules, chapter 7700.

86.31 **EFFECTIVE DATE.** This section is effective the day following final enactment.

87.1 Sec. 3. Minnesota Statutes 2025 Supplement, section 256.9657, subdivision 2b, is amended
87.2 to read:

87.3 Subd. 2b. **Hospital assessment.** (a) For purposes of this subdivision, the following terms
87.4 have the meanings given:

87.5 (1) "eligible hospital" means:

87.6 (i) PrairieCare psychiatric hospital; or

87.7 (ii) a hospital licensed under section 144.50, located in Minnesota, and with a Medicare
87.8 cost report filed and showing in the Healthcare Cost Report Information System (HCRIS),
87.9 except for the following:

87.10 (A) federal Indian Health Service facilities;

87.11 (B) state-owned or state-operated regional treatment centers and all state-operated
87.12 services;

87.13 (C) federal Veterans Administration Medical Centers; and

87.14 (D) long-term acute care hospitals;

87.15 (2) "net outpatient revenue" means total outpatient revenue less Medicare revenue as
87.16 calculated from:

87.17 (i) values on Worksheet G of the hospital's Medicare cost report; or

87.18 (ii) for PrairieCare psychiatric hospital, data available to the commissioner; and

87.19 (3) "total patient days" means total hospital inpatient days as reported on:

87.20 (i) Worksheet S-3 of the hospital's Medicare cost report; or

87.21 (ii) for PrairieCare psychiatric hospital, data available to the commissioner.

87.22 (b) Subject to paragraphs (m) to ~~(o)~~ (p), each eligible hospital must pay assessments to
87.23 the hospital directed payment program account in the special revenue fund, with an aggregate
87.24 annual assessment amount equal to the sum of the following:

87.25 (1) \$120.22 multiplied by total patient days; and

87.26 (2) 5.96 percent of the hospital's net outpatient revenue.

87.27 (c) The assessment amount for calendar years 2026 and 2027 must be based on the total
87.28 patient days and net outpatient revenue reflected on an eligible hospital's Medicare cost
87.29 report as follows:

88.1 (1) an eligible hospital with a fiscal year ending on March 31 or June 30 must use data
88.2 from a cost report from the hospital's fiscal year 2022; and

88.3 (2) an eligible hospital with a fiscal year ending on September 30 or December 31 must
88.4 use data from a cost report from the hospital's fiscal year 2021.

88.5 (d) The annual assessment amount for calendar years after 2027 must be set for a two-year
88.6 period and must be based on the total patient days and net outpatient revenue reflected on
88.7 an eligible hospital's most recent Medicare cost report filed and showing in HCRIS as of
88.8 August 1 of the year prior to the subsequent two-year period.

88.9 (e) The commissioner may, after consultation with the Minnesota Hospital Association,
88.10 modify the rates of assessment in paragraph (b) as necessary to comply with federal law,
88.11 obtain or maintain a waiver under Code of Federal Regulations, title 42, section 433.72, or
88.12 otherwise maximize under this section federal financial participation for medical assistance.
88.13 Notwithstanding the foregoing authorization to maximize federal financial participation for
88.14 medical assistance, the commissioner must reduce the rates of assessment in paragraph (b)
88.15 as necessary to ensure:

88.16 (1) the state's aggregated health care-related taxes on inpatient hospital services do not
88.17 exceed 5.75 percent of the net patient revenue attributable to those services; and

88.18 (2) the state's aggregated health care-related taxes on outpatient hospital services do not
88.19 exceed 5.75 percent of the net patient revenue attributable to those services.

88.20 (f) Eligible hospitals must pay the annual assessment amount under paragraph (b) to the
88.21 commissioner by paying four equal, quarterly assessments. Eligible hospitals must pay the
88.22 quarterly assessments by January 1, April 1, July 1, and October 1 each year. Assessments
88.23 must be paid in the form and manner specified by the commissioner. An eligible hospital
88.24 is prohibited from paying a quarterly assessment until the eligible hospital has received the
88.25 applicable invoice under paragraph (g).

88.26 (g) The commissioner must provide eligible hospitals with an invoice by December 1
88.27 for the assessment due January 1, March 1 for the assessment due April 1, June 1 for the
88.28 assessment due July 1, and September 1 for the assessment due October 1 each year.

88.29 (h) The commissioner must notify each eligible hospital of the hospital's estimated annual
88.30 assessment amount for the subsequent calendar year by October 15 each year.

88.31 (i) If any of the dates for assessments or invoices in paragraphs (f) to (h) fall on a holiday,
88.32 the applicable date is the next business day.

(j) A hospital that has merged with another hospital must have the surviving hospital's assessment revised at the start of the hospital's first full fiscal year after the merger is complete. A closed hospital is retroactively responsible for assessments owed for services provided through the final date of operations.

(k) If the commissioner determines that a hospital has underpaid or overpaid an assessment, the commissioner must notify the hospital of the unpaid assessment or of any refund due. The commissioner must refund a hospital's overpayment from the hospital directed payment program account created in section 256B.1975, subdivision 1.

(l) Revenue from an assessment under this subdivision must only be used by the commissioner to pay the nonfederal share of the directed payment program under section 256B.1974.

(m) The commissioner is prohibited from collecting any assessment under this subdivision during any period of time when:

(1) federal financial participation is unavailable or disallowed, or if the approved aggregate federal financial participation for the directed payment under section 256B.1974 is less than 51 percent; or

(2) a directed payment under section 256B.1974 is not approved by the Centers for Medicare and Medicaid Services.

(n) The commissioner must make the following discounts from the inpatient portion of the assessment under paragraph (b), clause (1), in the stated amount or as necessary to achieve federal approval of the assessment in this section:

(1) Hennepin Healthcare, with a discount of 25 percent;

(2) Mayo Rochester, with a discount of ten percent;

(3) Gillette Children's Hospital, with a discount of 90 percent;

(4) each hospital not included in another discount category, and with greater than \$200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service and managed care claims data, with a discount of five percent; and

(5) any hospital responsible for greater than 12 percent of the total assessment annually collected statewide, with a discount in the amount necessary such that the hospital is responsible for 12 percent of the total assessment annually collected statewide.

(o) The commissioner must make the following discounts from the outpatient portion of the assessment under paragraph (b), clause (2), in the stated amount or as necessary to achieve federal approval of the assessment in this section:

(1) each critical access hospital or independent hospital located outside a city of the first class and paid under the Medicare prospective payment system, with a discount of 40 percent;

(2) Gillette Children's Hospital, with a discount of 90 percent;

(3) Hennepin Healthcare, with a discount of 60 percent;

(4) Mayo Rochester, with a discount of 20 percent; and

(5) each hospital not included in another discount category, and with greater than \$200,000,000 in total medical assistance inpatient and outpatient revenue in fee-for-service and managed care, as reported in state fiscal year 2022 medical assistance fee-for-service and managed care claims data, with a discount of ten percent.

(p) The commissioner must not impose any assessment under this subdivision on a hospital that does not receive payments under section 256B.1974.

~~(p)~~ (q) If the federal share of the hospital directed payment program under section 256B.1974 is increased as the result of an increase to the federal medical assistance percentage, the commissioner must reduce the assessment on a uniform percentage basis across eligible hospitals on which the assessment is imposed, such that the aggregate amount collected from hospitals under this subdivision does not exceed the total amount needed to maintain the same aggregate state and federal funding level for the directed payments authorized by section 256B.1974.

~~(q)~~ (r) Eligible hospitals must submit to the commissioner on an annual basis, in the form and manner specified by the commissioner in consultation with the Minnesota Hospital Association, all documentation necessary to determine the assessment amounts under this subdivision.

EFFECTIVE DATE. This section is effective the date that Laws 2025, First Special Session chapter 3, article 8, section 4, becomes effective.

Sec. 4. Minnesota Statutes 2024, section 256.969, subdivision 2b, is amended to read:

Subd. 2b. **Hospital payment rates.** (a) For discharges occurring on or after November 1, 2014, hospital inpatient services for hospitals located in Minnesota shall be paid according to the following:

91.1 (1) critical access hospitals as defined by Medicare shall be paid using a cost-based
91.2 methodology;

91.3 (2) long-term hospitals as defined by Medicare shall be paid on a per diem methodology
91.4 under subdivision 25;

91.5 (3) rehabilitation hospitals or units of hospitals that are recognized as rehabilitation
91.6 distinct parts as defined by Medicare shall be paid according to the methodology under
91.7 subdivision 12; and

91.8 (4) all other hospitals shall be paid on a diagnosis-related group (DRG) methodology.

91.9 (b) For the period beginning January 1, 2011, through October 31, 2014, rates shall not
91.10 be rebased, except that a Minnesota long-term hospital shall be rebased effective January
91.11 1, 2011, based on its most recent Medicare cost report ending on or before September 1,
91.12 2008, with the provisions under subdivisions 9 and 23, based on the rates in effect on
91.13 December 31, 2010. For rate setting periods after November 1, 2014, in which the base
91.14 years are updated, a Minnesota long-term hospital's base year shall remain within the same
91.15 period as other hospitals.

91.16 (c) Effective for discharges occurring on and after November 1, 2014, payment rates
91.17 for hospital inpatient services provided by hospitals located in Minnesota or the local trade
91.18 area, except for the hospitals paid under the methodologies described in paragraph (a),
91.19 clauses (2) and (3), shall be rebased, incorporating cost and payment methodologies in a
91.20 manner similar to Medicare. The base year or years for the rates effective November 1,
91.21 2014, shall be calendar year 2012. The rebasing under this paragraph shall be budget neutral,
91.22 ensuring that the total aggregate payments under the rebased system are equal to the total
91.23 aggregate payments that were made for the same number and types of services in the base
91.24 year. Separate budget neutrality calculations shall be determined for payments made to
91.25 critical access hospitals and payments made to hospitals paid under the DRG system. Only
91.26 the rate increases or decreases under subdivision 3a or 3c that applied to the hospitals being
91.27 rebased during the entire base period shall be incorporated into the budget neutrality
91.28 calculation.

91.29 (d) For discharges occurring on or after November 1, 2014, through the next rebasing
91.30 that occurs, the rebased rates under paragraph (c) that apply to hospitals under paragraph
91.31 (a), clause (4), shall include adjustments to the projected rates that result in no greater than
91.32 a five percent increase or decrease from the base year payments for any hospital. Any
91.33 adjustments to the rates made by the commissioner under this paragraph and paragraph (e)
91.34 shall maintain budget neutrality as described in paragraph (c).

92.1 (e) For discharges occurring on or after November 1, 2014, the commissioner may make
92.2 additional adjustments to the rebased rates, and when evaluating whether additional
92.3 adjustments should be made, the commissioner shall consider the impact of the rates on the
92.4 following:

92.5 (1) pediatric services;

92.6 (2) behavioral health services;

92.7 (3) trauma services as defined by the National Uniform Billing Committee;

92.8 (4) transplant services;

92.9 (5) obstetric services, newborn services, and behavioral health services provided by
92.10 hospitals outside the seven-county metropolitan area;

92.11 (6) outlier admissions;

92.12 (7) low-volume providers; and

92.13 (8) services provided by small rural hospitals that are not critical access hospitals.

92.14 (f) Hospital payment rates established under paragraph (c) must incorporate the following:

92.15 (1) for hospitals paid under the DRG methodology, the base year payment rate per
92.16 admission is standardized by the applicable Medicare wage index and adjusted by the
92.17 hospital's disproportionate population adjustment;

92.18 (2) for critical access hospitals, payment rates for discharges between November 1, 2014,
92.19 and June 30, 2015, shall be set to the same rate of payment that applied for discharges on
92.20 October 31, 2014;

92.21 (3) the cost and charge data used to establish hospital payment rates must only reflect
92.22 inpatient services covered by medical assistance; and

92.23 (4) in determining hospital payment rates for discharges occurring on or after the rate
92.24 year beginning January 1, 2011, through December 31, 2012, the hospital payment rate per
92.25 discharge shall be based on the cost-finding methods and allowable costs of the Medicare
92.26 program in effect during the base year or years. In determining hospital payment rates for
92.27 discharges in subsequent base years, the per discharge rates shall be based on the cost-finding
92.28 methods and allowable costs of the Medicare program in effect during the base year or
92.29 years.

92.30 (g) The commissioner shall validate the rates effective November 1, 2014, by applying
92.31 the rates established under paragraph (c), and any adjustments made to the rates under

paragraph (d) or (e), to hospital claims paid in calendar year 2013 to determine whether the total aggregate payments for the same number and types of services under the rebased rates are equal to the total aggregate payments made during calendar year 2013.

(h) Effective for discharges occurring on or after July 1, 2017, and every two years thereafter, payment rates under this section shall be rebased to reflect only those changes in hospital costs between the existing base year or years and the next base year or years. In any year that inpatient claims volume falls below the threshold required to ensure a statistically valid sample of claims, the commissioner may combine claims data from two consecutive years to serve as the base year. Years in which inpatient claims volume is reduced or altered due to a pandemic or other public health emergency shall not be used as a base year or part of a base year if the base year includes more than one year. Changes in costs between base years shall be measured using the lower of the hospital cost index defined in subdivision 1, paragraph (a), or the percentage change in the case mix adjusted cost per claim. The commissioner shall establish the base year for each rebasing period considering the most recent year or years for which filed Medicare cost reports are available, except that the base years for the rebasing effective July 1, 2023, are calendar years 2018 and 2019. The estimated change in the average payment per hospital discharge resulting from a scheduled rebasing must be calculated and made available to the legislature by January 15 of each year in which rebasing is scheduled to occur, and must include by hospital the differential in payment rates compared to the individual hospital's costs.

(i) Effective for discharges occurring on or after July 1, 2015, through December 31, 2026, inpatient payment rates for critical access hospitals located in Minnesota or the local trade area shall be determined using a new cost-based methodology. The commissioner shall establish within the methodology tiers of payment designed to promote efficiency and cost-effectiveness. Payment rates for hospitals under this paragraph shall be set at a level that does not exceed the total cost for critical access hospitals as reflected in base year cost reports. Until the next rebasing that occurs, the new methodology shall result in no greater than a five percent decrease from the base year payments for any hospital, except a hospital that had payments that were greater than 100 percent of the hospital's costs in the base year shall have their rate set equal to 100 percent of costs in the base year. The rates paid for discharges on and after July 1, 2016, covered under this paragraph shall be increased by the inflation factor in subdivision 1, paragraph (a). The new cost-based rate shall be the final rate and shall not be settled to actual incurred costs. Hospitals shall be assigned a payment tier based on the following criteria:

94.1 (1) hospitals that had payments at or below 80 percent of their costs in the base year
 94.2 shall have a rate set that equals 85 percent of their base year costs;

94.3 (2) hospitals that had payments that were above 80 percent, up to and including 90
 94.4 percent of their costs in the base year shall have a rate set that equals 95 percent of their
 94.5 base year costs; and

94.6 (3) hospitals that had payments that were above 90 percent of their costs in the base year
 94.7 shall have a rate set that equals 100 percent of their base year costs.

94.8 ~~(j) The commissioner may refine the payment tiers and criteria for critical access hospitals~~
 94.9 ~~to coincide with the next rebasing under paragraph (h). The factors used to develop the new~~
 94.10 ~~methodology may include, but are not limited to:~~

94.11 ~~(1) the ratio between the hospital's costs for treating medical assistance patients and the~~
 94.12 ~~hospital's charges to the medical assistance program;~~

94.13 ~~(2) the ratio between the hospital's costs for treating medical assistance patients and the~~
 94.14 ~~hospital's payments received from the medical assistance program for the care of medical~~
 94.15 ~~assistance patients;~~

94.16 ~~(3) the ratio between the hospital's charges to the medical assistance program and the~~
 94.17 ~~hospital's payments received from the medical assistance program for the care of medical~~
 94.18 ~~assistance patients;~~

94.19 ~~(4) the statewide average increases in the ratios identified in clauses (1), (2), and (3);~~

94.20 ~~(5) the proportion of that hospital's costs that are administrative and trends in~~
 94.21 ~~administrative costs; and~~

94.22 ~~(6) geographic location.~~

94.23 (j) Effective for discharges occurring on or after January 1, 2027, inpatient payment
 94.24 rates for critical access hospitals located in Minnesota or the local trade area must be
 94.25 determined using 100 percent of each hospital's base year costs. The base year costs must
 94.26 be increased by the percentage change in the Centers for Medicare and Medicaid Services
 94.27 Inpatient Hospital Market Basket between the base year and the payment year. Effective
 94.28 January 1, 2027, payments made by managed care plans and county-based purchasing plans
 94.29 must be at least equivalent to those paid by fee-for-service.

94.30 (k) Subject to subdivision 2g, effective for discharges occurring on or after January 1,
 94.31 2024, the rates paid to hospitals described in paragraph (a), clauses (2) to (4), must include

95.1 a rate factor specific to each hospital that qualifies for a medical education and research
95.2 cost distribution under section 62J.692, subdivision 4, paragraph (a).

95.3 Sec. 5. Minnesota Statutes 2025 Supplement, section 256.969, subdivision 2f, is amended
95.4 to read:

95.5 Subd. 2f. **Alternate inpatient payment rate.** (a) Effective January 1, 2022, for a hospital
95.6 eligible to receive disproportionate share hospital payments under subdivision 9, paragraph
95.7 (d), clause (6), the commissioner shall reduce the amount calculated under subdivision 9,
95.8 paragraph (d), clause (6), by ~~99~~ one percent and compute an alternate inpatient payment
95.9 rate. The alternate payment rate shall be structured to target a total aggregate reimbursement
95.10 amount equal to what the hospital would have received for providing fee-for-service inpatient
95.11 services under this section to patients enrolled in medical assistance had the hospital received
95.12 the entire amount calculated under subdivision 9, paragraph (d), clause (6). This paragraph
95.13 expires when paragraph (b) becomes effective.

95.14 (b) For hospitals eligible to receive payment under section 256B.1973 or 256B.1974
95.15 and meeting the criteria in subdivision 9, paragraph (d), the commissioner ~~must~~ may reduce
95.16 the amount calculated under subdivision 9, paragraph (d), by one percent and compute an
95.17 alternate inpatient payment rate. The alternate payment rate must be structured to target a
95.18 total aggregate reimbursement amount equal to the amount that the hospital would have
95.19 received for providing fee-for-service inpatient services under this section to patients enrolled
95.20 in medical assistance had the hospital received 99 percent of the entire amount calculated
95.21 under subdivision 9, paragraph (d). Hospitals that do not meet federal requirements for
95.22 Medicaid disproportionate share hospitals are not eligible for the alternate payment rate.

95.23 **EFFECTIVE DATE.** This section is effective upon the date that Laws 2025, First
95.24 Special Session chapter 3, article 8, section 5, becomes effective.

95.25 Sec. 6. Minnesota Statutes 2024, section 256.969, subdivision 25, is amended to read:

95.26 Subd. 25. **Long-term hospital rates.** (a) Long-term hospitals shall be paid on a per diem
95.27 basis.

95.28 (b) For admissions occurring on or after April 1, 1995, a long-term hospital as designated
95.29 by Medicare that does not have admissions in the base year shall have inpatient rates
95.30 established at the average of other hospitals with the same designation. For subsequent
95.31 rate-setting periods in which base years are updated, the hospital's base year shall be the
95.32 first Medicare cost report filed with the long-term hospital designation and shall remain in
95.33 effect until it falls within the same period as other hospitals.

(c) For admissions occurring on or after July 1, 2023, long-term hospitals must be paid the higher of a ~~per diem amount computed using the methodology described in subdivision 2b, paragraph (i),~~ or the per diem rate as of July 1, 2021, or a per diem amount computed as follows:

(1) hospitals that had payments at or below 80 percent of the hospital's costs in the base year must have a rate set that equals 85 percent of the hospital's base year costs;

(2) hospitals that had payments that were above 80 percent up to and including 90 percent of the hospital's costs in the base year must have a rate set that equals 95 percent of the hospital's base year costs; and

(3) hospitals that had payments that were above 90 percent of the hospital's costs in the base year must have a rate set that equals 100 percent of the hospital's base year costs.

Sec. 7. Minnesota Statutes 2024, section 256B.056, subdivision 1, is amended to read:

Subdivision 1. **Residency.** (a) To be eligible for medical assistance, a person must reside in Minnesota, or, if absent from the state, be deemed to be a resident of Minnesota, in accordance with Code of Federal Regulations, title 42, section 435.403. A child who is placed in a family foster home in Minnesota by another state is a Minnesota resident in accordance with Minnesota's interstate agreements and Code of Federal Regulations, title 42, section 435.403(k). For the purposes of this paragraph, "family foster home" has the meaning given in section 260C.007, subdivision 16b.

(b) The commissioner shall identify individuals who are enrolled in medical assistance and who are absent from the state for more than 30 consecutive days, but who continue to qualify for medical assistance in accordance with paragraph (a).

(c) If the individual is absent from the state for more than 30 consecutive days but still deemed a resident of Minnesota in accordance with paragraph (a), any covered service provided to the individual must be paid through the fee-for-service system and not through the managed care capitated rate payment system under section 256B.69 or 256L.12.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 8. Minnesota Statutes 2025 Supplement, section 256B.0625, subdivision 8, is amended to read:

Subd. 8. **Physical therapy.** (a) Medical assistance covers physical therapy and related services. Specialized maintenance therapy is covered for recipients age 20 and under.

(b) Services provided by a physical therapy assistant shall be reimbursed at the same rate as services performed by a physical therapist when the services of the physical therapy assistant are provided under the direction of a physical therapist who is on the premises. Services provided by a physical therapy assistant that are provided under the direction of a physical therapist who is not on the premises shall be reimbursed at 65 percent of the physical therapist rate.

(c) Payment for physical therapy and related services is limited to 14 visits per year unless prior authorization of a greater number of visits is obtained. This paragraph expires upon the effective date of paragraph (d).

(d) Effective January 1, 2027, or upon federal approval, whichever is later, payment for physical therapy and related services is limited to the following number of visits per year unless prior authorization of a greater number of visits is obtained:

(1) for children following an inpatient or outpatient hospital-based surgery, 30 visits;
and

(2) for all other recipients, 14 visits.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 9. Minnesota Statutes 2025 Supplement, section 256B.1973, subdivision 9, is amended to read:

Subd. 9. **Interaction with other directed payments.** (a) An eligible provider under subdivision 3 may participate in the hospital directed payment program under section 256B.1974 for inpatient hospital services, outpatient hospital services, or both. A provider participating in the hospital directed payment program must not receive a directed payment under this section for any provider classes paid via the hospital directed payment program. A hospital subject to this section must notify the commissioner in writing no later than 30 days after enactment of this subdivision of the hospital's intention to participate in the hospital directed payment program under section 256B.1974 for inpatient hospital services, outpatient hospital services, or both.

(b) The election under this subdivision is a onetime election, except that if an eligible provider elects to participate in the hospital directed payment program, and the hospital directed payment program expires or is not federally approved, the eligible provider may subsequently elect to participate in the directed payment under this section.

(c) If an eligible provider elects not to participate in the hospital directed payment program under section 256B.1974 and the federal statutes or regulations related to hospital

98.1 directed payment programs are subsequently substantially changed, the eligible provider
98.2 may elect to participate in the hospital directed payment program under section 256B.1974.

98.3 (d) The effective date of the election to participate in the hospital directed payment
98.4 program under this section must align with the beginning of the calendar year in which
98.5 payment rates under this section are updated. The eligible provider must notify the
98.6 commissioner of the eligible provider's intention to make the election ten months before
98.7 the effective date of the election.

98.8 Sec. 10. Minnesota Statutes 2025 Supplement, section 256B.69, subdivision 6d, is amended
98.9 to read:

98.10 Subd. 6d. **Prescription drugs.** (a) The commissioner may exclude or modify coverage
98.11 for prescription drugs from the prepaid managed care contracts entered into under this
98.12 section in order to increase savings to the state by collecting additional prescription drug
98.13 rebates.

98.14 (b) The contracts must maintain incentives for the managed care plan to manage drug
98.15 costs and utilization and may require that the managed care plans maintain an open drug
98.16 formulary. In order to manage drug costs and utilization, the contracts may authorize the
98.17 managed care plans to use preferred drug lists and prior authorization. The contracts must
98.18 require that the managed care plans enter into contracts with the state's selected pharmacy
98.19 benefit manager vendor to administer the pharmacy benefit.

98.20 (c) This subdivision is contingent on federal approval of the managed care contract
98.21 changes and the collection of additional prescription drug rebates.

98.22 (d) The commissioner must require that the final reimbursement to a pharmacy from
98.23 managed care and county-based purchasing plans and any pharmacy benefit managers under
98.24 contract with these entities be at least a dispensing fee of \$11.55 per claim for prescriptions
98.25 filled with drugs meeting the definition of covered outpatient drugs. The commissioner
98.26 must require the payment of a dispensing fee of at least \$3.65 for drugs not meeting the
98.27 definition of covered outpatient drug.

98.28 (e) In addition to the dispensing fee set forth in paragraph (d), the commissioner must
98.29 require that the final reimbursement to a pharmacy from managed care and county-based
98.30 purchasing plans and any pharmacy benefit managers under contract with these entities be
98.31 equal to the ingredient cost for a drug as either:

98.32 (1) the lower of the National Average Drug Acquisition Cost (NADAC) or the Minnesota
98.33 actual acquisition cost (MNAAC) under section 256B.0625, subdivision 13, paragraph (g);

99.1 (2) the maximum allowable cost, if a drug ingredient cost is unreported in the NADAC
99.2 and the MNAAC; or

99.3 (3) the wholesale acquisition cost minus two percent, if a drug ingredient cost is
99.4 unreported in the NADAC and the MNAAC and a maximum allowable cost is unavailable.

99.5 (f) The commissioner must monitor the effect of this requirement on access to
99.6 pharmaceutical services in rural and underserved areas of the state. If, for any contract year,
99.7 federal approval is not received for paragraphs (d) and (e), the commissioner must adjust
99.8 the capitation rates paid to managed care plans and county-based purchasing plans for that
99.9 contract year to reflect removal of paragraphs (d) and (e). A contract between a managed
99.10 care plan or county-based purchasing plan, or any pharmacy benefit manager under contract
99.11 with one of those entities, and a provider to whom paragraphs (d) and (e) apply must allow
99.12 recovery of payments from those providers if capitation rates are adjusted in accordance
99.13 with this paragraph. Payment recoveries must not exceed the amount equal to any increase
99.14 in rates that results from paragraphs (d) and (e). This subdivision expires if federal approval
99.15 is not received for paragraphs (d) and (e) at any time.

99.16 (g) Paragraphs (d) to (g) expire upon the effective date of a master contract under section
99.17 256B.696. The commissioner shall notify the revisor of statutes of the effective date.

99.18 **EFFECTIVE DATE.** This section is effective January 1, 2027.

99.19 Sec. 11. Minnesota Statutes 2025 Supplement, section 256B.695, subdivision 5, is amended
99.20 to read:

99.21 Subd. 5. **CARMA enrollment.** (a) Subject to ~~paragraphs~~ paragraph (d) ~~and (e)~~, eligible
99.22 individuals must be automatically enrolled in CARMA, but may decline enrollment. Eligible
99.23 individuals may enroll in fee-for-service medical assistance. Eligible individuals may change
99.24 their CARMA elections on an annual basis.

99.25 (b) Eligible individuals must be able to enroll in CARMA through the selection process
99.26 in accordance with the election period established in section 256B.69, subdivision 4,
99.27 paragraph (e).

99.28 (c) Enrollees who were not previously enrolled in the medical assistance program or
99.29 MinnesotaCare can change their selection once within the first year after enrollment in
99.30 CARMA. Enrollees who were not previously enrolled in CARMA have 90 days to make a
99.31 change and changes are allowed for additional special circumstances.

99.32 (d) The commissioner may not offer a second health plan to eligible individuals other
99.33 than, and or in addition to, CARMA except that the commissioner may offer a second health

100.1 plan to eligible individuals ~~when another health plan is enrolling in MinnesotaCare, if~~
100.2 required by federal law or rule. Eligible individuals who do not select a health plan at the
100.3 time of enrollment must automatically be enrolled in CARMA.

100.4 (e) The commissioner may offer a replacement plan to eligible individuals, as determined
100.5 by the commissioner, when counties administering CARMA have their contract terminated
100.6 for cause.

100.7 ~~(e) (f) The commissioner may, on a county-by-county basis, offer a health plan other~~
100.8 ~~than, and in addition to, CARMA to individuals who are eligible for both Medicare and~~
100.9 ~~medical assistance due to age, income, or disability if the commissioner deems it necessary~~
100.10 ~~for enrollees to have another choice of health plan. Factors the commissioner must consider~~
100.11 ~~when determining if the other health plan is necessary include the number of available~~
100.12 ~~Medicare Advantage Plan options that are not special needs plans in the county, the size of~~
100.13 ~~the enrolling population, the additional administrative burden placed on providers and~~
100.14 ~~counties by multiple health plan options in a county, the need to ensure the viability and~~
100.15 ~~success of the CARMA program, and the impact to the medical assistance program there~~
100.16 is not already a health plan available under CARMA.

100.17 ~~(f) In counties where the commissioner is required by federal law or elects to offer a~~
100.18 ~~second health plan other than CARMA pursuant to paragraphs (d) and (e), eligible enrollees~~
100.19 ~~who do not select a health plan at the time of enrollment must automatically be enrolled in~~
100.20 ~~CARMA.~~

100.21 (g) This subdivision supersedes section 256B.694.

100.22 **EFFECTIVE DATE.** This section is effective January 1, 2028.

100.23 Sec. 12. Minnesota Statutes 2024, section 256B.75, is amended to read:

100.24 **256B.75 HOSPITAL OUTPATIENT REIMBURSEMENT.**

100.25 (a) For outpatient hospital facility fee payments for services rendered on or after October
100.26 1, 1992, the commissioner of human services shall pay the lower of (1) submitted charge,
100.27 or (2) 32 percent above the rate in effect on June 30, 1992, except for those services for
100.28 which there is a federal maximum allowable payment. Effective for services rendered on
100.29 or after January 1, 2000, payment rates for nonsurgical outpatient hospital facility fees and
100.30 emergency room facility fees shall be increased by eight percent over the rates in effect on
100.31 December 31, 1999, except for those services for which there is a federal maximum allowable
100.32 payment. Services for which there is a federal maximum allowable payment shall be paid
100.33 at the lower of (1) submitted charge, or (2) the federal maximum allowable payment. Total

101.1 aggregate payment for outpatient hospital facility fee services shall not exceed the Medicare
101.2 upper limit. If it is determined that a provision of this section conflicts with existing or
101.3 future requirements of the United States government with respect to federal financial
101.4 participation in medical assistance, the federal requirements prevail. The commissioner
101.5 may, in the aggregate, prospectively reduce payment rates to avoid reduced federal financial
101.6 participation resulting from rates that are in excess of the Medicare upper limitations.

101.7 (b) Notwithstanding paragraph (a), payment for outpatient, emergency, and ambulatory
101.8 surgery hospital facility fee services for critical access hospitals designated under section
101.9 144.1483, clause (9), shall be paid on a cost-based payment system that is based on the
101.10 cost-finding methods and allowable costs of the Medicare program. Effective for services
101.11 provided on or after July 1, 2015, rates established for critical access hospitals under this
101.12 paragraph for the applicable payment year shall be the final payment and shall not be settled
101.13 to actual costs. Effective for services delivered on or after the first day of the hospital's fiscal
101.14 year ending in 2017, the rate for outpatient hospital services shall be computed using
101.15 information from each hospital's Medicare cost report as filed with Medicare for the year
101.16 that is two years before the year that the rate is being computed. Rates shall be computed
101.17 using information from Worksheet C series until the department finalizes the medical
101.18 assistance cost reporting process for critical access hospitals. After the cost reporting process
101.19 is finalized, rates shall be computed using information from Title XIX Worksheet D series.
101.20 The outpatient rate shall be equal to ancillary cost plus outpatient cost, excluding costs
101.21 related to rural health clinics and federally qualified health clinics, divided by ancillary
101.22 charges plus outpatient charges, excluding charges related to rural health clinics and federally
101.23 qualified health clinics. Effective for services delivered on or after January 1, 2024, the
101.24 rates paid to critical access hospitals under this section must be adjusted to include the
101.25 amount of any distributions under section 62J.692, subdivision 4, paragraph (a), that were
101.26 not included in the rate adjustment described under section 256.969, subdivision 2b,
101.27 paragraph (k).

101.28 (c) Effective for services provided on or after July 1, 2003, rates that are based on the
101.29 Medicare outpatient prospective payment system shall be replaced by a budget neutral
101.30 prospective payment system that is derived using medical assistance data. The commissioner
101.31 shall provide a proposal to the 2003 legislature to define and implement this provision.
101.32 When implementing prospective payment methodologies, the commissioner shall use general
101.33 methods and rate calculation parameters similar to the applicable Medicare prospective
101.34 payment systems for services delivered in outpatient hospital and ambulatory surgical center
101.35 settings unless other payment methodologies for these services are specified in this chapter.

102.1 (d) For fee-for-service services provided on or after July 1, 2002, the total payment,
102.2 before third-party liability and spenddown, made to hospitals for outpatient hospital facility
102.3 services is reduced by .5 percent from the current statutory rate.

102.4 (e) In addition to the reduction in paragraph (d), the total payment for fee-for-service
102.5 services provided on or after July 1, 2003, made to hospitals for outpatient hospital facility
102.6 services before third-party liability and spenddown, is reduced five percent from the current
102.7 statutory rates. Facilities defined under section 256.969, subdivision 16, are excluded from
102.8 this paragraph.

102.9 (f) In addition to the reductions in paragraphs (d) and (e), the total payment for
102.10 fee-for-service services provided on or after July 1, 2008, made to hospitals for outpatient
102.11 hospital facility services before third-party liability and spenddown, is reduced three percent
102.12 from the current statutory rates. Mental health services and facilities defined under section
102.13 256.969, subdivision 16, are excluded from this paragraph.

102.14 (g) Critical access hospitals that convert to rural emergency hospitals in accordance with
102.15 section 1861(kkk) of the Social Security Act must be paid the rate described in paragraph
102.16 (b). The rate must be classified as either an outpatient hospital rate or a clinic rate as
102.17 determined upon federal approval.

102.18 Sec. 13. Minnesota Statutes 2024, section 256L.05, subdivision 3, is amended to read:

102.19 Subd. 3. **Effective date of coverage.** (a) The effective date of coverage is the first day
102.20 of the month following the month in which eligibility is approved and the first premium
102.21 payment has been received. The effective date of coverage for new members added to the
102.22 family is the first day of the month following the month in which the change is reported.
102.23 All eligibility criteria must be met by the family at the time the new family member is added.
102.24 The income of the new family member is included with the family's modified adjusted gross
102.25 income and the adjusted premium begins in the month the new family member is added.

102.26 (b) The initial premium must be received by the last working day of the month for
102.27 coverage to begin the first day of the following month.

102.28 (c) Notwithstanding any other law to the contrary, benefits under sections 256L.01 to
102.29 256L.18 are secondary to a plan of insurance or benefit program under which an eligible
102.30 person may have coverage and the commissioner shall use cost avoidance techniques to
102.31 ensure coordination of any other health coverage for eligible persons. The commissioner
102.32 shall identify eligible persons who may have coverage or benefits under other plans of
102.33 insurance or who become eligible for medical assistance.

(d) The effective date of coverage for individuals or families who are exempt from paying premiums under section 256L.15, ~~subdivision~~ subdivisions 1, paragraph (e) and 2, is the first day of the month following the month in which eligibility is approved.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 14. Minnesota Statutes 2024, section 256L.06, subdivision 3, is amended to read:

Subd. 3. Commissioner's duties and payment. (a) Premiums are dedicated to the commissioner for MinnesotaCare.

(b) The commissioner shall develop and implement procedures to: (1) require enrollees to report changes in income; (2) adjust sliding scale premium payments, based upon both increases and decreases in enrollee income, at the time the change in income is reported; and (3) disenroll enrollees from MinnesotaCare for failure to pay required premiums. Failure to pay includes payment with a dishonored check, a returned automatic bank withdrawal, or a refused credit card or debit card payment. The commissioner may demand a guaranteed form of payment, including a cashier's check or a money order, as the only means to replace a dishonored, returned, or refused payment.

(c) Premiums are calculated on a calendar month basis and may be paid on a monthly, quarterly, or semiannual basis, with the first payment due upon notice from the commissioner of the premium amount required. The commissioner shall inform applicants and enrollees of these premium payment options. Premium payment is required before enrollment is complete and to maintain eligibility coverage in MinnesotaCare. Premium payments received before noon are credited the same day. Premium payments received after noon are credited on the next working day.

(d) Nonpayment of the premium will result in disenrollment from the plan effective for the calendar month following the month for which the premium was due. Persons disenrolled for nonpayment may not reenroll prior to the first day of the month following the payment of an amount equal to ~~two months' premiums~~ one monthly premium.

(e) The commissioner shall forgive the past-due premium for persons disenrolled under paragraph (d) prior to issuing a premium invoice for the ~~fourth next month following~~ disenrollment.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 15. Minnesota Statutes 2024, section 295.52, subdivision 8, is amended to read:

Subd. 8. **Contingent reduction in tax rate.** (a) By December 1 of each year, beginning in 2011, the commissioner of management and budget shall determine the projected balance in the health care access fund for the biennium.

(b) If the commissioner of management and budget determines that the projected balance in the health care access fund for the biennium reflects a ratio of revenues to expenditures and transfers greater than 125 percent, and if the actual cash balance in the fund is adequate, as determined by the commissioner of management and budget, the commissioner, in consultation with the ~~commissioner~~ commissioners of revenue and human services, shall reduce the tax rates levied under subdivisions 1, 1a, 2, 3, and 4, for the subsequent calendar year sufficient to reduce the structural balance in the fund. The rate may be reduced to the extent that the projected revenues for the biennium do not exceed 125 percent of expenditures and transfers. The new rate shall be rounded to the nearest one-tenth of one percent. The rate reduction under this paragraph expires at the end of each calendar year and is subject to an annual redetermination by the commissioner of management and budget.

(c) For purposes of the analysis defined in paragraph (b), the commissioner of management and budget shall include projected revenues.

Sec. 16. Laws 2025, First Special Session chapter 3, article 8, section 25, the effective date, is amended to read:

EFFECTIVE DATE. This section is effective January 1, ~~2027~~ 2028, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 17. **REPEALER.**

Minnesota Statutes 2024, section 256B.198, is repealed.

ARTICLE 6

FEDERAL CONFORMITY

Section 1. Minnesota Statutes 2024, section 116J.035, is amended by adding a subdivision to read:

Subd. 9. **Disclosure to the commissioner of human services.** The commissioner may disclose workforce program participation data gathered under chapter 116L to the

105.1 commissioner of human services for the purpose of administering section 256B.0562 without
105.2 the consent of the subject of the data.

105.3 Sec. 2. Minnesota Statutes 2024, section 256.01, is amended by adding a subdivision to
105.4 read:

105.5 Subd. 46. **Health care eligibility oversight unit.** (a) The commissioner shall establish
105.6 and maintain a Department of Human Services health care eligibility oversight unit
105.7 responsible for collaboration at a regional level to ensure federal and state Medicaid eligibility
105.8 requirements are consistently applied by all processing entities.

105.9 (b) The oversight unit must monitor compliance, identify systemic issues, and provide
105.10 guidance and technical assistance to lead agencies.

105.11 (c) The commissioner shall require lead agencies to work directly with the oversight
105.12 unit on corrective action planning and implementation to achieve compliance and strengthen
105.13 performance outcomes.

105.14 **EFFECTIVE DATE.** This section is effective the day following final enactment.

105.15 Sec. 3. Minnesota Statutes 2024, section 256B.04, subdivision 27, is amended to read:

105.16 Subd. 27. **Disenrollment under medical assistance and MinnesotaCare.** (a) The
105.17 commissioner shall regularly obtain and use information from reliable data sources, including
105.18 but not limited to managed care and county-based purchasing plans, state health and human
105.19 services programs, mail returned by the United States Postal Service with a forwarding
105.20 address, and the National Change of Address database maintained by the United States
105.21 Postal Service, to update mailing addresses and other contact information for medical
105.22 assistance and MinnesotaCare enrollees in cases of returned mail and nonresponse using
105.23 information available through managed care and county-based purchasing plans, state health
105.24 and human services programs, and other sources.

105.25 (b) The commissioner shall not disenroll an individual from medical assistance or
105.26 MinnesotaCare in cases of returned mail until the commissioner makes at least two attempts
105.27 by phone, email, or other methods to contact the individual. The commissioner may disenroll
105.28 the individual after providing no less than 30 days for the individual to respond to the most
105.29 recent contact attempt.

105.30 **EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 4. Minnesota Statutes 2024, section 256B.05, subdivision 5, is amended to read:

Subd. 5. **Obligation of local agency to process medical assistance applications within established timelines.** (a) The local agency must act on an application for medical assistance within ten working days of receipt of all information needed to act on the application but no later than required under Minnesota Rules, part 9505.0090, subparts 2 and 3.

(b) A local agency must notify the commissioner within five calendar days when the local agency fails to meet at least 80 percent of the local agency's monthly application and redetermination deadlines.

Sec. 5. Minnesota Statutes 2024, section 256B.05, is amended by adding a subdivision to read:

Subd. 6. **Authority to intervene.** Upon receiving a notice from a local agency pursuant to subdivision 5, paragraph (b), the commissioner may provide support to the local agency to timely process the local agency's outstanding applications and redeterminations.

Sec. 6. Minnesota Statutes 2024, section 256B.056, subdivision 2a, is amended to read:

Subd. 2a. **Home equity limit for medical assistance payment of long-term care services.** (a) Effective for requests of medical assistance payment of long-term care services filed on or after July 1, 2006, and for renewals on or after July 1, 2006, for persons who received payment of long-term care services under a request filed on or after January 1, 2006, the equity interest in the home of a person whose eligibility for long-term care services is determined on or after January 1, 2006, shall not exceed \$500,000, unless it is the lawful residence of the person's spouse or child who is under age 21, or a child of any age who is blind or permanently and totally disabled as defined in the Supplemental Security Income program. The amount specified in this paragraph shall be increased beginning in year 2011, from year to year based on the percentage increase in the Consumer Price Index for all urban consumers (all items; United States city average), rounded to the nearest \$1,000.

(b) Effective January 1, 2028, the amount specified in paragraph (a) must not exceed \$1,000,000.

~~(b)~~ (c) For purposes of this subdivision, a "home" means any real or personal property interest, including an interest in an agricultural homestead as defined under section 273.124, subdivision 1, that, at the time of the request for medical assistance payment of long-term care services, is the primary dwelling of the person or was the primary dwelling of the person before receipt of long-term care services began outside of the home.

107.1 ~~(e)~~ (d) A person denied or terminated from medical assistance payment of long-term
107.2 care services because the person's home equity exceeds the home equity limit may seek a
107.3 waiver based upon a hardship by filing a written request with the county agency. Hardship
107.4 is an imminent threat to the person's health and well-being that is demonstrated by
107.5 documentation of no alternatives for payment of long-term care services. The county agency
107.6 shall make a decision regarding the written request to waive the home equity limit within
107.7 30 days if all necessary information has been provided. The county agency shall send the
107.8 person and the person's representative a written notice of decision on the request for a
107.9 demonstrated hardship waiver that also advises the person of appeal rights under the fair
107.10 hearing process of section 256.045.

107.11 Sec. 7. Minnesota Statutes 2024, section 256B.056, subdivision 3d, is amended to read:

107.12 Subd. 3d. **Reduction of excess assets.** Assets in excess of the limits in subdivisions 3
107.13 to 3c may be reduced to allowable limits as follows:

107.14 (a) Assets may be reduced in ~~any of the three~~ either one or two calendar months before
107.15 the month of application in which the applicant seeks coverage, according to the applicant's
107.16 retroactive eligibility under section 256B.061 by paying bills for health services that are
107.17 incurred in the retroactive period for which the applicant seeks eligibility, starting with the
107.18 oldest bill. After assets are reduced to allowable limits, eligibility begins with the next dollar
107.19 of MA-covered health services incurred in the retroactive period. Applicants reducing assets
107.20 under this subdivision who also have excess income shall first spend excess assets to pay
107.21 health service bills and may meet the income spenddown on remaining bills.

107.22 (b) Assets may be reduced beginning the month of application by paying bills for health
107.23 services that are incurred during the period specified in Minnesota Rules, part 9505.0090,
107.24 subpart 2, that would otherwise be paid by medical assistance. After assets are reduced to
107.25 allowable limits, eligibility begins with the next dollar of medical assistance covered health
107.26 services incurred in the period. Applicants reducing assets under this subdivision who also
107.27 have excess income shall first spend excess assets to pay health service bills and may meet
107.28 the income spenddown on remaining bills.

107.29 **EFFECTIVE DATE.** This section is effective January 1, 2028.

107.30 Sec. 8. Minnesota Statutes 2024, section 256B.056, subdivision 7, is amended to read:

107.31 Subd. 7. **Period of eligibility.** (a) Except as provided in paragraphs (b), (c), and (e),
107.32 medical assistance enrollees are eligible for 12 months. Until December 31, 2027, eligibility
107.33 is available for the month of application and for three months prior to application if the

108.1 person was eligible in those prior months. ~~A redetermination of eligibility must occur every~~
108.2 ~~12 months.~~ Effective January 1, 2028, eligibility is available for the month of application
108.3 and for:

108.4 ~~(b) Notwithstanding any other law to the contrary:~~

108.5 ~~(1) a child under 19 years of age who is determined eligible for medical assistance must~~
108.6 ~~remain eligible for a period of 12 months;~~

108.7 ~~(2) a child 19 years of age and older but under 21 years of age who is determined eligible~~
108.8 ~~for medical assistance must remain eligible for a period of 12 months; and~~

108.9 (1) one month prior to application for an individual described in paragraph (e) if the
108.10 individual was eligible for medical assistance in the prior month; or

108.11 (2) two months prior to application for all other individuals eligible for medical assistance
108.12 if the individual was eligible in those prior months.

108.13 ~~(3) (b)~~ (b) A child under six years of age who is determined eligible for medical assistance
108.14 must remain eligible through the month in which the child reaches six years of age.

108.15 (c) A child's eligibility under paragraph (b) may be terminated earlier if:

108.16 (1) the child or the child's representative requests voluntary termination of eligibility;

108.17 (2) the child ceases to be a resident of this state;

108.18 (3) the child dies;

108.19 (4) the child attains the maximum age; or

108.20 (5) the agency determines eligibility was erroneously granted at the most recent eligibility
108.21 determination due to agency error or fraud, abuse, or perjury attributed to the child or the
108.22 child's representative.

108.23 (d) For ~~a person~~ an individual eligible for an insurance affordability program as defined
108.24 in section 256B.02, subdivision 19, who reports a change that makes the ~~person~~ individual
108.25 eligible for medical assistance, eligibility is available for the month the change was reported
108.26 and ~~for three months prior to the month the change was reported, if the person was eligible~~
108.27 ~~in those prior months.;~~

108.28 (1) until December 31, 2027, for three months prior to the month the change was reported;
108.29 and

108.30 (2) effective January 1, 2028, for:

109.1 (i) one month prior to the month the change was reported for an individual described in
109.2 paragraph (e); or

109.3 (ii) two months prior to the month the change was reported for all other individuals
109.4 eligible for medical assistance if the individual was eligible in the prior month or months.

109.5 (e) The period of eligibility for a person subject to six-month eligibility redeterminations
109.6 under Public Law 119-21, section 71107, is six months.

109.7 **EFFECTIVE DATE.** This section is effective January 1, 2027.

109.8 Sec. 9. Minnesota Statutes 2024, section 256B.056, subdivision 7a, is amended to read:

109.9 Subd. 7a. **Periodic renewal of eligibility.** (a) Except as provided in paragraphs (d) and
109.10 (e), the commissioner shall make an annual redetermination of eligibility based on
109.11 information contained in the enrollee's case file and other information available to the
109.12 agency, including but not limited to information accessed through an electronic database,
109.13 without requiring the enrollee to submit any information when sufficient data is available
109.14 for the agency to renew eligibility.

109.15 (b) If the commissioner cannot renew eligibility in accordance with paragraph (a), the
109.16 commissioner must provide the enrollee with a prepopulated renewal form containing
109.17 eligibility information available to the agency and permit the enrollee to submit the form
109.18 with any corrections or additional information to the agency and sign the renewal form via
109.19 any of the modes of submission specified in section 256B.04, subdivision 18.

109.20 (c) An enrollee who is terminated for failure to complete the renewal process may
109.21 subsequently submit the renewal form and required information within four months after
109.22 the date of termination and have coverage reinstated without a lapse, if otherwise eligible
109.23 under this chapter. The local agency may close the enrollee's case file if the required
109.24 information is not submitted within four months of termination.

109.25 (d) ~~Notwithstanding paragraph (a),~~ A person who is eligible under subdivision 5 ~~shall~~
109.26 ~~be~~ is subject to a review of the person's income every six months.

109.27 (e) A person subject to six-month eligibility redeterminations under Public Law 119-21,
109.28 section 71107, is subject to a redetermination of eligibility every six months.

109.29 **EFFECTIVE DATE.** This section is effective January 1, 2027.

Sec. 10. Minnesota Statutes 2024, section 256B.0561, subdivision 2, is amended to read:

Subd. 2. **Periodic data matching.** (a) The commissioner shall conduct periodic data matching to identify recipients who, based on available electronic data, may not meet eligibility criteria for the public health care program in which the recipient is enrolled. The commissioner shall conduct data matching for medical assistance or MinnesotaCare recipients at least once during a recipient's 12-month period of eligibility, except as provided in paragraph (f).

(b) If data matching indicates a recipient may no longer qualify for medical assistance or MinnesotaCare, the commissioner must notify the recipient and allow the recipient no more than 30 days to confirm the information obtained through the periodic data matching or provide a reasonable explanation for the discrepancy to the state or county agency directly responsible for the recipient's case. If a recipient does not respond within the advance notice period or does not respond with information that demonstrates eligibility or provides a reasonable explanation for the discrepancy within the 30-day time period, the commissioner shall terminate the recipient's eligibility in the manner provided for by the laws and regulations governing the health care program for which the recipient has been identified as being ineligible.

(c) The commissioner shall not terminate eligibility for a recipient who is cooperating with the requirements of paragraph (b) and needs additional time to provide information in response to the notification.

(d) A recipient whose eligibility was terminated according to paragraph (b) may be eligible for medical assistance no earlier than the first day of the month in which the recipient provides information that demonstrates the recipient's eligibility.

(e) Any termination of eligibility for benefits under this section may be appealed as provided for in sections 256.045 to 256.0451, and the laws governing the health care programs for which eligibility is terminated.

(f) Effective January 1, 2027, a person subject to six-month eligibility redeterminations under Public Law 119-21, section 71107, is exempt from periodic data matching under this subdivision.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 11. **[256B.0562] WORK OR COMMUNITY ENGAGEMENT REQUIREMENTS.**

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

111.1 (b) "Applicable individual" has the meaning given in Public Law 119-21, section 71119,
111.2 paragraph (9).

111.3 (c) "Short-term hardship event" means an event in which a person:

111.4 (1) receives inpatient hospital or nursing facility services, services in an intermediate
111.5 care facility for individuals with intellectual disabilities, inpatient psychiatric hospital
111.6 services, or other services of similar acuity;

111.7 (2) resides in a county in which there is an emergency or disaster declared by the President
111.8 of the United States pursuant to the National Emergencies Act or the Robert T. Stafford
111.9 Disaster Relief and Emergency Assistance Act;

111.10 (3) resides in a county that has an unemployment rate at or above the lesser of:

111.11 (i) eight percent; or

111.12 (ii) 1.5 times the national unemployment rate; or

111.13 (4) must travel, or the person's dependent must travel, outside of the person's community
111.14 for an extended period of time to receive medical services that are not available within the
111.15 community of residence necessary to treat a serious or complex medical condition of the
111.16 person or the person's dependent.

111.17 Subd. 2. **Application.** To be eligible for medical assistance, an applicable individual
111.18 applying for medical assistance must either demonstrate work or community engagement
111.19 or meet an exemption in accordance with Public Law 119-21, section 71119, for the month
111.20 immediately preceding the month during which the person submits an application for medical
111.21 assistance.

111.22 Subd. 3. **Renewal requirement.** (a) To renew eligibility, an applicable individual must
111.23 either demonstrate work or community engagement or meet an exemption in accordance
111.24 with Public Law 119-21, section 71119, for at least one month during the person's previous
111.25 period of eligibility.

111.26 (b) The commissioner must notify an applicable individual of the renewal requirement
111.27 in paragraph (a) at least 75 days prior to the individual's renewal date.

111.28 Subd. 4. **Short-term hardship events.** A person is deemed to have met the requirement
111.29 to demonstrate work or community engagement for a given month under subdivisions 2
111.30 and 3 if (1) the person experiences a short-term hardship event for part or all of that month,
111.31 and (2) for purposes of a short-term hardship described in subdivision 1, paragraph (c),
111.32 clause (1) or (4), the person submits a request to the commissioner.

112.1 Subd. 5. **Noncompliance procedure.** Before denying or terminating medical assistance
112.2 eligibility for failure to demonstrate work or community engagement or meet an exemption,
112.3 the commissioner must comply with the procedures in the case of noncompliance set forth
112.4 in Public Law 119-21, section 71119, paragraph (6).

112.5 Subd. 6. **Interpretation of federal law.** (a) In all cases where an obligation imposed on
112.6 the commissioner under Public Law 119-21, section 71119, is materially ambiguous, the
112.7 commissioner must construe the ambiguity in the light most favorable to the applicant,
112.8 enrollee, or disenrollee, as applicable. For purposes of this subdivision, an obligation on
112.9 the commissioner includes but is not limited to an obligation respecting the following:

112.10 (1) enrollee notice and outreach;

112.11 (2) demonstration of work or community engagement;

112.12 (3) medical frailty;

112.13 (4) fair hearing rights;

112.14 (5) the provision of medical assistance benefits or coverage;

112.15 (6) submission documentation, including self-attestations of eligibility or exemption;

112.16 (7) eligibility or termination determinations;

112.17 (8) short-term hardship requests; and

112.18 (9) timing.

112.19 (b) Paragraph (a) does not require the commissioner to take any action that the
112.20 commissioner determines:

112.21 (1) is more likely than not to result in a loss of federal financial participation;

112.22 (2) would be clearly impractical, absurd, or unreasonably detrimental to the medical
112.23 assistance program or another insurance affordability program; or

112.24 (3) relies on an unreasonable interpretation of federal law.

112.25 (c) Prior to the interpretation of an ambiguity under paragraph (a), the commissioner
112.26 must, in order to determine the reasonable interpretation of the applicable federal law most
112.27 favorable to an applicant, enrollee, or disenrollee:

112.28 (1) consult with the health care eligibility oversight unit established in section 256.01;

112.29 (2) consult with the chairs and ranking minority members of the legislative committees
112.30 with jurisdiction over health and human services finance and policy; and

113.1 (3) take best efforts to consult with, and receive guidance from, the Centers for Medicare
113.2 and Medicaid Services.

113.3 Subd. 7. **Expedited rulemaking authority.** The commissioner may adopt rules necessary
113.4 to implement and administer this section using the expedited rulemaking process under
113.5 section 14.389. The 18-month time limit under section 14.125 does not apply to the
113.6 rulemaking authority under this subdivision.

113.7 **EFFECTIVE DATE.** This section is effective January 1, 2027.

113.8 Sec. 12. **[256B.0563] REVIEW OF DEATH MASTER FILE.**

113.9 Subdivision 1. **Definition.** For purposes of this section, "death master file" means
113.10 information about deceased individuals maintained by the Social Security Administration
113.11 under United States Code, title 42, section 1306c(d), or any successor system.

113.12 Subd. 2. **Review of the death master file.** (a) Beginning January 1, 2027, the
113.13 commissioner must review the death master file at least quarterly to identify any medical
113.14 assistance recipients who are deceased.

113.15 (b) If review of the death master file or any other source indicates that a recipient is
113.16 deceased, the commissioner must:

113.17 (1) terminate the recipient's eligibility for medical assistance in the manner provided for
113.18 by the laws and regulations governing medical assistance;

113.19 (2) notify the recipient and the recipient's representative no later than the date of the
113.20 termination; and

113.21 (3) discontinue any payments to providers under this chapter made on behalf of the
113.22 recipient as of the date of the termination.

113.23 (c) If the commissioner determines that a recipient was misidentified as deceased and
113.24 erroneously disenrolled from medical assistance based on information obtained from the
113.25 death master file or any other source, the commissioner must immediately re-enroll the
113.26 individual in medical assistance retroactive to the date of termination under paragraph (b).

113.27 Subd. 3. **Review of other sources.** Nothing in this section prevents the commissioner
113.28 from reviewing other sources to identify recipients of medical assistance who are deceased,
113.29 provided the commissioner is in compliance with this section and all other requirements
113.30 under this chapter related to medical assistance eligibility determination and redetermination.

114.1 Sec. 13. Minnesota Statutes 2024, section 256B.06, subdivision 4, is amended to read:

114.2 Subd. 4. **Citizenship requirements.** (a) Except as provided in paragraph (c), eligibility
114.3 for medical assistance is limited to citizens and nationals of the United States, qualified
114.4 noncitizens as defined in this subdivision, and other persons residing lawfully in the United
114.5 States and noncitizens who are eligible for coverage with federal financial participation
114.6 provided by Medicaid or the Children's Health Insurance Program. Noncitizens who are
114.7 eligible for federal financial participation include but are not limited to:

114.8 (1) children and pregnant women who are lawfully residing in the United States as
114.9 provided by section 214 of the federal Children's Health Insurance Program Reauthorization
114.10 Act of 2009, Public Law 111-3, and who otherwise meet eligibility requirements of this
114.11 chapter; and

114.12 (2) pregnant noncitizens who are ineligible for federal financial participation because
114.13 of immigration status; who are not covered by a group health plan or health insurance
114.14 coverage according to Code of Federal Regulations, title 42, section 457.310; and who
114.15 otherwise meet the eligibility requirements of this chapter. These individuals are eligible
114.16 for medical assistance through the period of pregnancy, including labor and delivery, and
114.17 12 months postpartum.

114.18 (b) Citizens or nationals of the United States must cooperate in obtaining satisfactory
114.19 documentary evidence of citizenship or nationality according to the requirements of the
114.20 federal Deficit Reduction Act of 2005, Public Law 109-171.

114.21 (c) Beginning October 1, 2003, persons who are receiving care and rehabilitation services
114.22 from a nonprofit center established to serve victims of torture and who are otherwise
114.23 ineligible for medical assistance under this chapter are eligible for medical assistance without
114.24 federal financial participation. These individuals are eligible only for the period during
114.25 which they are receiving services from the center. Individuals eligible under this paragraph
114.26 are not required to participate in prepaid medical assistance. The nonprofit center referenced
114.27 in this paragraph may establish itself as a provider of mental health targeted case management
114.28 services through a county contract under section 256.0112, subdivision 6. If the nonprofit
114.29 center is unable to secure a contract with a lead county in its service area, then,
114.30 notwithstanding the requirements of section 256B.0625, subdivision 20, the commissioner
114.31 may negotiate a contract with the nonprofit center for provision of mental health targeted
114.32 case management services. When serving clients who are not the financial responsibility
114.33 of their contracted lead county, the nonprofit center must gain the concurrence of the county

115.1 of financial responsibility prior to providing mental health targeted case management services
115.2 for those clients.

115.3 ~~(b) "Qualified noncitizen" means a person who meets one of the following immigration~~
115.4 ~~criteria:~~

115.5 ~~(1) admitted for lawful permanent residence according to United States Code, title 8;~~

115.6 ~~(2) admitted to the United States as a refugee according to United States Code, title 8,~~
115.7 ~~section 1157;~~

115.8 ~~(3) granted asylum according to United States Code, title 8, section 1158;~~

115.9 ~~(4) granted withholding of deportation according to United States Code, title 8, section~~
115.10 ~~1253(h);~~

115.11 ~~(5) paroled for a period of at least one year according to United States Code, title 8,~~
115.12 ~~section 1182(d)(5);~~

115.13 ~~(6) granted conditional entrant status according to United States Code, title 8, section~~
115.14 ~~1153(a)(7);~~

115.15 ~~(7) determined to be a battered noncitizen by the United States Attorney General~~
115.16 ~~according to the Illegal Immigration Reform and Immigrant Responsibility Act of 1996,~~
115.17 ~~title V of the Omnibus Consolidated Appropriations Bill, Public Law 104-200;~~

115.18 ~~(8) is a child of a noncitizen determined to be a battered noncitizen by the United States~~
115.19 ~~Attorney General according to the Illegal Immigration Reform and Immigrant Responsibility~~
115.20 ~~Act of 1996, title V, of the Omnibus Consolidated Appropriations Bill, Public Law 104-200;~~
115.21 ~~or~~

115.22 ~~(9) determined to be a Cuban or Haitian entrant as defined in section 501(e) of Public~~
115.23 ~~Law 96-422, the Refugee Education Assistance Act of 1980.~~

115.24 ~~(c) All qualified noncitizens who were residing in the United States before August 22,~~
115.25 ~~1996, who otherwise meet the eligibility requirements of this chapter, are eligible for medical~~
115.26 ~~assistance with federal financial participation.~~

115.27 ~~(d) Beginning December 1, 1996, qualified noncitizens who entered the United States~~
115.28 ~~on or after August 22, 1996, and who otherwise meet the eligibility requirements of this~~
115.29 ~~chapter are eligible for medical assistance with federal participation for five years if they~~
115.30 ~~meet one of the following criteria:~~

115.31 ~~(1) refugees admitted to the United States according to United States Code, title 8, section~~
115.32 ~~1157;~~

~~(2) persons granted asylum according to United States Code, title 8, section 1158;~~

~~(3) persons granted withholding of deportation according to United States Code, title 8, section 1253(h);~~

~~(4) veterans of the United States armed forces with an honorable discharge for a reason other than noncitizen status, their spouses and unmarried minor dependent children; or~~

~~(5) persons on active duty in the United States armed forces, other than for training, their spouses and unmarried minor dependent children.~~

~~Beginning July 1, 2010, children and pregnant women who are noncitizens described in paragraph (b) or who are lawfully present in the United States as defined in Code of Federal Regulations, title 8, section 103.12, and who otherwise meet eligibility requirements of this chapter, are eligible for medical assistance with federal financial participation as provided by the federal Children's Health Insurance Program Reauthorization Act of 2009, Public Law 111-3.~~

~~(e)~~ (d) Nonimmigrants who otherwise meet the eligibility requirements of this chapter are eligible for the benefits as provided in paragraphs ~~(f)~~ (e) to ~~(h)~~ (g). For purposes of this subdivision, a "nonimmigrant" is a person in one of the classes listed in United States Code, title 8, section 1101(a)(15).

~~(f)~~ (e) Payment shall also be made for care and services that are furnished to noncitizens, regardless of immigration status, who otherwise meet the eligibility requirements of this chapter, if such care and services are necessary for the treatment of an emergency medical condition.

~~(g)~~ (f) For purposes of this subdivision, the term "emergency medical condition" means a medical condition that meets the requirements of United States Code, title 42, section 1396b(v).

~~(h)~~ (g)(1) Notwithstanding paragraph ~~(g)~~ (f), services that are necessary for the treatment of an emergency medical condition are limited to the following:

(i) services delivered in an emergency room or by an ambulance service licensed under chapter 144E that are directly related to the treatment of an emergency medical condition;

(ii) services delivered in an inpatient hospital setting following admission from an emergency room or clinic for an acute emergency condition; and

117.1 (iii) follow-up services that are directly related to the original service provided to treat
117.2 the emergency medical condition and are covered by the global payment made to the
117.3 provider.

117.4 (2) Services for the treatment of emergency medical conditions do not include:

117.5 (i) services delivered in an emergency room or inpatient setting to treat a nonemergency
117.6 condition;

117.7 (ii) organ transplants, stem cell transplants, and related care;

117.8 (iii) services for routine prenatal care;

117.9 (iv) continuing care, including long-term care, nursing facility services, home health
117.10 care, adult day care, day training, or supportive living services;

117.11 (v) elective surgery;

117.12 (vi) outpatient prescription drugs, unless the drugs are administered or dispensed as part
117.13 of an emergency room visit;

117.14 (vii) preventative health care and family planning services;

117.15 (viii) rehabilitation services;

117.16 (ix) physical, occupational, or speech therapy;

117.17 (x) transportation services;

117.18 (xi) case management;

117.19 (xii) prosthetics, orthotics, durable medical equipment, or medical supplies;

117.20 (xiii) dental services;

117.21 (xiv) hospice care;

117.22 (xv) audiology services and hearing aids;

117.23 (xvi) podiatry services;

117.24 (xvii) chiropractic services;

117.25 (xviii) immunizations;

117.26 (xix) vision services and eyeglasses;

117.27 (xx) waiver services;

117.28 (xxi) individualized education programs; or

(xxii) substance use disorder treatment.

~~(i) Pregnant noncitizens who are ineligible for federally funded medical assistance because of immigration status, are not covered by a group health plan or health insurance coverage according to Code of Federal Regulations, title 42, section 457.310, and who otherwise meet the eligibility requirements of this chapter, are eligible for medical assistance through the period of pregnancy, including labor and delivery, and 12 months postpartum.~~

~~(j) Beginning October 1, 2003, persons who are receiving care and rehabilitation services from a nonprofit center established to serve victims of torture and are otherwise ineligible for medical assistance under this chapter are eligible for medical assistance without federal financial participation. These individuals are eligible only for the period during which they are receiving services from the center. Individuals eligible under this paragraph shall not be required to participate in prepaid medical assistance. The nonprofit center referenced under this paragraph may establish itself as a provider of mental health targeted case management services through a county contract under section 256.0112, subdivision 6. If the nonprofit center is unable to secure a contract with a lead county in its service area, then, notwithstanding the requirements of section 256B.0625, subdivision 20, the commissioner may negotiate a contract with the nonprofit center for provision of mental health targeted case management services. When serving clients who are not the financial responsibility of their contracted lead county, the nonprofit center must gain the concurrence of the county of financial responsibility prior to providing mental health targeted case management services for those clients.~~

~~(k)~~ (h) Notwithstanding paragraph ~~(h)~~ (g), clause (2), the following services are covered as emergency medical conditions under paragraph ~~(f)~~ (e) except where coverage is prohibited under federal law for services under clauses (1) and (2):

(1) dialysis services provided in a hospital or freestanding dialysis facility;

(2) surgery and the administration of chemotherapy, radiation, and related services necessary to treat cancer if the recipient has a cancer diagnosis that is not in remission and requires surgery, chemotherapy, or radiation treatment; and

(3) kidney transplant if the person has been diagnosed with end stage renal disease, is currently receiving dialysis services, and is a potential candidate for a kidney transplant.

~~(h)~~ (i) Effective July 1, 2013, recipients of emergency medical assistance under this subdivision are eligible for coverage of the elderly waiver services provided under chapter 256S, and coverage of rehabilitative services provided in a nursing facility. The age limit for elderly waiver services does not apply. In order to qualify for coverage, a recipient of

119.1 emergency medical assistance is subject to the assessment and reassessment requirements
119.2 of section 256B.0911. Initial and continued enrollment under this paragraph is subject to
119.3 the limits of available funding.

119.4 Sec. 14. Minnesota Statutes 2024, section 256B.061, is amended to read:

119.5 **256B.061 ELIGIBILITY; RETROACTIVE EFFECT; RESTRICTIONS.**

119.6 (a) If any individual has been determined to be eligible for medical assistance and is
119.7 subject to six-month eligibility redeterminations under Public Law 119-21, section 71107,
119.8 ~~if medical assistance~~ will be made available for care and services included under the plan
119.9 and furnished in or after the ~~third~~ first month before the month in which the individual made
119.10 application for such assistance; if such individual was, or upon application would have been,
119.11 eligible for medical assistance at the time the care and services were furnished.

119.12 (b) If any individual has been determined to be eligible for medical assistance and is not
119.13 subject to six-month eligibility redeterminations under Public Law 119-21, section 71107,
119.14 medical assistance will be made available for care and services included under the plan and
119.15 furnished in or after the second month before the month in which the individual made
119.16 application for such assistance if such individual was, or upon application would have been,
119.17 eligible for medical assistance at the time the care and services were furnished.

119.18 (c) The commissioner may limit, restrict, or suspend the eligibility of an individual for
119.19 up to one year upon that individual's conviction of a criminal offense related to application
119.20 for or receipt of medical assistance benefits.

119.21 **EFFECTIVE DATE.** This section is effective January 1, 2028.

119.22 Sec. 15. Minnesota Statutes 2024, section 256B.0631, subdivision 1a, is amended to read:

119.23 Subd. 1a. **Prohibition on cost-sharing and deductibles.** ~~Effective January 1, 2024~~
119.24 Except for recipients eligible under section 256B.055, subdivision 15, the medical assistance
119.25 benefit plan must not include cost-sharing or deductibles for any medical assistance recipient
119.26 or benefit.

119.27 Sec. 16. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision
119.28 to read:

119.29 Subd. 5. **Cost sharing.** (a) Effective for services provided on or after October 1, 2028,
119.30 except as provided in subdivision 6, the medical assistance benefit plan includes the following

120.1 cost sharing for recipients eligible under section 256B.055, subdivision 15, with income
120.2 above 100 percent of the federal poverty level:

120.3 (1) \$3 per nonpreventive visit, except as provided in paragraph (c). For purposes of this
120.4 subdivision, a visit means an episode of service that is required because of a recipient's
120.5 symptoms, diagnosis, or established illness, and that is delivered in an ambulatory setting
120.6 by a physician or physician assistant, chiropractor, podiatrist, nurse midwife, advanced
120.7 practice nurse, audiologist, optician, or optometrist;

120.8 (2) \$3.50 for nonemergency visits to a hospital-based emergency room; and

120.9 (3) \$3 per brand-name drug prescription, \$1 per generic drug prescription, and \$1 per
120.10 prescription for a brand-name multisource drug listed in preferred status on the preferred
120.11 drug list, subject to a \$12 maximum per month for prescription drug co-payments. No
120.12 co-payments shall apply to antipsychotic drugs when used for the treatment of mental illness.

120.13 (b) Cost sharing for prescription drugs and related medical supplies to treat chronic
120.14 disease must comply with the requirements of section 62Q.481.

120.15 (c) A person eligible for medical assistance under section 256B.055, subdivision 15, is
120.16 responsible for all co-payments and deductibles in this subdivision.

120.17 **EFFECTIVE DATE.** This section is effective January 1, 2027.

120.18 Sec. 17. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision
120.19 to read:

120.20 Subd. 6. **Exceptions.** Co-payments and deductibles are subject to the exceptions and
120.21 limits required by Public Law 119-21, section 71120.

120.22 **EFFECTIVE DATE.** This section is effective January 1, 2027.

120.23 Sec. 18. Minnesota Statutes 2024, section 256B.0631, is amended by adding a subdivision
120.24 to read:

120.25 Subd. 7. **Collection.** (a) The medical assistance reimbursement to the provider must be
120.26 reduced by the amount of the co-payment or deductible, except that reimbursements must
120.27 not be reduced:

120.28 (1) once a recipient has reached the \$12 maximum per month for prescription drug
120.29 co-payments; or

120.30 (2) for a recipient who has met the recipient's monthly five percent cost-sharing limit.

121.1 (b) The provider collects the co-payment or deductible from the recipient. Providers
121.2 must not deny services to recipients who are unable to pay the co-payment or deductible.

121.3 **EFFECTIVE DATE.** This section is effective January 1, 2027.

121.4 Sec. 19. Minnesota Statutes 2025 Supplement, section 268.19, subdivision 1, is amended
121.5 to read:

121.6 Subdivision 1. **Use of data.** (a) Except as provided by this section, data gathered from
121.7 any person under the administration of the Minnesota Unemployment Insurance Law are
121.8 private data on individuals or nonpublic data not on individuals as defined in section 13.02,
121.9 subdivisions 9 and 12, and may not be disclosed except according to a district court order
121.10 or section 13.05. A subpoena is not considered a district court order. These data may be
121.11 disseminated to and used by the following agencies without the consent of the subject of
121.12 the data:

121.13 (1) state and federal agencies specifically authorized access to the data by state or federal
121.14 law;

121.15 (2) any agency of any other state or any federal agency charged with the administration
121.16 of an unemployment insurance program;

121.17 (3) any agency responsible for the maintenance of a system of public employment offices
121.18 for the purpose of assisting individuals in obtaining employment;

121.19 (4) the public authority responsible for child support in Minnesota or any other state in
121.20 accordance with section 518A.83;

121.21 (5) human rights agencies within Minnesota that have enforcement powers;

121.22 (6) the Department of Revenue to the extent necessary for its duties under Minnesota
121.23 laws;

121.24 (7) public and private agencies responsible for administering publicly financed assistance
121.25 programs for the purpose of monitoring the eligibility of the program's recipients;

121.26 (8) the Department of Labor and Industry, the Department of Commerce, and the Bureau
121.27 of Criminal Apprehension for uses consistent with the administration of their duties under
121.28 Minnesota law;

121.29 (9) the Department of Human Services and the Office of Inspector General and its agents
121.30 within the Department of Human Services, including county fraud investigators, for
121.31 investigations related to recipient or provider fraud and employees of providers when the
121.32 provider is suspected of committing public assistance fraud;

122.1 (10) the Department of Human Services for the purpose of evaluating medical assistance
122.2 services ~~and~~₂ supporting program improvement, and administering section 256B.0562;

122.3 (11) local and state welfare agencies for monitoring the eligibility of the data subject
122.4 for assistance programs, or for any employment or training program administered by those
122.5 agencies, whether alone, in combination with another welfare agency, or in conjunction
122.6 with the department or to monitor and evaluate the statewide Minnesota family investment
122.7 program and other cash assistance programs, the Supplemental Nutrition Assistance Program,
122.8 and the Supplemental Nutrition Assistance Program Employment and Training program by
122.9 providing data on recipients and former recipients of Supplemental Nutrition Assistance
122.10 Program (SNAP) benefits, cash assistance under chapter 256, 256D, 256J, or 256K, child
122.11 care assistance under chapter 142E, or medical programs under chapter 256B or 256L or
122.12 formerly codified under chapter 256D;

122.13 (12) local and state welfare agencies for the purpose of identifying employment, wages,
122.14 and other information to assist in the collection of an overpayment debt in an assistance
122.15 program;

122.16 (13) local, state, and federal law enforcement agencies for the purpose of ascertaining
122.17 the last known address and employment location of an individual who is the subject of a
122.18 criminal investigation;

122.19 (14) the United States Immigration and Customs Enforcement has access to data on
122.20 specific individuals and specific employers provided the specific individual or specific
122.21 employer is the subject of an investigation by that agency;

122.22 (15) the Department of Health for the purposes of epidemiologic investigations;

122.23 (16) the Department of Corrections for the purposes of case planning and internal research
122.24 for preprobation, probation, and postprobation employment tracking of offenders sentenced
122.25 to probation and preconfinement and postconfinement employment tracking of committed
122.26 offenders;

122.27 (17) the state auditor to the extent necessary to conduct audits of job opportunity building
122.28 zones as required under section 469.3201;

122.29 (18) the Office of Higher Education for purposes of supporting program improvement,
122.30 system evaluation, and research initiatives including the Statewide Longitudinal Education
122.31 Data System;

122.32 (19) the Family and Medical Benefits Division of the Department of Employment and
122.33 Economic Development to be used as necessary to administer chapter 268B; and

(20) the executive director or interim executive director of the Minnesota Secure Choice Retirement Program established under chapter 187 for the purposes of assisting with communication with employers and to verify employer compliance with chapter 187.

(b) Data on individuals and employers that are collected, maintained, or used by the department in an investigation under section 268.182 are confidential as to data on individuals and protected nonpublic data not on individuals as defined in section 13.02, subdivisions 3 and 13, and must not be disclosed except under statute or district court order or to a party named in a criminal proceeding, administrative or judicial, for preparation of a defense.

(c) Data gathered by the department in the administration of the Minnesota unemployment insurance program must not be made the subject or the basis for any suit in any civil proceedings, administrative or judicial, unless the action is initiated by the department.

Sec. 20. DIRECTION TO COMMISSIONER OF HUMAN SERVICES;
NOTIFICATION TO MEDICAL ASSISTANCE RECIPIENTS.

By October 1, 2026, the commissioner of human services must notify medical assistance recipients who are enrolled under Minnesota Statutes, section 256B.055, subdivision 15, that they may be eligible for medical assistance under a disability determination. The notification must include information about how the recipient can request a determination of disability and an explanation about the changes to medical assistance eligibility that go into effect January 1, 2027.

ARTICLE 7

MEDICAL ASSISTANCE FRAUD PREVENTION

Section 1. Minnesota Statutes 2024, section 8.16, subdivision 1, is amended to read:

Subdivision 1. **Authority.** (a) The attorney general, or any deputy, assistant, or special assistant attorney general whom the attorney general authorizes in writing, has the authority in any county of the state to subpoena and require the production of: (1) any records of: (i) telephone companies, cellular phone companies, and paging companies; (ii) subscribers of private computer networks, including Internet service providers or computer bulletin board systems; (iii) electric companies, gas companies, and water utilities; (iv) chemical suppliers; (v) hotels and motels; (vi) pawn shops; (vii) airlines, buses, taxis, and other entities engaged in the business of transporting people; and (viii) freight companies, self-service storage facilities, warehousing companies, package delivery companies, and other entities engaged in the businesses of transport, storage, or delivery, and; (2) wage and employment records relating to an investigation conducted under the attorney general's authority under section

124.1 256B.12; (3) records of the existence of safe deposit box account numbers and customer
124.2 savings and checking account numbers maintained by financial institutions and safe deposit
124.3 companies; (4) insurance records related to claim settlement relating to an investigation
124.4 conducted under the attorney general's authority under section 256B.12; and (5) banking,
124.5 credit card, and financial records, including but not limited to a safe deposit, loan and account
124.6 application and agreement, signature card, statement, check, transfer, account authorization,
124.7 safe deposit access record, and documentation of fraud, that belong to the subject of an
124.8 investigation conducted pursuant to the attorney general's authority under section 256B.12,
124.9 whether the record is held in the investigation subject's name or in another person's name.

124.10 (b) Subpoenas may only be issued for records that are relevant to an ongoing legitimate
124.11 law enforcement investigation.

124.12 Sec. 2. Minnesota Statutes 2025 Supplement, section 256B.12, is amended to read:

124.13 **256B.12 LEGAL REPRESENTATION.**

124.14 The attorney general or the appropriate county attorney appearing at the direction of the
124.15 attorney general shall be the attorney for the state agency, and the county attorney of the
124.16 appropriate county shall be the attorney for the county agency in all matters pertaining
124.17 hereto. To prosecute under this chapter or sections ~~609.466~~ 609.467; 609.52, subdivision
124.18 2; and 609.542 or to recover payments wrongfully made under this chapter, the attorney
124.19 general or the appropriate county attorney, acting independently or at the direction of the
124.20 attorney general may institute a criminal or civil action.

124.21 Sec. 3. **[609.467] MEDICAL ASSISTANCE FRAUD.**

124.22 Subdivision 1. Medical assistance fraud prohibited. A person who does any of the
124.23 following is guilty of medical assistance fraud and may be sentenced as provided in
124.24 subdivision 2:

124.25 (1) acting with intent to defraud, executes or participates in, or attempts or conspires to
124.26 execute or participate in, a scheme or artifice to obtain, by means of any false or fraudulent
124.27 pretenses, representations, or promises, or concealment of any material fact, any money or
124.28 credits relating to the payment of medical assistance funds under chapter 256B;

124.29 (2) acting with intent to defraud, presents, submits, tenders, offers, or participates in, or
124.30 attempts or conspires to execute or participate in, the preparation of a claim for payment,
124.31 claim for reimbursement, cost report, or rate application, knowing or having reason to know
124.32 that any part of the claim, report, or application is ineligible for payment or reimbursement;

125.1 (3) acting with intent to defraud, knowingly provides false information or intentionally
125.2 omits material information as part of any enrollment application, provider agreement, or
125.3 ownership and management disclosure required by any state or federal law as a medical
125.4 assistance provider under chapter 245A or 256B;

125.5 (4) owns, operates, manages, or exercises control over any entity receiving medical
125.6 assistance money, while knowing or having reason to know that the person has been
125.7 suspended or prohibited from enrolling as a medical assistance provider by any state agency
125.8 or under any state law or is excluded or prohibited from enrolling as a medical assistance
125.9 provider by any federal agency or under any federal law;

125.10 (5) knowingly and intentionally permits another person to own, operate, manage, or
125.11 exercise control over any entity receiving medical assistance money, while knowing or
125.12 having reason to know the other person is suspended or prohibited from enrolling as a
125.13 medical assistance provider by any state agency or under any state law or is excluded or
125.14 prohibited from enrolling as a medical assistance provider by any federal agency or under
125.15 any federal law;

125.16 (6) falsely makes or alters any record relating to the delivery of medical assistance
125.17 services so that the record purports to have been made by another person or by the maker
125.18 or alterer under an assumed or fictitious name, or at another time, or with different provisions,
125.19 or by the authority of a person who did not give such authority;

125.20 (7) acting with intent to defraud, presents, submits, tenders, offers, or participates in, or
125.21 attempts or conspires to participate in, the preparation of a claim for reimbursement for
125.22 personal care assistance services under section 256B.0659 or community first services and
125.23 supports under section 256B.85, knowing or having reason to know that required conditions
125.24 for payment under chapter 256B were not met, including applicable service authorization,
125.25 service delivery plan, documentation, training, supervision, evaluation, or other program
125.26 requirements; or

125.27 (8) after receiving a lawful request for records by any state agency or law enforcement
125.28 agency, intentionally destroys, or attempts or conspires to destroy, medical, health care, and
125.29 financial records required to be maintained under chapter 245A or 256B or rules adopted
125.30 pursuant to those chapters.

125.31 Subd. 2. **Penalties.** (a) A person who is convicted under subdivision 1 may be sentenced
125.32 to imprisonment for not more than ten years or to payment of not more than \$20,000, or
125.33 both.

126.1 (b) A person who is convicted under subdivision 1 may be sentenced to imprisonment
126.2 for not more than 20 years or to payment of not more than \$100,000, or both, if the violation
126.3 causes a loss to any victim in an aggregate amount of more than \$100,000, but not more
126.4 than \$1,000,000.

126.5 (c) A person who is convicted under subdivision 1 may be sentenced to imprisonment
126.6 for not more than 30 years or to payment of not more than \$1,000,000, or both, if the violation
126.7 causes a loss to any victim in an aggregate amount of more than \$1,000,000.

126.8 Subd. 3. **Failure to keep or maintain medical assistance records.** A person who
126.9 submits a claim for reimbursement, claim for payment, claim for reimbursement cost report,
126.10 or rate application and knowingly and intentionally fails to maintain medical, health care,
126.11 and financial records as required under chapter 245A or 256B or rules adopted pursuant to
126.12 those chapters is guilty of a gross misdemeanor.

126.13 Subd. 4. **Continuing offense.** For purposes of calculating the statute of limitations
126.14 identified in section 628.26, any violation of subdivision 1 or 3 is a continuing offense. Any
126.15 violation of subdivision 1 or 3 extends to any act committed during the course of the scheme,
126.16 conspiracy, or conduct and is within the statute of limitations identified in section 628.26
126.17 so long as any part of the continuing scheme, conspiracy, or conduct comprising a violation
126.18 occurred within the identified statute of limitations.

126.19 Subd. 5. **Venue.** Notwithstanding anything to the contrary in section 627.01, a violation
126.20 of this section may be prosecuted in:

126.21 (1) the county where any part of the offense occurred; or

126.22 (2) the county where the entity that received a claim for payment, claim for
126.23 reimbursement, cost report, or rate application is located.

126.24 Subd. 6. **Restitution.** The court may order a person convicted of violating this section
126.25 to pay restitution for any costs, expenses, or losses resulting from the crime and for costs,
126.26 expenses, or losses resulting from similar conduct that was related to the offense but was
126.27 not charged. The court may order restitution for similar conduct that was related to the
126.28 offense if the related conduct occurred within the applicable statute of limitations and the
126.29 prosecutor provides notice of intent to seek restitution for that conduct at least five business
126.30 days before the sentencing hearing. The offender may challenge restitution as provided in
126.31 section 611A.045, subdivision 3. A dispute as to whether restitution is for similar conduct
126.32 that was related to the offense must be resolved by the court by the preponderance of the
126.33 evidence. The burden of demonstrating that the court may order restitution for any cost,
126.34 expense, or loss described in this subdivision is on the prosecution.

127.1 **EFFECTIVE DATE.** This section is effective August 1, 2026, and applies to crimes
127.2 committed on or after that date.

127.3 Sec. 4. Minnesota Statutes 2024, section 609.52, subdivision 2, is amended to read:

127.4 Subd. 2. **Acts constituting theft.** (a) Whoever does any of the following commits theft
127.5 and may be sentenced as provided in subdivision 3:

127.6 (1) intentionally and without claim of right takes, uses, transfers, conceals or retains
127.7 possession of movable property of another without the other's consent and with intent to
127.8 deprive the owner permanently of possession of the property; or

127.9 (2) with or without having a legal interest in movable property, intentionally and without
127.10 consent, takes the property out of the possession of a pledgee or other person having a
127.11 superior right of possession, with intent thereby to deprive the pledgee or other person
127.12 permanently of the possession of the property; or

127.13 (3) obtains for the actor or another the possession, custody, or title to property of or
127.14 performance of services by a third person by intentionally deceiving the third person with
127.15 a false representation which is known to be false, made with intent to defraud, and which
127.16 does defraud the person to whom it is made. "False representation" includes without
127.17 limitation:

127.18 (i) the issuance of a check, draft, or order for the payment of money, except a forged
127.19 check as defined in section 609.631, or the delivery of property knowing that the actor is
127.20 not entitled to draw upon the drawee therefor or to order the payment or delivery thereof;
127.21 or

127.22 (ii) a promise made with intent not to perform. Failure to perform is not evidence of
127.23 intent not to perform unless corroborated by other substantial evidence; or

127.24 ~~(iii) the preparation or filing of a claim for reimbursement, a rate application, or a cost~~
127.25 ~~report used to establish a rate or claim for payment for medical care provided to a recipient~~
127.26 ~~of medical assistance under chapter 256B, which intentionally and falsely states the costs~~
127.27 ~~of or actual services provided by a vendor of medical care; or~~

127.28 ~~(iv)~~ (iii) the preparation or filing of a claim for reimbursement for providing treatment
127.29 or supplies required to be furnished to an employee under section 176.135 which intentionally
127.30 and falsely states the costs of or actual treatment or supplies provided; or

127.31 ~~(v)~~ (iv) the preparation or filing of a claim for reimbursement for providing treatment
127.32 or supplies required to be furnished to an employee under section 176.135 for treatment or

- 128.1 supplies that the provider knew were medically unnecessary, inappropriate, or excessive;
128.2 or
- 128.3 (4) by swindling, whether by artifice, trick, device, or any other means, obtains property
128.4 or services from another person; or
- 128.5 (5) intentionally commits any of the acts listed in this subdivision but with intent to
128.6 exercise temporary control only and:
- 128.7 (i) the control exercised manifests an indifference to the rights of the owner or the
128.8 restoration of the property to the owner; or
- 128.9 (ii) the actor pledges or otherwise attempts to subject the property to an adverse claim;
128.10 or
- 128.11 (iii) the actor intends to restore the property only on condition that the owner pay a
128.12 reward or buy back or make other compensation; or
- 128.13 (6) finds lost property and, knowing or having reasonable means of ascertaining the true
128.14 owner, appropriates it to the finder's own use or to that of another not entitled thereto without
128.15 first having made reasonable effort to find the owner and offer and surrender the property
128.16 to the owner; or
- 128.17 (7) intentionally obtains property or services, offered upon the deposit of a sum of money
128.18 or tokens in a coin or token operated machine or other receptacle, without making the
128.19 required deposit or otherwise obtaining the consent of the owner; or
- 128.20 (8) intentionally and without claim of right converts any article representing a trade
128.21 secret, knowing it to be such, to the actor's own use or that of another person or makes a
128.22 copy of an article representing a trade secret, knowing it to be such, and intentionally and
128.23 without claim of right converts the same to the actor's own use or that of another person. It
128.24 shall be a complete defense to any prosecution under this clause for the defendant to show
128.25 that information comprising the trade secret was rightfully known or available to the
128.26 defendant from a source other than the owner of the trade secret; or
- 128.27 (9) leases or rents personal property under a written instrument and who:
- 128.28 (i) with intent to place the property beyond the control of the lessor conceals or aids or
128.29 abets the concealment of the property or any part thereof; or
- 128.30 (ii) sells, conveys, or encumbers the property or any part thereof without the written
128.31 consent of the lessor, without informing the person to whom the lessee sells, conveys, or

129.1 encumbers that the same is subject to such lease or rental contract with intent to deprive the
129.2 lessor of possession thereof; or

129.3 (iii) does not return the property to the lessor at the end of the lease or rental term, plus
129.4 agreed-upon extensions, with intent to wrongfully deprive the lessor of possession of the
129.5 property; or

129.6 (iv) returns the property to the lessor at the end of the lease or rental term, plus
129.7 agreed-upon extensions, but does not pay the lease or rental charges agreed upon in the
129.8 written instrument, with intent to wrongfully deprive the lessor of the agreed-upon charges.

129.9 For the purposes of items (iii) and (iv), the value of the property must be at least \$100.

129.10 Evidence that a lessee used a false, fictitious, or not current name, address, or place of
129.11 employment in obtaining the property or fails or refuses to return the property or pay the
129.12 rental contract charges to lessor within five days after written demand for the return has
129.13 been served personally in the manner provided for service of process of a civil action or
129.14 sent by certified mail to the last known address of the lessee, whichever shall occur later,
129.15 shall be evidence of intent to violate this clause. Service by certified mail shall be deemed
129.16 to be complete upon deposit in the United States mail of such demand, postpaid and addressed
129.17 to the person at the address for the person set forth in the lease or rental agreement, or, in
129.18 the absence of the address, to the person's last known place of residence; or

129.19 (10) alters, removes, or obliterates numbers or symbols placed on movable property for
129.20 purpose of identification by the owner or person who has legal custody or right to possession
129.21 thereof with the intent to prevent identification, if the person who alters, removes, or
129.22 obliterates the numbers or symbols is not the owner and does not have the permission of
129.23 the owner to make the alteration, removal, or obliteration; or

129.24 (11) with the intent to prevent the identification of property involved, so as to deprive
129.25 the rightful owner of possession thereof, alters or removes any permanent serial number,
129.26 permanent distinguishing number or manufacturer's identification number on personal
129.27 property or possesses, sells or buys any personal property knowing or having reason to
129.28 know that the permanent serial number, permanent distinguishing number or manufacturer's
129.29 identification number has been removed or altered; or

129.30 (12) intentionally deprives another of a lawful charge for cable television service by:

129.31 (i) making or using or attempting to make or use an unauthorized external connection
129.32 outside the individual dwelling unit whether physical, electrical, acoustical, inductive, or
129.33 other connection; or by

130.1 (ii) attaching any unauthorized device to any cable, wire, microwave, or other component
130.2 of a licensed cable communications system as defined in chapter 238. Nothing herein shall
130.3 be construed to prohibit the electronic video rerecording of program material transmitted
130.4 on the cable communications system by a subscriber for fair use as defined by Public Law
130.5 94-553, section 107; or

130.6 (13) except as provided in clauses (12) and (14), obtains the services of another with
130.7 the intention of receiving those services without making the agreed or reasonably expected
130.8 payment of money or other consideration; or

130.9 (14) intentionally deprives another of a lawful charge for telecommunications service
130.10 by:

130.11 (i) making, using, or attempting to make or use an unauthorized connection whether
130.12 physical, electrical, by wire, microwave, radio, or other means to a component of a local
130.13 telecommunication system as provided in chapter 237; or

130.14 (ii) attaching an unauthorized device to a cable, wire, microwave, radio, or other
130.15 component of a local telecommunication system as provided in chapter 237.

130.16 The existence of an unauthorized connection is prima facie evidence that the occupier
130.17 of the premises:

130.18 (A) made or was aware of the connection; and

130.19 (B) was aware that the connection was unauthorized;

130.20 (15) with intent to defraud, diverts corporate property other than in accordance with
130.21 general business purposes or for purposes other than those specified in the corporation's
130.22 articles of incorporation; or

130.23 (16) with intent to defraud, authorizes or causes a corporation to make a distribution in
130.24 violation of section 302A.551, or any other state law in conformity with it; or

130.25 (17) takes or drives a motor vehicle without the consent of the owner or an authorized
130.26 agent of the owner, knowing or having reason to know that the owner or an authorized agent
130.27 of the owner did not give consent; or

130.28 (18) intentionally, and without claim of right, takes motor fuel from a retailer without
130.29 the retailer's consent and with intent to deprive the retailer permanently of possession of
130.30 the fuel by driving a motor vehicle from the premises of the retailer without having paid
130.31 for the fuel dispensed into the vehicle; or

130.32 (19) commits wage theft under subdivision 1, clause (13).

131.1 (b) Proof that the driver of a motor vehicle into which motor fuel was dispensed drove
131.2 the vehicle from the premises of the retailer without having paid for the fuel permits the
131.3 factfinder to infer that the driver acted intentionally and without claim of right, and that the
131.4 driver intended to deprive the retailer permanently of possession of the fuel. This paragraph
131.5 does not apply if: (1) payment has been made to the retailer within 30 days of the receipt
131.6 of notice of nonpayment under section 604.15; or (2) a written notice as described in section
131.7 604.15, subdivision 4, disputing the retailer's claim, has been sent. This paragraph does not
131.8 apply to the owner of a motor vehicle if the vehicle or the vehicle's license plate has been
131.9 reported stolen before the theft of the fuel.

131.10 **EFFECTIVE DATE.** This section is effective August 1, 2026, and applies to crimes
131.11 committed on or after that date.

131.12 Sec. 5. Minnesota Statutes 2025 Supplement, section 609.902, subdivision 4, is amended
131.13 to read:

131.14 Subd. 4. **Criminal act.** "Criminal act" means conduct constituting, or a conspiracy or
131.15 attempt to commit, a felony violation of chapter 152, or a felony violation of section 299F.79;
131.16 299F.80; 299F.82; 609.185; 609.19; 609.195; 609.20; 609.205; 609.221; 609.222; 609.223;
131.17 609.2231; 609.228; 609.235; 609.245; 609.25; 609.27; 609.322; 609.342; 609.343; 609.344;
131.18 609.345; 609.42; 609.467; 609.48; 609.485; 609.495; 609.496; 609.497; 609.498; 609.52,
131.19 subdivision 2, if the offense is punishable under subdivision 3, clause (1), if the property is
131.20 a firearm, clause (3)(b), or clause (3)(d)(v); section 609.52, subdivision 2, paragraph (a),
131.21 clause (1) or (4); 609.527, if the crime is punishable under subdivision 3, clause (4); 609.528,
131.22 if the crime is punishable under subdivision 3, clause (4); 609.53; 609.561; 609.562; 609.582,
131.23 subdivision 1 or 2; 609.668, subdivision 6, paragraph (a); 609.67; 609.687; 609.713; 609.86;
131.24 609.894, subdivision 3 or 4; 609.895; 624.713; 624.7191; or 626A.02, subdivision 1, if the
131.25 offense is punishable under section 626A.02, subdivision 4, paragraph (a). "Criminal act"
131.26 also includes conduct constituting, or a conspiracy or attempt to commit, a felony violation
131.27 of section 609.52, subdivision 2, clause (3), (4), (15), or (16), if the violation involves an
131.28 insurance company as defined in section 60A.02, subdivision 4, a nonprofit health service
131.29 plan corporation regulated under chapter 62C, a health maintenance organization regulated
131.30 under chapter 62D, ~~or~~ a fraternal benefit society regulated under chapter 64B, or any state
131.31 agency.

Sec. 6. Minnesota Statutes 2025 Supplement, section 628.26, is amended to read:

628.26 LIMITATIONS.

(a) Indictments or complaints for any crime resulting in the death of the victim may be found or made at any time after the death of the person killed.

(b) Indictments or complaints for a violation of section 609.25 may be found or made at any time after the commission of the offense.

(c) Indictments or complaints for violation of section 609.282 may be found or made at any time after the commission of the offense if the victim was under the age of 18 at the time of the offense.

(d) Indictments or complaints for violation of section 609.282 where the victim was 18 years of age or older at the time of the offense, or 609.42, subdivision 1, clause (1) or (2), shall be found or made and filed in the proper court within six years after the commission of the offense.

(e) Indictments or complaints for violation of sections 609.322, 609.342 to 609.345, and 609.3458 may be found or made at any time after the commission of the offense.

(f) Indictments or complaints for a violation of section 609.561 shall be found or made and filed in the proper court within ten years after the commission of the offense.

(g) Indictments or complaints for violation of sections ~~609.466~~ 609.467 and 609.52, subdivision 2, paragraph (a), clause (3), item (iii), shall be found or made and filed in the proper court within six years after the commission of the offense.

(h) Indictments or complaints for violation of section 609.2335, 609.52, subdivision 2, paragraph (a), clause (3), items (i) and (ii), (4), (15), or (16), 609.631, or 609.821, where the value of the property or services stolen is more than \$35,000, or for violation of section 609.527 where the offense involves eight or more direct victims or the total combined loss to the direct and indirect victims is more than \$35,000, shall be found or made and filed in the proper court within five years after the commission of the offense.

(i) Except for violations relating to false material statements, representations or omissions, indictments or complaints for violations of section 609.671 shall be found or made and filed in the proper court within five years after the commission of the offense.

(j) Indictments or complaints for violation of sections 609.562 and 609.563, shall be found or made and filed in the proper court within five years after the commission of the offense.

(k) Indictments or complaints for violation of section 609.746 shall be found or made and filed in the proper court within the later of three years after the commission of the offense or three years after the offense was reported to law enforcement authorities.

(l) In all other cases, indictments or complaints shall be found or made and filed in the proper court within three years after the commission of the offense.

(m) The limitations periods contained in this section shall exclude any period of time during which the defendant was not an inhabitant of or usually resident within this state.

(n) The limitations periods contained in this section for an offense shall not include any period during which the alleged offender participated under a written agreement in a pretrial diversion program relating to that offense.

(o) The limitations periods contained in this section shall not include any period of time during which physical evidence relating to the offense was undergoing DNA analysis, as defined in section 299C.155, unless the defendant demonstrates that the prosecuting or law enforcement agency purposefully delayed the DNA analysis process in order to gain an unfair advantage.

Sec. 7. **REPEALER.**

Minnesota Statutes 2024, section 609.466, is repealed.

ARTICLE 8

MEDICAL ASSISTANCE FRAUD PREVENTION CONFORMING CHANGES

Section 1. Minnesota Statutes 2025 Supplement, section 145A.061, subdivision 3, is amended to read:

Subd. 3. **Denial of service.** The commissioner may deny an application from any applicant who has been convicted of any of the following crimes:

Section 609.185 (murder in the first degree); section 609.19 (murder in the second degree); section 609.195 (murder in the third degree); section 609.20 (manslaughter in the first degree); section 609.205 (manslaughter in the second degree); section 609.25 (kidnapping); section 609.2661 (murder of an unborn child in the first degree); section 609.2662 (murder of an unborn child in the second degree); section 609.2663 (murder of an unborn child in the third degree); section 609.342 (criminal sexual conduct in the first degree); section 609.343 (criminal sexual conduct in the second degree); section 609.344 (criminal sexual conduct in the third degree); section 609.345 (criminal sexual conduct in the fourth degree); section 609.3451 (criminal sexual conduct in the fifth degree); section

134.1 609.3453 (criminal sexual predatory conduct); section 609.352 (solicitation of children to
134.2 engage in sexual conduct); section 609.352 (communication of sexually explicit materials
134.3 to children); section 609.365 (incest); section 609.377 (felony malicious punishment of a
134.4 child); section 609.378 (felony neglect or endangerment of a child); section 609.561 (arson
134.5 in the first degree); section 609.562 (arson in the second degree); section 609.563 (arson in
134.6 the third degree); section 609.749, subdivision 3, 4, or 5 (felony harassment or stalking);
134.7 section 152.021 (controlled substance crimes in the first degree); section 152.022 (controlled
134.8 substance crimes in the second degree); section 152.023 (controlled substance crimes in the
134.9 third degree); section 152.024 (controlled substance crimes in the fourth degree); section
134.10 152.025 (controlled substance crimes in the fifth degree); section 243.166 (violation of
134.11 predatory offender registration law); section 617.23, subdivision 2, clause (1), or subdivision
134.12 3, clause (1) (indecent exposure involving a minor); section 617.246 (use of minors in sexual
134.13 performance); section 617.247 (possession of child sexual abuse material); section 609.221
134.14 (assault in the first degree); section 609.222 (assault in the second degree); section 609.223
134.15 (assault in the third degree); section 609.2231 (assault in the fourth degree); section 609.224
134.16 (assault in the fifth degree); section 609.2242 (domestic assault); section 609.2247 (domestic
134.17 assault by strangulation); section 609.228 (great bodily harm caused by distribution of
134.18 drugs); section 609.23 (mistreatment of persons confined); section 609.231 (mistreatment
134.19 of residents or patients); section 609.2325 (criminal abuse); section 609.233 (criminal
134.20 neglect); section 609.2335 (financial exploitation of a vulnerable adult); section 609.234
134.21 (failure to report); section 609.24 (simple robbery); section 609.245 (aggravated robbery);
134.22 section 609.247 (carjacking); section 609.255 (false imprisonment); section 609.322
134.23 (solicitation, inducement, and promotion of prostitution and sex trafficking); section 609.324,
134.24 subdivision 1 (hiring or engaging minors in prostitution); section 609.465 (presenting false
134.25 claims to a public officer or body); Minnesota Statutes 2024, section 609.466 or section
134.26 609.467 (medical assistance fraud); section 609.52 (felony theft); section 609.82 (felony
134.27 fraud in obtaining credit); section 609.527 (felony identity theft); section 609.582 (felony
134.28 burglary); section 609.611 (felony insurance fraud); section 609.625 (aggravated forgery);
134.29 section 609.63 (forgery); section 609.631 (felony check forgery); section 609.66, subdivision
134.30 1e (felony drive-by shooting); section 609.71 (felony riot); section 609.713 (terroristic
134.31 threats); section 609.72, subdivision 3 (disorderly conduct by a caregiver against a vulnerable
134.32 adult); section 609.821 (felony financial transaction card fraud); section 609.855, subdivision
134.33 5 (shooting at or in a public transit vehicle or facility); or aiding and abetting, attempting,
134.34 or conspiring to commit any of the offenses in this subdivision.

135.1 Sec. 2. Minnesota Statutes 2024, section 214.10, subdivision 2a, is amended to read:

135.2 Subd. 2a. **Proceedings.** A board shall initiate proceedings to suspend or revoke a license
135.3 or shall refuse to renew a license of a person licensed by the board who is convicted in a
135.4 court of competent jurisdiction of violating section 609.2231, subdivision 8, 609.23, 609.231,
135.5 609.2325, 609.233, 609.2335, 609.234, 609.465, Minnesota Statutes 2024, section 609.466,
135.6 section 609.467, 609.52, or 609.72, subdivision 3.

135.7 Sec. 3. Minnesota Statutes 2024, section 245C.15, subdivision 2, is amended to read:

135.8 Subd. 2. **15-year disqualification.** (a) An individual is disqualified under section 245C.14
135.9 if: (1) less than 15 years have passed since the discharge of the sentence imposed, if any,
135.10 for the offense; and (2) the individual has committed a felony-level violation of any of the
135.11 following offenses: sections 152.021, subdivision 1 or 2b, (aggravated controlled substance
135.12 crime in the first degree; sale crimes); 152.022, subdivision 1 (controlled substance crime
135.13 in the second degree; sale crimes); 152.023, subdivision 1 (controlled substance crime in
135.14 the third degree; sale crimes); 152.024, subdivision 1 (controlled substance crime in the
135.15 fourth degree; sale crimes); 256.98 (wrongfully obtaining assistance); 268.182 (fraud);
135.16 393.07, subdivision 10, paragraph (c) (federal SNAP fraud); 518B.01, subdivision 14
135.17 (violation of an order for protection); 609.165 (felon ineligible to possess firearm); 609.2112,
135.18 609.2113, or 609.2114 (criminal vehicular homicide or injury); 609.215 (suicide); 609.223
135.19 or 609.2231 (assault in the third or fourth degree); repeat offenses under 609.224 (assault
135.20 in the fifth degree); 609.229 (crimes committed for benefit of a gang); 609.2325 (criminal
135.21 abuse of a vulnerable adult); 609.2335 (financial exploitation of a vulnerable adult); 609.235
135.22 (use of drugs to injure or facilitate crime); 609.24 (simple robbery); 609.247, subdivision
135.23 4 (carjacking in the third degree); 609.255 (false imprisonment); 609.2664 (manslaughter
135.24 of an unborn child in the first degree); 609.2665 (manslaughter of an unborn child in the
135.25 second degree); 609.267 (assault of an unborn child in the first degree); 609.2671 (assault
135.26 of an unborn child in the second degree); 609.268 (injury or death of an unborn child in the
135.27 commission of a crime); 609.27 (coercion); 609.275 (attempt to coerce); Minnesota Statutes
135.28 2024, section 609.466 or section 609.467 (medical assistance fraud); 609.495 (aiding an
135.29 offender); 609.498, subdivision 1 or 1b (aggravated first-degree or first-degree tampering
135.30 with a witness); 609.52 (theft); 609.521 (possession of shoplifting gear); 609.522 (organized
135.31 retail theft); 609.525 (bringing stolen goods into Minnesota); 609.527 (identity theft); 609.53
135.32 (receiving stolen property); 609.535 (issuance of dishonored checks); 609.562 (arson in the
135.33 second degree); 609.563 (arson in the third degree); 609.582 (burglary); 609.59 (possession
135.34 of burglary tools); 609.611 (insurance fraud); 609.625 (aggravated forgery); 609.63 (forgery);
135.35 609.631 (check forgery; offering a forged check); 609.635 (obtaining signature by false

136.1 pretense); 609.66 (dangerous weapons); 609.67 (machine guns and short-barreled shotguns);
136.2 609.687 (adulteration); 609.71 (riot); 609.713 (terroristic threats); 609.746 (interference
136.3 with privacy); 609.82 (fraud in obtaining credit); 609.821 (financial transaction card fraud);
136.4 617.23 (indecent exposure), not involving a minor; repeat offenses under 617.241 (obscene
136.5 materials and performances; distribution and exhibition prohibited; penalty); or 624.713
136.6 (certain persons not to possess firearms).

136.7 (b) An individual is disqualified under section 245C.14 if less than 15 years has passed
136.8 since the individual's aiding and abetting, attempt, or conspiracy to commit any of the
136.9 offenses listed in paragraph (a), as each of these offenses is defined in Minnesota Statutes.

136.10 (c) An individual is disqualified under section 245C.14 if less than 15 years has passed
136.11 since the termination of the individual's parental rights under section 260C.301, subdivision
136.12 1, paragraph (b), or subdivision 3.

136.13 (d) An individual is disqualified under section 245C.14 if less than 15 years has passed
136.14 since the discharge of the sentence imposed for an offense in any other state or country, the
136.15 elements of which are substantially similar to the elements of the offenses listed in paragraph
136.16 (a) or since the termination of parental rights in any other state or country, the elements of
136.17 which are substantially similar to the elements listed in paragraph (c).

136.18 (e) If the individual studied commits one of the offenses listed in paragraph (a), but the
136.19 sentence or level of offense is a gross misdemeanor or misdemeanor, the individual is
136.20 disqualified but the disqualification look-back period for the offense is the period applicable
136.21 to the gross misdemeanor or misdemeanor disposition.

136.22 (f) When a disqualification is based on a judicial determination other than a conviction,
136.23 the disqualification period begins from the date of the court order. When a disqualification
136.24 is based on an admission, the disqualification period begins from the date of an admission
136.25 in court. When a disqualification is based on an Alford Plea, the disqualification period
136.26 begins from the date the Alford Plea is entered in court. When a disqualification is based
136.27 on a preponderance of evidence of a disqualifying act, the disqualification date begins from
136.28 the date of the dismissal, the date of discharge of the sentence imposed for a conviction for
136.29 a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

136.30 Sec. 4. Minnesota Statutes 2024, section 245C.15, subdivision 3, is amended to read:

136.31 Subd. 3. **Ten-year disqualification.** (a) An individual is disqualified under section
136.32 245C.14 if: (1) less than ten years have passed since the discharge of the sentence imposed,
136.33 if any, for the offense; and (2) the individual has committed a gross misdemeanor-level

137.1 violation of any of the following offenses: sections 256.98 (wrongfully obtaining assistance);
137.2 260B.425 (criminal jurisdiction for contributing to status as a juvenile petty offender or
137.3 delinquency); 260C.425 (criminal jurisdiction for contributing to need for protection or
137.4 services); 268.182 (fraud); 393.07, subdivision 10, paragraph (c) (federal SNAP fraud);
137.5 609.2112, 609.2113, or 609.2114 (criminal vehicular homicide or injury); 609.221 or 609.222
137.6 (assault in the first or second degree); 609.223 or 609.2231 (assault in the third or fourth
137.7 degree); 609.224 (assault in the fifth degree); 609.224, subdivision 2, paragraph (c) (assault
137.8 in the fifth degree by a caregiver against a vulnerable adult); 609.2242 and 609.2243
137.9 (domestic assault); 609.23 (mistreatment of persons confined); 609.231 (mistreatment of
137.10 residents or patients); 609.2325 (criminal abuse of a vulnerable adult); 609.233 (criminal
137.11 neglect of a vulnerable adult); 609.2335 (financial exploitation of a vulnerable adult);
137.12 609.234 (failure to report maltreatment of a vulnerable adult); 609.265 (abduction); 609.275
137.13 (attempt to coerce); 609.324, subdivision 1a (other prohibited acts; minor engaged in
137.14 prostitution); 609.33 (disorderly house); 609.377 (malicious punishment of a child); 609.378
137.15 (neglect or endangerment of a child); Minnesota Statutes 2024, section 609.466 or section
137.16 609.467 (medical assistance fraud); 609.52 (theft); 609.522 (organized retail theft); 609.525
137.17 (bringing stolen goods into Minnesota); 609.527 (identity theft); 609.53 (receiving stolen
137.18 property); 609.535 (issuance of dishonored checks); 609.582 (burglary); 609.59 (possession
137.19 of burglary tools); 609.611 (insurance fraud); 609.631 (check forgery; offering a forged
137.20 check); 609.66 (dangerous weapons); 609.71 (riot); 609.72, subdivision 3 (disorderly conduct
137.21 against a vulnerable adult); 609.749, subdivision 2 (harassment); 609.82 (fraud in obtaining
137.22 credit); 609.821 (financial transaction card fraud); 617.23 (indecent exposure), not involving
137.23 a minor; 617.241 (obscene materials and performances); 617.243 (indecent literature,
137.24 distribution); 617.293 (harmful materials; dissemination and display to minors prohibited);
137.25 or Minnesota Statutes 2012, section 609.21; or violation of an order for protection under
137.26 section 518B.01, subdivision 14.

137.27 (b) An individual is disqualified under section 245C.14 if less than ten years has passed
137.28 since the individual's aiding and abetting, attempt, or conspiracy to commit any of the
137.29 offenses listed in paragraph (a), as each of these offenses is defined in Minnesota Statutes.

137.30 (c) An individual is disqualified under section 245C.14 if less than ten years has passed
137.31 since the discharge of the sentence imposed for an offense in any other state or country, the
137.32 elements of which are substantially similar to the elements of any of the offenses listed in
137.33 paragraph (a).

(d) If the individual studied commits one of the offenses listed in paragraph (a), but the sentence or level of offense is a misdemeanor disposition, the individual is disqualified but the disqualification lookback period for the offense is the period applicable to misdemeanors.

(e) When a disqualification is based on a judicial determination other than a conviction, the disqualification period begins from the date of the court order. When a disqualification is based on an admission, the disqualification period begins from the date of an admission in court. When a disqualification is based on an Alford Plea, the disqualification period begins from the date the Alford Plea is entered in court. When a disqualification is based on a preponderance of evidence of a disqualifying act, the disqualification date begins from the date of the dismissal, the date of discharge of the sentence imposed for a conviction for a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

Sec. 5. Minnesota Statutes 2024, section 245C.15, subdivision 4, is amended to read:

Subd. 4. Seven-year disqualification. (a) An individual is disqualified under section 245C.14 if: (1) less than seven years has passed since the discharge of the sentence imposed, if any, for the offense; and (2) the individual has committed a misdemeanor-level violation of any of the following offenses: sections 256.98 (wrongfully obtaining assistance); 260B.425 (criminal jurisdiction for contributing to status as a juvenile petty offender or delinquency); 260C.425 (criminal jurisdiction for contributing to need for protection or services); 268.182 (fraud); 393.07, subdivision 10, paragraph (c) (federal SNAP fraud); 609.2112, 609.2113, or 609.2114 (criminal vehicular homicide or injury); 609.221 (assault in the first degree); 609.222 (assault in the second degree); 609.223 (assault in the third degree); 609.2231 (assault in the fourth degree); 609.224 (assault in the fifth degree); 609.2242 (domestic assault); 609.2335 (financial exploitation of a vulnerable adult); 609.234 (failure to report maltreatment of a vulnerable adult); 609.2672 (assault of an unborn child in the third degree); 609.27 (coercion); violation of an order for protection under 609.3232 (protective order authorized; procedures; penalties); Minnesota Statutes 2024, section 609.466 or section 609.467 (medical assistance fraud); 609.52 (theft); 609.522 (organized retail theft); 609.525 (bringing stolen goods into Minnesota); 609.527 (identity theft); 609.53 (receiving stolen property); 609.535 (issuance of dishonored checks); 609.611 (insurance fraud); 609.66 (dangerous weapons); 609.665 (spring guns); 609.746 (interference with privacy); 609.79 (obscene or harassing telephone calls); 609.795 (letter, telegram, or package; opening; harassment); 609.82 (fraud in obtaining credit); 609.821 (financial transaction card fraud); 617.23 (indecent exposure), not involving a minor; 617.293 (harmful materials; dissemination and display to minors prohibited); or Minnesota Statutes 2012, section 609.21; or violation of an order for protection under section 518B.01 (Domestic Abuse Act).

(b) An individual is disqualified under section 245C.14 if less than seven years has passed since a determination or disposition of the individual's:

(1) failure to make required reports under section 260E.06 or 626.557, subdivision 3, for incidents in which: (i) the final disposition under section 626.557 or chapter 260E was substantiated maltreatment, and (ii) the maltreatment was recurring or serious; or

(2) substantiated serious or recurring maltreatment of a minor under chapter 260E, a vulnerable adult under section 626.557, or serious or recurring maltreatment in any other state, the elements of which are substantially similar to the elements of maltreatment under section 626.557 or chapter 260E for which: (i) there is a preponderance of evidence that the maltreatment occurred, and (ii) the subject was responsible for the maltreatment.

(c) An individual is disqualified under section 245C.14 if less than seven years has passed since the individual's aiding and abetting, attempt, or conspiracy to commit any of the offenses listed in paragraphs (a) and (b), as each of these offenses is defined in Minnesota Statutes.

(d) An individual is disqualified under section 245C.14 if less than seven years has passed since the discharge of the sentence imposed for an offense in any other state or country, the elements of which are substantially similar to the elements of any of the offenses listed in paragraphs (a) and (b).

(e) When a disqualification is based on a judicial determination other than a conviction, the disqualification period begins from the date of the court order. When a disqualification is based on an admission, the disqualification period begins from the date of an admission in court. When a disqualification is based on an Alford Plea, the disqualification period begins from the date the Alford Plea is entered in court. When a disqualification is based on a preponderance of evidence of a disqualifying act, the disqualification date begins from the date of the dismissal, the date of discharge of the sentence imposed for a conviction for a disqualifying crime of similar elements, or the date of the incident, whichever occurs last.

(f) An individual is disqualified under section 245C.14 if less than seven years has passed since the individual was disqualified under section 256.98, subdivision 8.

Sec. 6. Minnesota Statutes 2025 Supplement, section 609.531, subdivision 1, is amended to read:

Subdivision 1. **Definitions.** For the purpose of sections 609.531 to 609.5318, the following terms have the meanings given.

140.1 (a) "Conveyance device" means a device used for transportation and includes, but is not
140.2 limited to, a motor vehicle, trailer, snowmobile, airplane, and vessel and any equipment
140.3 attached to it. The term "conveyance device" does not include property which is, in fact,
140.4 itself stolen or taken in violation of the law.

140.5 (b) "Weapon used" means a dangerous weapon as defined under section 609.02,
140.6 subdivision 6, that the actor used or had in possession in furtherance of a crime.

140.7 (c) "Property" means property as defined in section 609.52, subdivision 1, clause (1).

140.8 (d) "Contraband" means property which is illegal to possess under Minnesota law.

140.9 (e) "Appropriate agency" means the Bureau of Criminal Apprehension, the Minnesota
140.10 Division of Driver and Vehicle Services, the Minnesota State Patrol, a county sheriff's
140.11 department, the Three Rivers Park District Department of Public Safety, the Department of
140.12 Natural Resources Division of Enforcement, the University of Minnesota Police Department,
140.13 the Department of Corrections Fugitive Apprehension Unit, a city, metropolitan transit, or
140.14 airport police department; or a multijurisdictional entity established under section 299A.642
140.15 or 299A.681.

140.16 (f) "Designated offense" includes:

140.17 (1) for weapons used: any violation of this chapter, chapter 152 or 624;

140.18 (2) for driver's license or identification card transactions: any violation of section 171.22;
140.19 and

140.20 (3) for all other purposes: a felony violation of, or a felony-level attempt or conspiracy
140.21 to violate, section 325E.17; 325E.18; 609.185; 609.19; 609.195; 609.2112; 609.2113;
140.22 609.2114; 609.221; 609.222; 609.223; 609.2231; 609.2335; 609.24; 609.245; 609.247;
140.23 609.25; 609.255; 609.282; 609.283; 609.322; 609.342, subdivision 1, or subdivision 1a,
140.24 clauses (a) to (f) and (i); 609.343, subdivision 1, or subdivision 1a, clauses (a) to (f) and (i);
140.25 609.344, subdivision 1, or subdivision 1a, clauses (a) to (e), (h), or (i); 609.345, subdivision
140.26 1, or subdivision 1a, clauses (a) to (e), (h), and (i); 609.352; 609.42; 609.425; Minnesota
140.27 Statutes 2024, section 609.466; section 609.467; 609.485; 609.487; 609.52; 609.525; 609.527;
140.28 609.528; 609.53; 609.54; 609.551; 609.561; 609.562; 609.563; 609.582; 609.59; 609.595;
140.29 609.611; 609.631; 609.66, subdivision 1e; 609.671, subdivisions 3, 4, 5, 8, and 12; 609.687;
140.30 609.821; 609.825; 609.86; 609.88; 609.89; 609.893; 609.895; 617.246; 617.247; or a gross
140.31 misdemeanor or felony violation of section 609.891 or 624.7181; or any violation of section
140.32 609.324; or a felony violation of, or a felony-level attempt or conspiracy to violate, Minnesota
140.33 Statutes 2012, section 609.21.

141.1 (g) "Controlled substance" has the meaning given in section 152.01, subdivision 4.

141.2 (h) "Prosecuting authority" means the attorney who is responsible for prosecuting an
141.3 offense that is the basis for a forfeiture under sections 609.531 to 609.5318.

141.4 (i) "Asserting person" means a person, other than the driver alleged to have used a vehicle
141.5 in the transportation or exchange of a controlled substance intended for distribution or sale,
141.6 claiming an ownership interest in a vehicle that has been seized or restrained under this
141.7 section.

141.8 Sec. 7. Laws 2026, chapter 88, article 1, section 181, is amended to read:

141.9 Sec. 181. Minnesota Statutes 2025 Supplement, section 299C.061, subdivision 1, is
141.10 amended to read:

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

141.13 (b) "Fraud involving state funded or administered programs or services" includes any
141.14 violation of section 609.445, 609.465, Minnesota Statutes 2024, section 609.466, section
141.15 609.467, 609.52, 609.611, 609.651, 609.7475, or 609.821 involving a state agency or
141.16 state-funded or administered program or service.

141.17 (c) "Peace officer" has the meaning given in section 626.84, subdivision 1, paragraph
141.18 (c).

141.19 (d) "Section" means the Financial Crimes and Fraud Section of the Bureau of Criminal
141.20 Apprehension.

141.21 (e) "State agency" has the meaning given in section 13.02, subdivision 17.

141.22 (f) "Superintendent" means the superintendent of the Bureau of Criminal Apprehension.

141.23 ARTICLE 9

141.24 CHILDREN, YOUTH, AND FAMILIES POLICY

141.25 Section 1. Minnesota Statutes 2024, section 124D.19, is amended by adding a subdivision
141.26 to read:

141.27 Subd. 13a. School-age care programs; priority for children in foster care. Each
141.28 district operating a school-age care, youth after-school enrichment, or other before- and
141.29 after-school community education program under this section must ensure that children in
141.30 foster care, as defined under section 260C.007, subdivision 18, or in a voluntary or

142.1 involuntary foster care placement under the Minnesota Indian Family Preservation Act
142.2 receive priority for enrollment in community education programs. In order to give a child
142.3 priority under this paragraph, the district may require a letter or other documentation from
142.4 a responsible social services agency or child-placing agency verifying that the child is in
142.5 foster care.

142.6 Sec. 2. Minnesota Statutes 2024, section 142A.43, is amended to read:

142.7 **142A.43 GRANTS-IN-AID GRANTS TO YOUTH INTERVENTION PROGRAMS.**

142.8 Subdivision 1. **Grants.** (a) The commissioner ~~may~~ must make grants to nonprofit agencies
142.9 administering youth intervention programs in communities where the programs are or may
142.10 be established. Grants under this section are limited to available appropriations. No grant
142.11 may exceed \$75,000.

142.12 (b) "Youth intervention program" means a nonresidential community-based program
142.13 providing advocacy, education, counseling, mentoring, and referral services to youth and
142.14 their families experiencing personal, familial, school, legal, or chemical problems with the
142.15 goal of resolving the present problems and preventing the occurrence of the problems in
142.16 the future. The intent of the youth intervention program is to provide an ongoing stable
142.17 funding source to community-based early intervention programs for youth. Program design
142.18 may be different for the grantees depending on youth service needs of the communities
142.19 being served.

142.20 (c) A grant under this section is contingent upon the agency obtaining local matching
142.21 money equal to the amount of the grant from the community in which the youth intervention
142.22 program is established. The matching requirement is intended to leverage the investment
142.23 of state and community money in supporting the efforts of the grantees to provide early
142.24 intervention services to youth and their families.

142.25 Subd. 2. **Applications.** Applications for a ~~grant-in-aid~~ shall ~~grant must be made~~ submitted
142.26 by the administering agency to the commissioner. The commissioner must provide the
142.27 application form, procedures for submitting application forms, criteria for review of the
142.28 application, and a description of the kinds of contributions in addition to cash that qualify
142.29 as local matching money.

142.30 ~~The grant-in-aid is contingent upon the agency having obtained from the community in~~
142.31 ~~which the youth intervention program is established local matching money equal to the~~
142.32 ~~amount of the grant that is sought. The matching requirement is intended to leverage the~~

143.1 ~~investment of state and community dollars in supporting the efforts of the grantees to provide~~
143.2 ~~early intervention services to youth and their families.~~

143.3 ~~The commissioner shall provide the application form, procedures for making application~~
143.4 ~~form, criteria for review of the application, and kinds of contributions in addition to cash~~
143.5 ~~that qualify as local matching money. No grant to any agency may exceed \$75,000.~~

143.6 Subd. 3. ~~Grant allocation formula~~ **Youth Intervention Programs Association**
143.7 **grant.** Up to five six percent of the appropriations to the grants in aid to the youth
143.8 ~~intervention program may~~ appropriation for grants under this section must be used for a
143.9 grant to the Minnesota Youth Intervention Programs Association for ~~expenses in~~ providing
143.10 collaboration, program development, professional development training, technical assistance,
143.11 and tracking, and analyzing, and reporting outcome data for the community-based grantees
143.12 of the program. The Minnesota Youth Intervention Programs Association is not required
143.13 to meet the ~~match obligation~~ matching requirement under subdivision ~~2~~ 1, paragraph (c).

143.14 Subd. 4. **Report.** On or before March 31 of each year, the Minnesota Youth Intervention
143.15 Programs Association shall report to the chairs and ranking minority members of the
143.16 committees and divisions with jurisdiction over ~~public safety policy and finance~~ children
143.17 and youth on the implementation, use, and administration of the grant program ~~created~~
143.18 under this section. The report shall include information sent by agencies administering youth
143.19 intervention programs to the Minnesota Youth Intervention Programs Association ~~and the~~
143.20 ~~Office of Justice Programs~~. At a minimum, the report must identify:

143.21 (1) the grant recipients;

143.22 (2) the geographic location of the grant recipients;

143.23 (3) the total number of individuals served by all grant recipients, disaggregated by race,
143.24 ethnicity, and gender;

143.25 (4) the total number of individuals served by all grant recipients who successfully
143.26 completed programming, disaggregated by age, race, ethnicity, and gender;

143.27 (5) the total amount of money awarded in grants and the total amount remaining to be
143.28 awarded from each appropriation;

143.29 (6) the amount of money granted to each recipient;

143.30 (7) ~~grantee~~ grant recipient workplan objectives;

143.31 (8) how the grant was used based on ~~grantee~~ grant recipient quarterly narrative reports
143.32 and financial reports; and

(9) summarized relevant youth intervention program outcome survey data measuring the developmental assets of participants, based on Search Institute's Developmental Assets Framework.

~~Subd. 5. **Administrative costs.** The commissioner may use up to ten percent of the biennial appropriation for grants-in-aid to the youth intervention program to pay costs incurred by the department in administering the youth intervention program.~~

Sec. 3. Minnesota Statutes 2024, section 142B.10, subdivision 18, is amended to read:

Subd. 18. **Adoption agency; additional requirements.** In addition to the other requirements of this section, an individual or organization applying for a license to place children for adoption must:

(1) incorporate as a nonprofit corporation under chapter 317A or a nonprofit limited liability company under chapter 322C;

(2) file with the application for licensure a copy of the disclosure form required under section 259.37, subdivision 2;

(3) provide evidence that a bond has been obtained and will be continuously maintained throughout the entire operating period of the agency, to cover the cost of transfer of records to and storage of records by the agency which has agreed, according to rule established by the commissioner, to receive the applicant agency's records if the applicant agency voluntarily or involuntarily ceases operation and fails to provide for proper transfer of the records. The bond must be made in favor of the agency which has agreed to receive the records; and

(4) submit a financial review completed by an accountant to the commissioner each year the license is renewed as required under section 142B.05, subdivision 1.

Sec. 4. Minnesota Statutes 2024, section 142B.30, is amended by adding a subdivision to read:

Subd. 9a. **Child foster care licensing agency information to applicants.** In addition to the requirements in Minnesota Rules, part 9543.0040, subpart 1, the licensing agency must provide information to child foster care license applicants on the background study process and the procedure for reconsideration of a background study disqualification.

145.1 Sec. 5. Minnesota Statutes 2024, section 142B.65, subdivision 7, is amended to read:

145.2 Subd. 7. **Abusive head trauma training.** (a) Before caring for children under school
145.3 age, the director, staff persons, substitutes, and unsupervised volunteers must receive training
145.4 on the risk of abusive head trauma during orientation and each calendar year thereafter.

145.5 (b) Abusive head trauma training under this subdivision must be at least one-half hour
145.6 in length. At a minimum, the training must address the risk factors related to shaking infants
145.7 and young children, means to reduce the risk of abusive head trauma in child care, and
145.8 license holder communication with parents regarding reducing the risk of abusive head
145.9 trauma. The training must be interactive and not only consist of reading or viewing
145.10 information.

145.11 (c) Except if completed during orientation, training taken under this subdivision may
145.12 be used to meet the in-service training requirements under subdivision 9.

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

145.16 **EFFECTIVE DATE.** This section is effective January 1, 2027.

145.17 Sec. 6. Minnesota Statutes 2024, section 142B.70, subdivision 6, is amended to read:

145.18 Subd. 6. **Sudden unexpected infant death and abusive head trauma training.** (a)
145.19 License holders must ensure and document that before the license holder, second adult
145.20 caregivers, substitutes, and helpers assist in the care of infants, they are instructed on the
145.21 standards in section 142B.46 and receive training on reducing the risk of sudden unexpected
145.22 infant death. In addition, license holders must ensure and document that before the license
145.23 holder, second adult caregivers, substitutes, and helpers assist in the care of infants and
145.24 children under school age, they receive training on reducing the risk of abusive head trauma
145.25 from shaking infants and young children. The training in this subdivision may be provided
145.26 as initial training under subdivision 1 or ongoing annual training under subdivision 8.

145.27 (b) Sudden unexpected infant death reduction training required under this subdivision
145.28 must, at a minimum, address the risk factors related to sudden unexpected infant death,
145.29 means of reducing the risk of sudden unexpected infant death in child care, and license
145.30 holder communication with parents regarding reducing the risk of sudden unexpected infant
145.31 death.

145.32 (c) Abusive head trauma training required under this subdivision must, at a minimum,
145.33 address the risk factors related to shaking infants and young children, means of reducing

146.1 the risk of abusive head trauma in child care, and license holder communication with parents
146.2 regarding reducing the risk of abusive head trauma. The training must be interactive and
146.3 not only consist of reading or viewing information.

146.4 (d) Training for family and group family child care providers must be developed by the
146.5 commissioner in conjunction with the Minnesota Sudden Infant Death Center and approved
146.6 by the Minnesota Center for Professional Development. Sudden unexpected infant death
146.7 reduction training and abusive head trauma training may be provided in a single course of
146.8 no more than two hours in length.

146.9 (e) Sudden unexpected infant death reduction training and abusive head trauma training
146.10 required under this subdivision must be completed in person ~~or as allowed under subdivision~~
146.11 ~~11, clause (1) or (2), at least once every two years. On the years when the individual receiving~~
146.12 ~~training is not receiving training in person or as allowed under subdivision 11, clause (1)~~
146.13 ~~or (2), the individual receiving training in accordance with this subdivision must receive~~
146.14 ~~sudden unexpected infant death reduction training and abusive head trauma training through~~
146.15 ~~a video of no more than one hour in length. The video must be developed or approved by~~
146.16 ~~the commissioner~~ or online each calendar year.

146.17 (f) An individual who is related to the license holder as defined in section 142B.01,
146.18 subdivision 15, and who is involved only in the care of the license holder's own infant or
146.19 child under school age and who is not designated to be a second adult caregiver, helper, or
146.20 substitute for the licensed program, is exempt from the sudden unexpected infant death and
146.21 abusive head trauma training.

146.22 **EFFECTIVE DATE.** This section is effective January 1, 2027.

146.23 Sec. 7. Minnesota Statutes 2024, section 142C.12, subdivision 3, is amended to read:

146.24 Subd. 3. **Abusive head trauma.** A certified center that cares for a child under school
146.25 age must ensure that the director and all staff persons, including substitutes and unsupervised
146.26 volunteers, receive training on abusive head trauma before assisting in the care of a child
146.27 under school age. The training must be interactive and not only consist of reading or viewing
146.28 information.

146.29 **EFFECTIVE DATE.** This section is effective January 1, 2027.

146.30 Sec. 8. Minnesota Statutes 2024, section 142D.05, subdivision 8, is amended to read:

146.31 Subd. 8. **Eligibility.** (a) A child is eligible to participate in a school readiness program
146.32 if the child:

- 147.1 (1) is at least three years old on September 1;
- 147.2 (2) has completed health and developmental screening within 90 days of program
147.3 enrollment under sections 142D.09 to 142D.093; and
- 147.4 (3) has one or more of the following risk factors:
- 147.5 (i) qualifies for free or reduced-price meals;
- 147.6 (ii) is an English learner;
- 147.7 (iii) is homeless;
- 147.8 (iv) has an individualized education program (IEP) or standardized written plan;
- 147.9 (v) is identified, through health and developmental screenings under sections 142D.09
147.10 to 142D.093, with a potential risk factor that may influence learning; ~~or~~
- 147.11 (vi) is in foster care; or
- 147.12 (vii) is defined as at risk by the school district.
- 147.13 (b) The commissioner may require a letter or other documentation from a responsible
147.14 social services agency or child-placing agency for a child eligible under paragraph (a),
147.15 clause (3), item (vi), verifying that the child is in foster care, as defined in section 260C.007,
147.16 subdivision 18, or in a voluntary or involuntary foster care placement under the Minnesota
147.17 Indian Family Preservation Act. The commissioner must process a verification letter or
147.18 other documentation within five business days of receiving the letter or documentation.
- 147.19 **Sec. 9. [142D.095] PRESCHOOL ASSESSMENT.**
- 147.20 (a) For programs serving children under section 142D.08, the commissioner of children,
147.21 youth, and families must implement a preschool assessment of children's development in
147.22 the year prior to kindergarten entry that is:
- 147.23 (1) aligned to the state early childhood indicators of progress and based on the criteria
147.24 for an early learning assessment approved by the commissioner; and
- 147.25 (2) based in part on information collected from teachers, early learning professionals,
147.26 families, and other partners.
- 147.27 (b) The commissioner must evaluate and approve assessment tools that meet the
147.28 requirements in paragraph (a). School districts and charter schools operating a program
147.29 under section 142D.08 must choose an assessment tool approved under this paragraph.

148.1 (c) The commissioner may provide technical assistance and professional development
148.2 related to the assessment to educators, school districts, and charter schools.

148.3 Sec. 10. Minnesota Statutes 2024, section 142D.21, subdivision 6, is amended to read:

148.4 Subd. 6. **Payments.** (a) The commissioner shall provide payments under this section to
148.5 all eligible programs on a noncompetitive basis. The payment amounts shall be based on
148.6 the number of full-time equivalent staff who regularly care for children in the program,
148.7 including any employees, sole proprietors, or independent contractors.

148.8 (b) For purposes of this section, "one full-time equivalent" is defined as an individual
148.9 caring for children 32 hours per week, including associated required paid break time. An
148.10 individual can count as more or less than one full-time equivalent staff, but as no more than
148.11 two full-time equivalent staff.

148.12 (c) The commissioner must establish an amount to award per full-time equivalent
148.13 individual who regularly cares for children in the program.

148.14 (d) Payments must be increased by ten percent for programs receiving child care
148.15 assistance payments under section 142E.08 or 142E.17 or early learning scholarships under
148.16 section 142D.25, or for programs located in a child care access equity area. The commissioner
148.17 must develop a method for establishing child care access equity areas. For purposes of this
148.18 section, "child care access equity area" means an area with low access to child care, high
148.19 poverty rates, high unemployment rates, low homeownership rates, and low median
148.20 household incomes.

148.21 (e) The commissioner shall establish the form, frequency, and manner for making
148.22 payments under this section.

148.23 Sec. 11. Minnesota Statutes 2024, section 142D.25, subdivision 3, is amended to read:

148.24 Subd. 3. **Applications; priorities.** (a) The commissioner shall establish application
148.25 timelines and determine the schedule for awarding scholarships that meet the operational
148.26 needs of eligible families and programs.

148.27 (b) The commissioner must give highest priority on an equal basis to applications from
148.28 children who:

148.29 (1) are not yet four years of age;

148.30 (2) have a parent under age 21 who is pursuing a high school diploma or a course of
148.31 study for a high school equivalency test;

- 149.1 (3) are in foster care;
- 149.2 (4) have been referred as in need of child protection services;
- 149.3 (5) have an incarcerated parent;
- 149.4 (6) are in or have a parent in a substance use treatment program;
- 149.5 (7) are in or have a parent in a mental health treatment program;
- 149.6 (8) have experienced domestic violence;
- 149.7 (9) have an individualized education program or individualized family service plan; or
- 149.8 (10) have experienced homelessness in the last 24 months, as defined under the federal
- 149.9 McKinney-Vento Homeless Assistance Act, United States Code, title 42, section 1143a.

149.10 (c) Notwithstanding paragraph (b), beginning July 1, 2025, the commissioner must give

149.11 highest priority to applications from children in families with income equal to or less than

149.12 the rate specified under subdivision 2, paragraph (a), clause (1), item (i), and within this

149.13 group must prioritize children who meet one or more of the criteria listed in paragraph (b).

149.14 (d) The commissioner may prioritize applications on additional factors, including but

149.15 not limited to availability of funding, family income, geographic location, and whether the

149.16 child's family is on a waiting list for a publicly funded program providing early education

149.17 or child care services.

149.18 (e) The commissioner may require a letter or other documentation from a responsible

149.19 social services agency or child-placing agency for a child receiving priority as a child in

149.20 foster care verifying that the child is in foster care, as defined in section 260C.007,

149.21 subdivision 18, or in a voluntary or involuntary foster care placement under the Minnesota

149.22 Indian Family Preservation Act. The commissioner must process a verification letter or

149.23 other documentation within five business days of receiving the letter or documentation.

149.24 Sec. 12. Minnesota Statutes 2024, section 142E.04, subdivision 4, is amended to read:

149.25 Subd. 4. **Funding priorities.** (a) In the event that inadequate funding necessitates the

149.26 use of waiting lists, priority for child care assistance under the basic sliding fee assistance

149.27 program shall be determined according to this subdivision.

149.28 (b) First priority must be given to eligible non-MFIP families who do not have a high

149.29 school diploma or commissioner of education-selected high school equivalency certification

149.30 or who need remedial and basic skill courses in order to pursue employment or to pursue

149.31 education leading to employment and who need child care assistance to participate in the

150.1 education program. This includes student parents as defined under section 142E.01,
150.2 subdivision 26. Within this priority, the following subpriorities must be used:

150.3 (1) child care needs of minor parents;

150.4 (2) child care needs of parents under 21 years of age; and

150.5 (3) child care needs of other parents within the priority group described in this paragraph.

150.6 (c) Second priority must be given to families in which at least one parent is a veteran,
150.7 as defined under section 197.447.

150.8 (d) Third priority must be given to eligible foster parents providing care to a child placed
150.9 in a family foster home under section 260C.007, subdivision 16b; eligible relative custodians
150.10 to whom permanent legal and physical custody of a child has been transferred pursuant to
150.11 section 260C.515, subdivision 4; or eligible individuals with whom an Indian child has been
150.12 placed under section 260.773.

150.13 (e) Fourth priority must be given to eligible families who do not meet the specifications
150.14 of paragraph (b), (c), ~~(e)~~ (d), ~~(f)~~ (g).

150.15 ~~(e)~~ Fourth ~~(f)~~ Fifth priority must be given to families who are eligible for portable basic
150.16 sliding fee assistance through the portability pool under subdivision 10.

150.17 ~~(f)~~ Fifth ~~(g)~~ Sixth priority must be given to eligible families receiving services under
150.18 section 142E.01, subdivision 27, if the parents have completed their MFIP transition year.

150.19 ~~(g)~~ (h) Families under paragraph ~~(f)~~ (g) must be added to the basic sliding fee waiting
150.20 list on the date they complete their transition year under section 142E.01, subdivision 28.

150.21 **EFFECTIVE DATE.** This section is effective January 1, 2027.

150.22 Sec. 13. Minnesota Statutes 2024, section 245C.04, subdivision 1, is amended to read:

150.23 Subdivision 1. **Licensed programs; other child care programs.** (a) The commissioner
150.24 shall conduct a background study of an individual required to be studied under section
150.25 245C.03, subdivision 1, at least upon application for initial license for all license types.

150.26 (b) The commissioner shall conduct a background study of an individual required to be
150.27 studied under section 245C.03, subdivision 1, including a child care background study
150.28 subject as defined in section 245C.02, subdivision 6a, in a family child care program, licensed
150.29 child care center, certified license-exempt child care center, or legal nonlicensed child care
150.30 provider, on a schedule determined by the commissioner. Except as provided in section
150.31 245C.05, subdivision 5a, a child care background study must include submission of

151.1 fingerprints for a national criminal history record check and a review of the information
151.2 under section 245C.08. A background study for a child care program must be repeated
151.3 within five years from the most recent study conducted under this paragraph.

151.4 (c) ~~At reauthorization or~~ When a new background study is needed under section 142E.16,
151.5 subdivision 2, for a legal nonlicensed child care provider authorized under chapter 142E:

151.6 (1) for a background study affiliated with a legal nonlicensed child care provider, the
151.7 individual shall provide information required under section 245C.05, subdivision 1,
151.8 paragraphs (a), (b), and (d), to the commissioner and be fingerprinted and photographed
151.9 under section 245C.05, subdivision 5; and

151.10 (2) the commissioner shall verify the information received under clause (1) and submit
151.11 the request in NETStudy 2.0 to complete the background study.

151.12 (d) At reapplication for a family child care license:

151.13 (1) for a background study affiliated with a licensed family child care center, the
151.14 individual shall provide information required under section 245C.05, subdivision 1,
151.15 paragraphs (a), (b), and (d), to the county agency, and be fingerprinted and photographed
151.16 under section 245C.05, subdivision 5;

151.17 (2) the county agency shall verify the information received under clause (1) and forward
151.18 the information to the commissioner and submit the request in NETStudy 2.0 to complete
151.19 the background study; and

151.20 (3) the background study conducted by the commissioner under this paragraph must
151.21 include a review of the information required under section 245C.08.

151.22 (e) The commissioner is not required to conduct a study of an individual at the time of
151.23 reapplication for a license if the individual's background study was completed by the
151.24 commissioner of human services and the following conditions are met:

151.25 (1) a study of the individual was conducted either at the time of initial licensure or when
151.26 the individual became affiliated with the license holder;

151.27 (2) the individual has been continuously affiliated with the license holder since the last
151.28 study was conducted; and

151.29 (3) the last study of the individual was conducted on or after October 1, 1995.

151.30 (f) The commissioner of human services shall conduct a background study of an
151.31 individual specified under section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6),
151.32 who is newly affiliated with a child foster family setting license holder:

152.1 (1) the county or private agency shall collect and forward to the commissioner the
152.2 information required under section 245C.05, subdivisions 1 and 5, when the child foster
152.3 family setting applicant or license holder resides in the home where child foster care services
152.4 are provided; and

152.5 (2) the background study conducted by the commissioner of human services under this
152.6 paragraph must include a review of the information required under section 245C.08,
152.7 subdivisions 1, 3, and 4.

152.8 (g) The commissioner shall conduct a background study of an individual specified under
152.9 section 245C.03, subdivision 1, paragraph (a), clauses (2) to (6), who is newly affiliated
152.10 with an adult foster care or family adult day services and with a family child care license
152.11 holder or a legal nonlicensed child care provider authorized under chapter 142E and:

152.12 (1) except as provided in section 245C.05, subdivision 5a, the county shall collect and
152.13 forward to the commissioner the information required under section 245C.05, subdivision
152.14 1, paragraphs (a) and (b), and subdivision 5, paragraph (b), for background studies conducted
152.15 by the commissioner for all family adult day services, for adult foster care when the adult
152.16 foster care license holder resides in the adult foster care residence, and for family child care
152.17 and legal nonlicensed child care authorized under chapter 142E;

152.18 (2) the license holder shall collect and forward to the commissioner the information
152.19 required under section 245C.05, subdivisions 1, paragraphs (a) and (b); and 5, paragraphs
152.20 (a) and (b), for background studies conducted by the commissioner for adult foster care
152.21 when the license holder does not reside in the adult foster care residence; and

152.22 (3) the background study conducted by the commissioner under this paragraph must
152.23 include a review of the information required under section 245C.08, subdivision 1, paragraph
152.24 (a), and subdivisions 3 and 4.

152.25 (h) Applicants for licensure, license holders, and other entities as provided in this chapter
152.26 must submit completed background study requests to the commissioner using the electronic
152.27 system known as NETStudy before individuals specified in section 245C.03, subdivision
152.28 1, begin positions allowing direct contact in any licensed program.

152.29 (i) For an individual who is not on the entity's active roster, the entity must initiate a
152.30 new background study through NETStudy when:

152.31 (1) an individual returns to a position requiring a background study following an absence
152.32 of 120 or more consecutive days; or

153.1 (2) a program that discontinued providing licensed direct contact services for 120 or
153.2 more consecutive days begins to provide direct contact licensed services again.

153.3 The license holder shall maintain a copy of the notification provided to the commissioner
153.4 under this paragraph in the program's files. If the individual's disqualification was previously
153.5 set aside for the license holder's program and the new background study results in no new
153.6 information that indicates the individual may pose a risk of harm to persons receiving
153.7 services from the license holder, the previous set-aside shall remain in effect.

153.8 (j) For purposes of this section, a physician licensed under chapter 147, advanced practice
153.9 registered nurse licensed under chapter 148, or physician assistant licensed under chapter
153.10 147A is considered to be continuously affiliated upon the license holder's receipt from the
153.11 commissioner of health or human services of the physician's, advanced practice registered
153.12 nurse's, or physician assistant's background study results.

153.13 (k) For purposes of family child care, a substitute caregiver must receive repeat
153.14 background studies at the time of each license renewal.

153.15 (l) A repeat background study at the time of license renewal is not required if the family
153.16 child care substitute caregiver's background study was completed by the commissioner on
153.17 or after October 1, 2017, and the substitute caregiver is on the license holder's active roster
153.18 in NETStudy 2.0.

153.19 (m) Before and after school programs authorized under chapter 142E, are exempt from
153.20 the background study requirements under section 123B.03, for an employee for whom a
153.21 background study under this chapter has been completed.

153.22 Sec. 14. Minnesota Statutes 2024, section 256B.055, subdivision 17, is amended to read:

153.23 Subd. 17. **Adults who were in foster care at the age of 18, 19, or 20.** (a) Medical
153.24 assistance may be paid for a person under 26 years of age who was in foster care under the
153.25 commissioner's responsibility on the date of attaining 18, 19, or 20 years of age or receiving
153.26 foster care benefits past 18 years of age under section 260C.451, and who was enrolled in
153.27 medical assistance under the state plan or a waiver of the plan while in foster care, in
153.28 accordance with section 2004 of the Affordable Care Act.

153.29 (b) Medical assistance may be paid for a person under 26 years of age who was in foster
153.30 care and enrolled in any state's Medicaid program as provided by Public Law 115-271,
153.31 section 1002.

153.32 (c) The commissioner ~~shall~~ must seek federal waiver approval under United States Code,
153.33 title 42, section 1315, to include youth who were in a state's foster care program and who

154.1 turned age 18 prior to January 1, 2023, without regard to potential eligibility under a Medicaid
154.2 mandatory group.

154.3 Sec. 15. Minnesota Statutes 2024, section 259.83, subdivision 1, as amended by Laws
154.4 2026, chapter 88, article 1, section 159, is amended to read:

154.5 Subdivision 1. **Services provided.** (a) Agencies ~~shall~~ must provide assistance and
154.6 counseling services upon receiving a request for current information from adoptive parents,
154.7 birth parents, adopted persons aged 18 years of age and older, or adult siblings of adopted
154.8 persons. The agency ~~shall~~ must contact the other adult persons or the adoptive parents of a
154.9 minor child in a personal and confidential manner to determine whether there is a desire to
154.10 receive or share information or to have contact. If there is such a desire, the agency ~~shall~~
154.11 must provide the services requested. The agency ~~shall~~ must complete the search request
154.12 within six months of the request being made. If the agency is unable to complete the search
154.13 request within the specified time frame, the agency ~~shall~~ must inform the requester of the
154.14 status of the request and include a reasonable estimate of when the request can be completed.

154.15 (b) Upon a request for assistance or services from an adoptive parent of a minor child,
154.16 birth parent, or an adopted person 18 years of age or older, the agency must inform the
154.17 person:

154.18 (1) about the right of an adopted person to request and obtain a copy of the adopted
154.19 person's original birth record at the age and circumstances specified in section 144.2252;
154.20 and

154.21 (2) about the right of the birth parent named on the adopted person's original birth record
154.22 to file a contact preference form with the state registrar pursuant to section 144.2253.

154.23 When making or supervising an adoptive placement, the agency must provide in writing to
154.24 the birth parents listed on the original birth record the information required under this
154.25 paragraph and section 259.37, subdivision 2, clause (7).

154.26 Sec. 16. Minnesota Statutes 2024, section 260.67, subdivision 1, is amended to read:

154.27 Subdivision 1. **Preference for permanency placement with a relative.** Consistent with
154.28 section 260C.513, if an African American or disproportionately represented child cannot
154.29 be returned to the child's parent, permanency placement with a relative is preferred. The
154.30 court ~~shall~~ must consider the requirements of and responsibilities under section 260.012,
154.31 paragraph (a), and, if possible and if requirements under section 260C.515, subdivision 4,
154.32 are met, transfer permanent legal and physical custody of the child to:

(1) a noncustodial parent under section 260C.515, subdivision 4, if the child cannot return to the care of the parent or custodian from whom the child was removed or who had legal custody at the time that the child was placed in foster care; or

(2) a willing and able relative, according to the requirements of section 260C.515, subdivision 4. When the responsible social services agency is the petitioner, prior to the court ordering a transfer of permanent legal and physical custody to a relative, the responsible social services agency must inform the relative of Northstar kinship assistance benefits and eligibility requirements and of the relative's ability to apply for benefits on behalf of the child under ~~chapter 256N~~ sections 142A.60 to 142A.612.

Sec. 17. Minnesota Statutes 2024, section 260C.190, subdivision 1, is amended to read:

Subdivision 1. **Placement.** (a) An agency with legal responsibility for a child under section 260C.178, subdivision 1, paragraph (c), or legal custody of a child under section 260C.201, subdivision 1, paragraph (a), clause ~~(3)~~ (2), may colocate a child with a parent who is receiving services in a licensed residential family-based substance use disorder treatment program for up to 12 months.

(b) During the child's placement under paragraph (a), the agency: (1) may visit the child as the agency deems necessary and appropriate; (2) ~~shall~~ must continue to have access to information under section 260C.208; and (3) ~~shall~~ must continue to provide appropriate services to both the parent and the child.

(c) The agency may terminate the child's placement under paragraph (a) to protect the child's health, safety, or welfare and may remove the child to foster care without a prior court order or authorization.

Sec. 18. Minnesota Statutes 2024, section 260C.212, subdivision 1, is amended to read:

Subdivision 1. **Out-of-home placement; plan.** (a) An out-of-home placement plan shall be prepared within 30 days after any child is placed in foster care by court order or a voluntary placement agreement between the responsible social services agency and the child's parent pursuant to section 260C.227 or chapter 260D.

(b) An out-of-home placement plan means a written document individualized to the needs of the child and the child's parents or guardians that is prepared by the responsible social services agency jointly with the child's parents or guardians and in consultation with the child's guardian ad litem; the child's tribe, if the child is an Indian child; the child's foster parent or representative of the foster care facility; and, when appropriate, the child. When

156.1 a child is age 14 or older, the child may include two other individuals on the team preparing
156.2 the child's out-of-home placement plan. The child may select one member of the case
156.3 planning team to be designated as the child's advisor and to advocate with respect to the
156.4 application of the reasonable and prudent parenting standards. The responsible social services
156.5 agency may reject an individual selected by the child if the agency has good cause to believe
156.6 that the individual would not act in the best interest of the child. For a child in voluntary
156.7 foster care for treatment under chapter 260D, preparation of the out-of-home placement
156.8 plan shall additionally include the child's mental health treatment provider. For a child 18
156.9 years of age or older, the responsible social services agency shall involve the child and the
156.10 child's parents as appropriate. As appropriate, the plan shall be:

156.11 (1) submitted to the court for approval under section 260C.178, subdivision 7;

156.12 (2) ordered by the court, either as presented or modified after hearing, under section
156.13 260C.178, subdivision 7, or 260C.201, subdivision 6; and

156.14 (3) signed by the parent or parents or guardian of the child, the child's guardian ad litem,
156.15 a representative of the child's tribe, the responsible social services agency, and, if possible,
156.16 the child.

156.17 (c) The out-of-home placement plan shall be explained by the responsible social services
156.18 agency to all persons involved in the plan's implementation, including the child who has
156.19 signed the plan, and shall set forth:

156.20 (1) a description of the foster care home or facility selected, including how the
156.21 out-of-home placement plan is designed to achieve a safe placement for the child in the
156.22 least restrictive, most family-like setting available that is in close proximity to the home of
156.23 the child's parents or guardians when the case plan goal is reunification; and how the
156.24 placement is consistent with the best interests and special needs of the child according to
156.25 the factors under subdivision 2, paragraph (b);

156.26 (2) the specific reasons for the placement of the child in foster care, and when
156.27 reunification is the plan, a description of the problems or conditions in the home of the
156.28 parent or parents that necessitated removal of the child from home and the changes the
156.29 parent or parents must make for the child to safely return home;

156.30 (3) a description of the services offered and provided to prevent removal of the child
156.31 from the home and to reunify the family including:

157.1 (i) the specific actions to be taken by the parent or parents of the child to eliminate or
157.2 correct the problems or conditions identified in clause (2), and the time period during which
157.3 the actions are to be taken; and

157.4 (ii) the reasonable efforts, or in the case of an Indian child, active efforts to be made to
157.5 achieve a safe and stable home for the child including social and other supportive services
157.6 to be provided or offered to the parent or parents or guardian of the child, the child, and the
157.7 residential facility during the period the child is in the residential facility;

157.8 (4) a description of any services or resources that were requested by the child or the
157.9 child's parent, guardian, foster parent, or custodian since the date of the child's placement
157.10 in the residential facility, and whether those services or resources were provided and if not,
157.11 the basis for the denial of the services or resources;

157.12 (5) the visitation plan for the parent or parents or guardian, other relatives as defined in
157.13 section 260C.007, subdivision 26b or 27, and siblings of the child if the siblings are not
157.14 placed together in foster care, and whether visitation is consistent with the best interest of
157.15 the child, during the period the child is in foster care;

157.16 (6) when a child cannot return to or be in the care of either parent, documentation of
157.17 steps to finalize adoption as the permanency plan for the child through reasonable efforts
157.18 to place the child for adoption pursuant to section 260C.605. At a minimum, the
157.19 documentation must include consideration of whether adoption is in the best interests of
157.20 the child and child-specific recruitment efforts such as a relative search, consideration of
157.21 relatives for adoptive placement, and the use of state, regional, and national adoption
157.22 exchanges to facilitate orderly and timely placements in and outside of the state. A copy of
157.23 this documentation shall be provided to the court in the review required under section
157.24 260C.317, subdivision 3, paragraph (b);

157.25 (7) when a child cannot return to or be in the care of either parent, documentation of
157.26 steps to finalize the transfer of permanent legal and physical custody to a relative as the
157.27 permanency plan for the child. This documentation must support the requirements of the
157.28 kinship placement agreement under section 142A.605 and must include the reasonable
157.29 efforts used to determine that it is not appropriate for the child to return home or be adopted,
157.30 and reasons why permanent placement with a relative through a Northstar kinship assistance
157.31 arrangement is in the child's best interest; how the child meets the eligibility requirements
157.32 for Northstar kinship assistance payments; agency efforts to discuss adoption with the child's
157.33 relative foster parent and reasons why the relative foster parent chose not to pursue adoption,
157.34 if applicable; and agency efforts to discuss with the child's parent or parents the permanent

158.1 transfer of permanent legal and physical custody or the reasons why these efforts were not
158.2 made;

158.3 (8) efforts to ensure the child's educational stability while in foster care for a child who
158.4 ~~attained the minimum age for~~ subject to compulsory school attendance under ~~state law~~
158.5 section 120A.22 and is enrolled full time in elementary or secondary school, or instructed
158.6 in elementary or secondary education at home, or instructed in an independent study
158.7 elementary or secondary program, or incapable of attending school on a full-time basis due
158.8 to a medical condition that is documented and supported by regularly updated information
158.9 in the child's case plan. Educational stability efforts include:

158.10 (i) efforts to ensure that the child remains in the same school in which the child was
158.11 enrolled prior to placement or upon the child's move from one placement to another, including
158.12 efforts to work with the local education authorities to ensure the child's educational stability
158.13 and attendance; or

158.14 (ii) if it is not in the child's best interest to remain in the same school that the child was
158.15 enrolled in prior to placement or move from one placement to another, efforts to ensure
158.16 immediate and appropriate enrollment for the child in a new school;

158.17 (9) for a child not yet subject to compulsory school attendance under section 120A.22,
158.18 efforts to ensure the child's educational stability while in foster care if the child is enrolled
158.19 in an early childhood education or child care program. If enrollment in an early childhood
158.20 education or child care program is not feasible or not in the child's best interest, the
158.21 out-of-home placement plan must state specific reasons for discontinuing the child's
158.22 enrollment in the same program or not seeking enrollment in a similar program. Early
158.23 childhood education or child care stability efforts include:

158.24 (i) efforts to ensure that the child remains in the same program in which the child was
158.25 enrolled prior to placement or upon the child's move from one placement to another, if in
158.26 the child's best interest, including efforts to work with the program to ensure the child's
158.27 educational stability and attendance; or

158.28 (ii) if it is not feasible or not in the child's best interest for the child to remain in the same
158.29 program that the child was enrolled in prior to placement or to a move from one placement
158.30 to another, efforts to ensure enrollment for the child in a similar program;

158.31 ~~(9)~~ (10) the educational, child care, or early childhood education program records of the
158.32 child including the most recent information available regarding:

158.33 (i) the names and addresses of the child's educational providers;

- 159.1 (ii) the child's grade level performance, if applicable;
- 159.2 (iii) the child's school or program record;
- 159.3 (iv) a statement about how the child's placement in foster care takes into account
- 159.4 proximity to the school or program in which the child is enrolled at the time of placement;
- 159.5 and
- 159.6 (v) any other relevant educational information;
- 159.7 ~~(10)~~ (11) the efforts by the responsible social services agency to ensure the oversight
- 159.8 and continuity of health care services for the foster child, including:
- 159.9 (i) the plan to schedule the child's initial health screens;
- 159.10 (ii) how the child's known medical problems and identified needs from the screens,
- 159.11 including any known communicable diseases, as defined in section 144.4172, subdivision
- 159.12 2, shall be monitored and treated while the child is in foster care;
- 159.13 (iii) how the child's medical information shall be updated and shared, including the
- 159.14 child's immunizations;
- 159.15 (iv) who is responsible to coordinate and respond to the child's health care needs,
- 159.16 including the role of the parent, the agency, and the foster parent;
- 159.17 (v) who is responsible for oversight of the child's prescription medications;
- 159.18 (vi) how physicians or other appropriate medical and nonmedical professionals shall be
- 159.19 consulted and involved in assessing the health and well-being of the child and determine
- 159.20 the appropriate medical treatment for the child; and
- 159.21 (vii) the responsibility to ensure that the child has access to medical care through either
- 159.22 medical insurance or medical assistance;
- 159.23 ~~(11)~~ (12) the health records of the child including information available regarding:
- 159.24 (i) the names and addresses of the child's health care and dental care providers;
- 159.25 (ii) a record of the child's immunizations;
- 159.26 (iii) the child's known medical problems, including any known communicable diseases
- 159.27 as defined in section 144.4172, subdivision 2;
- 159.28 (iv) the child's medications; and
- 159.29 (v) any other relevant health care information such as the child's eligibility for medical
- 159.30 insurance or medical assistance;

160.1 ~~(12)~~ (13) an independent living plan for a child 14 years of age or older, developed in
160.2 consultation with the child. The child may select one member of the case planning team to
160.3 be designated as the child's advisor and to advocate with respect to the application of the
160.4 reasonable and prudent parenting standards in subdivision 14. The plan should include, but
160.5 not be limited to, the following objectives:

160.6 (i) educational, vocational, or employment planning;

160.7 (ii) health care planning and medical coverage;

160.8 (iii) transportation including, where appropriate, assisting the child in obtaining a driver's
160.9 license;

160.10 (iv) money management, including the responsibility of the responsible social services
160.11 agency to ensure that the child annually receives, at no cost to the child, a consumer report
160.12 as defined under section 13C.001 and assistance in interpreting and resolving any inaccuracies
160.13 in the report;

160.14 (v) planning for housing;

160.15 (vi) social and recreational skills;

160.16 (vii) establishing and maintaining connections with the child's family and community;
160.17 and

160.18 (viii) regular opportunities to engage in age-appropriate or developmentally appropriate
160.19 activities typical for the child's age group, taking into consideration the capacities of the
160.20 individual child;

160.21 ~~(13)~~ (14) for a child in voluntary foster care for treatment under chapter 260D, diagnostic
160.22 and assessment information, specific services relating to meeting the mental health care
160.23 needs of the child, and treatment outcomes;

160.24 ~~(14)~~ (15) for a child 14 years of age or older, a signed acknowledgment that describes
160.25 the child's rights regarding education, health care, visitation, safety and protection from
160.26 exploitation, and court participation; receipt of the documents identified in section 260C.452;
160.27 and receipt of an annual credit report. The acknowledgment shall state that the rights were
160.28 explained in an age-appropriate manner to the child; and

160.29 ~~(15)~~ (16) for a child placed in a qualified residential treatment program, the plan must
160.30 include the requirements in section 260C.708.

160.31 (d) The parent or parents or guardian and the child each shall have the right to legal
160.32 counsel in the preparation of the case plan and shall be informed of the right at the time of

161.1 placement of the child. The child shall also have the right to a guardian ad litem. If unable
161.2 to employ counsel from their own resources, the court shall appoint counsel upon the request
161.3 of the parent or parents or the child or the child's legal guardian. The parent or parents may
161.4 also receive assistance from any person or social services agency in preparation of the case
161.5 plan.

161.6 (e) Before an out-of-home placement plan is signed by the parent or parents or guardian
161.7 of the child, the responsible social services agency must provide the parent or parents or
161.8 guardian with a one- to two-page summary of the plan using a form developed by the
161.9 commissioner. The out-of-home placement plan summary must clearly summarize the plan's
161.10 contents under paragraph (c) and list the requirements and responsibilities for the parent or
161.11 parents or guardian using plain language. The summary must be updated and provided to
161.12 the parent or parents or guardian when the out-of-home placement plan is updated under
161.13 subdivision 1a.

161.14 (f) After the plan has been agreed upon by the parties involved or approved or ordered
161.15 by the court, the foster parents shall be fully informed of the provisions of the case plan and
161.16 shall be provided a copy of the plan.

161.17 (g) Upon the child's discharge from foster care, the responsible social services agency
161.18 must provide the child's parent, adoptive parent, or permanent legal and physical custodian,
161.19 and the child, if the child is 14 years of age or older, with a current copy of the child's health
161.20 and education record. If a child meets the conditions in subdivision 15, paragraph (b), the
161.21 agency must also provide the child with the child's social and medical history. The responsible
161.22 social services agency may give a copy of the child's health and education record and social
161.23 and medical history to a child who is younger than 14 years of age, if it is appropriate and
161.24 if subdivision 15, paragraph (b), applies.

161.25 Sec. 19. Minnesota Statutes 2024, section 260C.212, subdivision 4a, is amended to read:

161.26 Subd. 4a. **Monthly caseworker visits.** (a) Every child in foster care or on a trial home
161.27 visit ~~shall~~ must be visited by the child's caseworker or another person who has responsibility
161.28 for visitation of the child on a monthly basis, with the majority of visits occurring in the
161.29 child's residence. The responsible social services agency may designate another person
161.30 responsible for monthly case visits. For the purposes of this section, the following definitions
161.31 apply:

161.32 (1) "visit" is defined as a face-to-face contact between a child and the child's caseworker.
161.33 For a youth 18 years of age or older, a visit may be conducted via video conference with
161.34 the youth's informed consent;

(2) "visited on a monthly basis" is defined as at least one visit per calendar month;

(3) "the child's caseworker" is defined as the person who has responsibility for managing the child's foster care placement case as assigned by the responsible social services agency;

(4) "another person" means the professional staff whom the responsible social services agency has assigned in the out-of-home placement plan or case plan. Another person must be professionally trained to assess the child's safety, permanency, well-being, and case progress. The agency may not designate the guardian ad litem, the child foster care provider, residential facility staff, or a qualified individual as defined in section 260C.007, subdivision 26b, as another person; and

(5) "the child's residence" is defined as the home where the child is residing, and can include the foster home, child care institution, or the home from which the child was removed if the child is on a trial home visit.

(b) Caseworker visits ~~shall~~ must be of sufficient substance and duration to address issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the child, including whether the child is enrolled and attending school as required by law.

(c) Every effort ~~shall~~ must be made by the responsible social services agency and professional staff to have the monthly visit with the child outside the presence of the child's parents, foster parents, or facility staff. There may be situations related to the child's needs when a caseworker visit cannot occur with the child alone. The reason the caseworker visit occurred in the presence of others must be documented in the case record and may include:

(1) that the child exhibits intense emotion or behavior indicating that visiting without the presence of the parent, foster parent, or facility staff would be traumatic for the child;

(2) that despite a caseworker's efforts, the child declines to visit with the caseworker outside the presence of the parent, foster parent, or facility staff; and

(3) that the child has a specific developmental delay, physical limitation, incapacity, medical device, or significant medical need, such that the parent, foster parent, or facility staff is required to be present with the child during the visit.

Sec. 20. Minnesota Statutes 2024, section 260C.212, is amended by adding a subdivision to read:

Subd. 14a. Information on early childhood education and child care for children in foster care. For a child not yet subject to compulsory school attendance under section

163.1 120A.22, the responsible social services agency; licensed child-placing agency, if applicable;
163.2 and the child's guardian ad litem must provide information to the foster parent about:

163.3 (1) early childhood education and child care program options in the foster parent's
163.4 geographic area;

163.5 (2) the Northstar foster care benefits child care allowance;

163.6 (3) eligibility requirements for the child care assistance program and early learning
163.7 scholarships; and

163.8 (4) application processes for the child care assistance program and early learning
163.9 scholarships.

163.10 Sec. 21. Minnesota Statutes 2024, section 260C.451, subdivision 2, is amended to read:

163.11 Subd. 2. **Independent living plan.** ~~Upon the request of~~ (a) For any child in foster care
163.12 who is 14 years of age or older, the responsible social services agency must, in conjunction
163.13 with the child and other appropriate parties, develop and update the child's independent
163.14 living plan required under section 260C.212, subdivision 1, paragraph (c), clause (12).

163.15 (b) For any child in foster care immediately prior to the child's 18th birthday and who
163.16 ~~is in foster care at the time of the request~~, the responsible social services agency ~~shall~~ must,
163.17 in conjunction with the child and other appropriate parties, update the child's independent
163.18 living plan required under section 260C.212, subdivision 1, paragraph (c), clause (12),
163.19 related to the child's employment, vocational, educational, social, or maturational needs and
163.20 submit the updated plan to the court as part of the required review under section 260C.202,
163.21 subdivision 3. The agency shall must provide continued services and foster care for the
163.22 child including those services that are necessary to implement the independent living plan.

163.23 Sec. 22. Minnesota Statutes 2024, section 260C.451, subdivision 3, is amended to read:

163.24 Subd. 3. **Eligibility to continue in foster care.** A child in foster care immediately prior
163.25 to the child's 18th birthday may continue in foster care past age 18 unless:

163.26 (1) the child can safely return home; or

163.27 ~~(2) the child is in placement pursuant to the agency's duties under section 256B.092 and~~
163.28 ~~Minnesota Rules, parts 9525.0004 to 9525.0016, to meet the child's needs due to a~~
163.29 ~~developmental disability or related condition, and the child will be served as an adult under~~
163.30 ~~section 256B.092 and Minnesota Rules, parts 9525.0004 to 9525.0016; or~~

164.1 ~~(3)~~ the child can be adopted or have permanent legal and physical custody transferred
164.2 to a relative prior to the child's 18th birthday.

164.3 Sec. 23. Minnesota Statutes 2024, section 260C.451, subdivision 3a, is amended to read:

164.4 Subd. 3a. **Eligibility criteria.** The child must meet at least one of the following conditions
164.5 to be considered eligible to continue in or return to foster care and remain there to age 21.
164.6 The child must be:

164.7 (1) completing secondary education or a program leading to an equivalent credential,
164.8 including transition programs through a public or private school;

164.9 (2) enrolled in an institution that provides postsecondary or vocational education;

164.10 (3) participating in a program or activity designed to promote or remove barriers to
164.11 employment;

164.12 (4) employed for at least 80 hours per month, including receiving benefits under chapter
164.13 268B; or

164.14 (5) incapable of doing any of the activities described in clauses (1) to (4) due to a medical
164.15 condition.

164.16 Sec. 24. Minnesota Statutes 2025 Supplement, section 260C.451, subdivision 8, is amended
164.17 to read:

164.18 Subd. 8. **Notice of termination of foster care.** When a child in foster care between the
164.19 ages of 18 and 21 ceases to meet one of the eligibility criteria of subdivision 3a, the
164.20 responsible social services agency ~~shall~~ must give the child written notice that foster care
164.21 will terminate 30 days from the date the notice is sent. The agency must send a copy of the
164.22 written notice to the commissioner of children, youth, and families. The child or the child's
164.23 guardian ad litem may file a motion asking the court to review the agency's determination
164.24 within 15 days of receiving the notice. The child ~~shall~~ must not be discharged from foster
164.25 care until the motion is heard. The agency ~~shall work~~ must engage with the child to develop
164.26 a transition out-of-foster-care plan as required under section 260C.452, subdivision 4,
164.27 paragraph (d), that addresses the goals listed in section 260C.203, subdivision 4, clause (2).
164.28 The written notice of termination of benefits ~~shall~~ must be on a form prescribed by the
164.29 commissioner and ~~shall~~ must also give notice of the right to have the agency's determination
164.30 reviewed by the court in the proceeding where the court conducts the reviews required under
164.31 section 260C.203, 260C.317, or 260C.515, subdivision 5 or 6. A copy of the termination
164.32 notice ~~shall~~ must be sent to the child and the child's attorney, if any, the foster care provider,

the child's guardian ad litem, the commissioner of children, youth, and families, and the
court. The agency is not responsible for paying foster care benefits for any period of time
after the child actually leaves foster care.

ARTICLE 10

CHILDREN, YOUTH, AND FAMILIES BUDGET

Section 1. **REGIONAL FOOD BANK GRANTS.**

Subdivision 1. Establishment. The commissioner of children, youth, and families must
establish regional food bank grants to increase the availability of food to individuals and
families in need.

Subd. 2. Distribution of appropriation. The commissioner must distribute money
appropriated under this section to regional food banks and Minnesota Tribal governments,
as defined in Minnesota Statutes, section 10.65, using a formula based on the number of
persons in households having incomes below the federal poverty level and the number of
unemployed persons in the service area of the food bank or Minnesota Tribal government.

Subd. 3. Allowable use of money. (a) Grant money distributed under this section must
be used to purchase, transport, and coordinate the distribution of food to sites approved by
the commissioner. Grant money distributed under this section may also be used to purchase
personal hygiene products, including but not limited to diapers and toilet paper.

(b) Food and other allowable products purchased with grant money under this section
must be available at no cost at sites approved by the commissioner.

(c) Grant money distributed under this section must not be used for the compensation
of officers, directors, trustees, key employees, and highest compensated employees as
reported on Internal Revenue Service Form 990.

Subd. 4. Reporting. (a) Food banks and Minnesota Tribal governments receiving grant
money under this section must retain records documenting expenditures of the grant money
and comply with any additional documentation requirements imposed by the commissioner.

(b) Food banks and Minnesota Tribal governments must report on the use of grant money
received under this section to the commissioner. The commissioner must determine the
timing and form required for the reports.

Subd. 5. Ineligible expenditures. If the commissioner determines that ineligible
expenditures were made by a food bank or Minnesota Tribal government under this section,

166.1 the ineligible amount must be repaid by the food bank or Tribal government to the
 166.2 commissioner and deposited in the general fund.

166.3 **Sec. 2. DIRECTION TO COMMISSIONER OF CHILDREN, YOUTH, AND**
 166.4 **FAMILIES; CRISIS NURSERY LICENSING.**

166.5 The commissioner of children, youth, and families must develop a licensing framework
 166.6 for crisis nurseries. The framework must include pathways for organizations to become
 166.7 licensed crisis nurseries, a definition for crisis nurseries, background study and training
 166.8 requirements, and ways to reduce redundancy and resolve conflicting requirements between
 166.9 Minnesota Rules, parts 2960.0510 to 2960.0530, 2960.3000 to 2960.3100, and chapter 9502,
 166.10 and Minnesota Statutes, chapter 142B. In developing the framework, the commissioner
 166.11 must work with stakeholders seeking to develop a crisis nursery license. By January 15,
 166.12 2028, the commissioner must submit a report to the chairs and ranking minority members
 166.13 of the legislative committees with jurisdiction over children, youth, and families licensing.
 166.14 The report must contain an overview of the licensing framework, a detailed explanation of
 166.15 the framework, and proposed legislation to make any statutory changes that are needed to
 166.16 implement the new license for crisis nurseries.

166.17 **ARTICLE 11**
 166.18 **MINNESOTA AFRICAN AMERICAN FAMILY PRESERVATION AND CHILD**
 166.19 **WELFARE DISPROPORTIONALITY ACT CHANGES**

166.20 Section 1. Minnesota Statutes 2024, section 260.63, subdivision 10, is amended to read:

166.21 Subd. 10. **Disproportionately represented child.** (a) "Disproportionately represented
 166.22 child" means a person who is under the age of 18 and who is a member of a community
 166.23 whose race, ~~culture~~, ethnicity, disability status, or low-income socioeconomic status is
 166.24 disproportionately encountered, engaged, or identified in the child welfare system as
 166.25 compared to the representation in the state's total child population, as determined ~~on an~~
 166.26 ~~annual basis~~ by the commissioner under section 260.631. A child's race, ~~culture~~, or ethnicity,
 166.27 disability status, or low-income socioeconomic status is determined ~~based upon~~ by a child's
 166.28 self-identification or identification of a child's race, ~~culture~~, or ethnicity, disability status,
 166.29 or low-income socioeconomic status as reported by the child's parent or guardian.

166.30 (b) For the purposes of this subdivision:

166.31 (1) disability means a physical, sensory, or mental impairment that materially limits one
 166.32 or more major life activities, including an impairment that is episodic or in remission and
 166.33 would materially limit a major life activity when active; and

(2) low-income socioeconomic status is established by the child's household income being below 300 percent of the federal poverty guidelines published by the United States Department of Health and Human Services. For purposes of this subdivision, low-income socioeconomic status is also established when a child or a member of the child's household receives benefits from one or more means-tested public assistance programs, or when a child meets income and resource requirements to be eligible for title IV-E foster care maintenance payments under the federal Social Security Act.

Sec. 2. **[260.631] DETERMINATIONS.**

Subdivision 1. **Determination of disproportionate overrepresentation.** (a) The commissioner must determine the communities that are disproportionately overrepresented in Minnesota's child protection system pursuant to this section for the purposes of the Minnesota African American Family Preservation and Child Welfare Disproportionality Act. In making this determination, the commissioner may consider the recommendations provided under paragraph (d). The commissioner's determination under this paragraph is in effect until the effective date of the next determination issued by the commissioner.

(b) The commissioner must make the initial determination under paragraph (a) by September 1, 2026, and then by September 1 on every even-numbered year thereafter.

(c) A responsible social services agency must use the commissioner's determination under paragraph (a) to determine whether a child meets the definition of a disproportionately represented child under section 260.63, subdivision 10.

(d) The African American Child and Family Well-Being Advisory Council must submit recommendations to the commissioner on the disproportionate overrepresentation of African American children in Minnesota's child protection system using state and federal census data. The council must provide its initial recommendations to the commissioner by August 1, 2026, and then provide recommendations by August 1 on every even-numbered year thereafter.

(e) If the commissioner makes a determination under paragraph (a) that differs from the recommendations provided by the African American Child and Family Well-Being Advisory Council under paragraph (d) regarding the disproportionate overrepresentation of African American children in Minnesota's child protection system, the commissioner must provide the reasons for diverging from the council's recommendations and identify the data the commissioner relied upon in making the determination of disproportionate overrepresentation. The commissioner must provide the information required under this paragraph to:

(1) the chairs and ranking minority members of the legislative committees with jurisdiction over the Minnesota African American Family Preservation and Child Welfare Disproportionality Act;

(2) the African American Child and Family Well-Being Advisory Council;

(3) the Children's Justice Initiative; and

(4) responsible social services agencies statewide.

(f) By September 15, 2026, and every even-numbered year thereafter, the commissioner must notify responsible social services agencies, the African American Child and Family Well-Being Advisory Council, and the Children's Justice Initiative of the commissioner's determination under paragraph (a). The notification must include but is not limited to:

(1) a list of the communities the commissioner determined are disproportionately represented in Minnesota's child protection system and whether there are any changes from the previous notification;

(2) how a responsible social services agency must implement the commissioner's determination;

(3) the effective date of the commissioner's determination; and

(4) the method or methods the commissioner used, or the data the commissioner relied upon, to make the determination.

Subd. 2. **Determination of child's status.** The responsible social services agency must document the efforts the agency takes when determining whether a child meets or does not meet the definition of a disproportionately represented child under section 260.63, subdivision 10, and must provide that information to the commissioner upon the commissioner's request.

Subd. 3. **Exempt from rulemaking.** Chapter 14 does not apply to determinations under this section.

Sec. 3. Minnesota Statutes 2024, section 260.64, subdivision 2, is amended to read:

Subd. 2. **Safety plan.** (a) Prior to petitioning the court to remove an African American or a disproportionately represented child from the child's home under section 260.66, a responsible social services agency must work with the child's family to allow the child to remain in the child's home while implementing a safety plan based on the family's needs. The responsible social services agency must:

169.1 (1) make active efforts to engage the child's parent or custodian and the child, when
169.2 appropriate;

169.3 (2) assess the family's cultural and economic needs and, if applicable, needs and services
169.4 related to the child's disability;

169.5 (3) hold a family group consultation meeting and connect the family with supports to
169.6 establish a safety network for the family; and

169.7 (4) provide support, guidance, and input to assist the family and the family's safety
169.8 network with developing the safety plan.

169.9 (b) The safety plan must:

169.10 (1) address the specific allegations impacting the child's safety in the home. If neglect,
169.11 as defined in section 260E.03, subdivision 15, is alleged, the safety plan must incorporate
169.12 economic services and supports for the child and the child's family, if eligible, to address
169.13 the family's specific needs and prevent neglect;

169.14 (2) incorporate family and community support to ensure the child's safety while keeping
169.15 the family intact; and

169.16 (3) be adjusted as needed to address the child's and family's ongoing needs and support.

169.17 (c) The responsible social services agency is not required to establish a safety plan:

169.18 (1) in a case with allegations of sexual abuse or egregious harm;

169.19 (2) when the parent is not willing to follow a safety plan;

169.20 (3) when the parent has abandoned the child or is unavailable to follow a safety plan;

169.21 or

169.22 (4) when the parent has chronic substance use disorder issues and is unable to parent
169.23 the child.

169.24 Sec. 4. Minnesota Statutes 2024, section 260.68, subdivision 2, is amended to read:

169.25 Subd. 2. **Case review.** (a) Each responsible social services agency shall conduct a review
169.26 of all child welfare cases for African American and other disproportionately represented
169.27 children handled by the agency. Each responsible social services agency shall create a
169.28 summary report of trends identified under paragraphs (b) and (c), a remediation plan as
169.29 provided in paragraph (d), and an update on implementation of any previous remediation
169.30 plans. The first report shall be provided to the African American Child Well-Being Advisory
169.31 Council, the commissioner, and the chairs and ranking minority members of the legislative

170.1 committees with jurisdiction over child welfare by October 1, 2029, and annually thereafter.
170.2 For purposes of determining outcomes in this subdivision, responsible social services
170.3 agencies shall use guidance from the commissioner. The commissioner shall provide guidance
170.4 starting on November 1, 2028, and annually thereafter.

170.5 (b) The case review must include:

170.6 (1) the number of African American and disproportionately represented children
170.7 represented in the county child ~~welfare~~ protection system;

170.8 (2) the number and sources of maltreatment reports received and reports screened in for
170.9 investigation or referred for family assessment and the race of the children and parents or
170.10 custodians involved in each report;

170.11 (3) the number and race of children and parents or custodians who receive in-home
170.12 preventive case management services;

170.13 (4) the number and race of children whose parents or custodians are referred to
170.14 community-based, culturally appropriate, strength-based, or trauma-informed services;

170.15 (5) the number and race of children removed from their homes;

170.16 (6) the number and race of children reunified with their parents or custodians;

170.17 (7) the number and race of children whose parents or custodians are offered family group
170.18 decision-making services;

170.19 (8) the number and race of children whose parents or custodians are offered the parent
170.20 support outreach program;

170.21 (9) the number and race of children in foster care or out-of-home placement at the time
170.22 that the data is gathered;

170.23 (10) the number and race of children who achieve permanency through a transfer of
170.24 permanent legal and physical custody to a relative or an adoption; and

170.25 (11) the number and race of children who are under the guardianship of the commissioner
170.26 or awaiting a permanency disposition.

170.27 (c) The required case review must also:

170.28 (1) identify barriers to reunifying children with their families;

170.29 (2) identify the family conditions that led to the out-of-home placement;

170.30 (3) identify any barriers to accessing culturally informed mental health or substance use
170.31 disorder treatment services for the parents or children;

(4) document efforts to identify fathers and maternal and paternal relatives and to provide services to custodial and noncustodial fathers, if appropriate; and

(5) document and summarize court reviews of active efforts.

(d) Any responsible social services agency that has a case review showing disproportionality and disparities in child welfare outcomes for African American and other disproportionately represented children and the children's families, compared to the agency's overall outcomes, must include in their case review summary report a remediation plan with measurable outcomes to identify, address, and reduce the factors that led to the disproportionality and disparities in the agency's child welfare outcomes. The remediation plan shall also include information about how the responsible social services agency will achieve and document trauma-informed, positive child well-being outcomes through remediation efforts.

Sec. 5. Minnesota Statutes 2024, section 260.69, subdivision 1, is amended to read:

Subdivision 1. **Applicability.** (a) The commissioner of children, youth, and families must collaborate with the Children's Justice Initiative to ensure that cultural competency training is given or made available to individuals working in the child welfare system, including child welfare workers and supervisors. Training ~~must~~ developed by the Child Welfare Training Academy may also be made available to attorneys, juvenile court judges, guardians ad litem, and family law judges. The commissioner must give priority to child welfare workers and supervisors for in-person trainings or other trainings with limited attendance or availability.

(b) This subdivision does not require the commissioner or the Child Welfare Training Academy to develop or provide training specifically for attorneys, juvenile court judges, guardians ad litem, family law judges, or any other individuals beyond the primary training audiences required to be served under Laws 2019, First Special Session chapter 9, article 1, section 37, subdivision 2, paragraph (e).

Sec. 6. Minnesota Statutes 2025 Supplement, section 260.691, subdivision 1, is amended to read:

Subdivision 1. **Establishment and duties.** (a) The African American Child and Family Well-Being Advisory Council is established for the Department of Children, Youth, and Families.

172.1 (b) The council shall consist of 31 members appointed by the commissioner and must
172.2 include representatives with lived personal or professional experience within African
172.3 American communities. Members may include but are not limited to youth who have exited
172.4 the child welfare system; parents; legal custodians; relative and kinship caregivers or foster
172.5 care providers; community service providers, advocates, and members; county and private
172.6 social services agency case managers; representatives from faith-based institutions; academic
172.7 professionals; a representative from the Council for Minnesotans of African Heritage; the
172.8 Ombudsperson for African American Families; and other individuals with experience and
172.9 knowledge of African American communities. Council members must be selected through
172.10 an open appointments process under section 15.0597. The terms, compensation, and removal
172.11 of council members are governed by section 15.059.

172.12 (c) The council must:

172.13 (1) review annual reports related to African American children involved in the child
172.14 welfare system. These reports may include but are not limited to the maltreatment,
172.15 out-of-home placement, and permanency of African American children;

172.16 (2) assist with and make recommendations to the commissioner for developing strategies
172.17 to reduce maltreatment determinations, prevent unnecessary out-of-home placement, promote
172.18 culturally appropriate foster care and shelter or facility placement decisions and settings for
172.19 African American children in need of out-of-home placement, ensure timely achievement
172.20 of permanency, and improve child welfare outcomes for African American children and
172.21 their families;

172.22 (3) review summary reports on targeted case reviews prepared by the commissioner to
172.23 ensure that responsible social services agencies meet the needs of African American children
172.24 and their families. Based on data collected from those reviews, the council shall assist the
172.25 commissioner with developing strategies needed to improve any identified child welfare
172.26 outcomes, including but not limited to maltreatment, out-of-home placement, and permanency
172.27 for African American children;

172.28 (4) make recommendations to the commissioner and the legislature for public policy
172.29 and statutory changes that specifically consider the needs of African American children and
172.30 their families involved in the child welfare system;

172.31 (5) advise the commissioner on stakeholder engagement strategies and actions that the
172.32 commissioner and responsible social services agencies may take to improve child welfare
172.33 outcomes for African American children and their families;

(6) assist the commissioner with developing strategies for public messaging and communication related to racial ~~disproportionality and~~ disparities in child welfare outcomes for African American children and their families;

(7) assist the commissioner with identifying and developing internal and external partnerships to support adequate access to services and resources for African American children and their families, including but not limited to housing assistance, employment assistance, food and nutrition support, health care, child care assistance, and educational support and training; and

(8) assist the commissioner with developing strategies to promote the development of a culturally diverse and representative child welfare workforce in Minnesota that includes professionals who are reflective of the community served and who have been directly impacted by lived experiences within the child welfare system. The council must also assist the commissioner with exploring strategies and partnerships to address education and training needs, hiring, recruitment, retention, and professional advancement practices.

Sec. 7. Minnesota Statutes 2025 Supplement, section 260.692, subdivision 1, is amended to read:

Subdivision 1. **Duties.** The African American Child and Family Well-Being Unit, currently established by the commissioner, must:

(1) assist with the development of African American cultural competency training and review child welfare curriculum in the Minnesota Child Welfare Training Academy to ensure that responsible social services agency staff and other child welfare professionals are appropriately prepared to engage with African American children and their families and to support family preservation and reunification;

(2) provide technical assistance, including on-site technical assistance, and case consultation to responsible social services agencies to assist agencies with implementing and complying with the Minnesota African American Family Preservation and Child Welfare Disproportionality Act;

(3) monitor individual county and statewide disaggregated and nondisaggregated data to identify trends and patterns in child welfare outcomes, including but not limited to reporting, maltreatment, out-of-home placement, and permanency of African American children and develop strategies to address ~~disproportionality and~~ disparities in the child welfare system;

(4) develop and implement a system for conducting case reviews when the commissioner receives reports of noncompliance with the Minnesota African American Family Preservation and Child Welfare Disproportionality Act or when requested by the parent or custodian of an African American child. Case reviews may include but are not limited to a review of placement prevention efforts, safety planning, case planning and service provision by the responsible social services agency, relative placement consideration, and permanency planning;

(5) establish and administer a request for proposals process for African American and disproportionately represented family preservation grants under section 260.693, monitor grant activities, and provide technical assistance to grantees;

(6) in coordination with the African American Child and Family Well-Being Advisory Council, coordinate services and create internal and external partnerships to support adequate access to services and resources for African American children and their families, including but not limited to housing assistance, employment assistance, food and nutrition support, health care, child care assistance, and educational support and training; and

(7) develop public messaging and communication to inform the public about racial disparities in child welfare outcomes, current efforts and strategies to reduce racial disparities, and resources available to African American children and their families involved in the child welfare system.

Sec. 8. Minnesota Statutes 2025 Supplement, section 260.692, subdivision 2, is amended to read:

Subd. 2. Case reviews. (a) The African American Child and Family Well-Being Unit must conduct systemic case reviews to monitor targeted child welfare outcomes, including but not limited to maltreatment, out-of-home placement, and permanency of African American children.

(b) The reviews under this subdivision must be conducted using a random sampling of representative child ~~welfare~~ protection cases stratified for certain case related factors, including but not limited to case type, maltreatment type, if the case involves out-of-home placement, and other demographic variables. In conducting the reviews, unit staff may use court records and documents, information from the social services information system, and other available case file information to complete the case reviews.

(c) The frequency of the reviews and the number of cases, child welfare outcomes, and selected counties reviewed shall be determined by the unit in consultation with the African

175.1 American Child and Family Well-Being Advisory Council, with consideration given to the
175.2 availability of unit resources needed to conduct the reviews.

175.3 (d) The unit must monitor all case reviews and use the collective case review information
175.4 and data to generate summary case review reports, ensure compliance with the Minnesota
175.5 African American Family Preservation and Child Welfare Disproportionality Act, and
175.6 identify trends or patterns in child welfare outcomes for African American children.

175.7 (e) The unit must review information from members of the public received through the
175.8 compliance and feedback portal, including policy and practice concerns related to individual
175.9 child ~~welfare~~ protection cases. After assessing a case concern, the unit may determine if
175.10 further necessary action should be taken, which may include coordinating case remediation
175.11 with other relevant child welfare agencies in accordance with data privacy laws, including
175.12 the African American Child and Family Well-Being Advisory Council, and offering case
175.13 consultation and technical assistance to the responsible local social services agency as
175.14 needed or requested by the agency.

175.15 Sec. 9. Minnesota Statutes 2025 Supplement, section 260.692, subdivision 3, is amended
175.16 to read:

175.17 Subd. 3. **Reports.** (a) The African American Child and Family Well-Being Unit must
175.18 provide regular updates on unit activities, including summary reports of case reviews, to
175.19 the African American Child and Family Well-Being Advisory Council, and must publish
175.20 an annual census of African American children in out-of-home placements statewide. The
175.21 annual census must include data on the types of placements, age and sex of the children,
175.22 how long the children have been in out-of-home placements, and other relevant demographic
175.23 information.

175.24 (b) The African American Child and Family Well-Being Unit shall gather summary data
175.25 about the practice and policy inquiries and individual case concerns received through the
175.26 compliance and feedback portal under subdivision 2, paragraph (e). The unit shall provide
175.27 regular reports of the nonidentifying compliance and feedback portal summary data to the
175.28 African American Child and Family Well-Being Advisory Council to identify child welfare
175.29 trends and patterns to assist with developing policy and practice recommendations to support
175.30 eliminating ~~disparity and disproportionality~~ disparities for African American children.

175.31 Sec. 10. Minnesota Statutes 2024, section 260.693, subdivision 2, is amended to read:

175.32 Subd. 2. **Eligible services.** (a) Services eligible for grants under this section include but
175.33 are not limited to:

(1) child out-of-home placement prevention and reunification services;

(2) family-based services and reunification therapy;

(3) culturally specific individual and family counseling;

(4) court advocacy;

(5) training for and consultation to responsible social services agencies and private social services agencies regarding this act;

(6) development and promotion of culturally informed, affirming, and responsive community-based prevention and family preservation services that target the children, youth, families, and communities of African American and African heritage experiencing the highest disparities, ~~disproportionality~~, and overrepresentation in the Minnesota child welfare system;

(7) culturally affirming and responsive services that work with children and families in their communities to address their needs and ensure child and family safety and well-being within a culturally appropriate lens and framework;

(8) services to support informal kinship care arrangements; and

(9) other activities and services approved by the commissioner that further the goals of the Minnesota African American Family Preservation and Child Welfare Disproportionality Act, including but not limited to the recruitment of African American staff and staff from other communities disproportionately represented in the child welfare system to work for responsible social services agencies and licensed child-placing agencies.

(b) The commissioner may specify the priority of an activity and service based on its success in furthering these goals. The commissioner shall give preference to programs and service providers that are located in or serve counties with the highest rates of child welfare ~~disproportionality~~ disproportionate representation for African American and other disproportionately represented children and their families and employ staff who represent the population primarily served.

Sec. 11. **[260.694] MINNESOTA AFRICAN AMERICAN FAMILY PRESERVATION AND CHILD WELFARE DISPROPORTIONALITY GRANT ALLOCATION.**

Subdivision 1. Formula for county staffing and services funds. (a) The commissioner shall allocate state funds appropriated under this section to each county board on a calendar year basis in an amount determined according to the following formula:

177.1 (1) 50 percent must be distributed on the basis of the child population residing in the
177.2 county as determined by the most recent data of the state demographer;

177.3 (2) 25 percent must be distributed on the basis of the number of screened-in reports of
177.4 child maltreatment under chapter 260E, and in the county as determined by the most recent
177.5 data of the commissioner; and

177.6 (3) 25 percent must be distributed on the basis of the number of open child protection
177.7 case management cases in the county as determined by the most recent data of the
177.8 commissioner.

177.9 (b) Notwithstanding this subdivision, no county shall be awarded an allocation of less
177.10 than \$100,000.

177.11 Subd. 2. **Prohibition on supplanting existing funds.** Funds received under this section
177.12 must be used to address staffing and services needed for child protection and expansion of
177.13 child protection services, including making active efforts to prevent entry into the child
177.14 protection system, prevent out-of-home placement, reunify children with families, and
177.15 finalize alternative permanency arrangements if reunification is not an option. Funds must
177.16 not be used to supplant current county expenditures for these purposes but may be used to
177.17 maintain staff and services paid for by temporary funding.

177.18 **EFFECTIVE DATE.** This section is effective the day following final enactment.

177.19 Sec. 12. Laws 2024, chapter 117, section 9, the effective date, is amended to read:

177.20 **EFFECTIVE DATE.** This section is effective January 1, 2027, except subdivision 2
177.21 is effective July 1, 2027, and except as provided under section 20.

177.22 Sec. 13. Laws 2024, chapter 117, section 21, is amended to read:

177.23 Sec. 21. **MINNESOTA AFRICAN AMERICAN FAMILY PRESERVATION AND**
177.24 **CHILD WELFARE DISPROPORTIONALITY ACT; WORKING GROUP.**

177.25 (a) The commissioner of human services must establish a working group to provide
177.26 guidance and oversight for the Minnesota African American Family Preservation and Child
177.27 Welfare Disproportionality Act phase-in program.

177.28 (b) The members of the working group must include representatives from the Minnesota
177.29 Association of County Social Service Administrators, the Association of Minnesota Counties,
177.30 the Minnesota Inter-County Association, the Minnesota County Attorneys Association,
177.31 Hennepin County, Ramsey County, the Department of Human Services, and community

organizations with experience in child welfare. The legislature may provide recommendations to the commissioner on the selection of the representatives from the community organizations.

(c) The working group must provide oversight of the phase-in program and evaluate the cost of the phase-in program. The working group must also assess future costs of implementing the Minnesota African American Family Preservation and Child Welfare Disproportionality Act statewide.

(d) By January 1, 2026, the working group must develop and submit an interim report to the chairs and ranking minority members of the legislative committees with jurisdiction over child welfare detailing initial needs for the implementation of the Minnesota African American Family Preservation and Child Welfare Disproportionality Act. The interim report must also include recommendations for any statutory or policy changes necessary to implement the act.

(e) By September 1, 2026, the working group must develop an implementation plan and best practices for the Minnesota African American Family Preservation and Child Welfare Disproportionality Act to go into effect statewide.

(f) The working group under this section expires December 31, 2026.

Sec. 14. **REPEALER.**

Minnesota Statutes 2024, section 260.63, subdivision 9, is repealed.

ARTICLE 12

CHILD CARE CENTER LICENSING MODERNIZATION

Section 1. **[142H.01] DEFINITIONS.**

Subdivision 1. **Scope.** For the purposes of this chapter, the terms in this section have the meanings given.

Subd. 2. **Accessible to children.** "Accessible to children" means capable of being reached or utilized by a child without the aid of an adult.

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

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

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

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

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

179.6 Subd. 5. **Applicant.** "Applicant" has the meaning given in section 142B.01, subdivision
179.7 4.

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

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

179.16 Subd. 8. **Center.** "Center" means a child care program that is not excluded by section
179.17 142B.05, subdivision 2, and is not a family child care program, as defined in section 142I.01,
179.18 subdivision 22.

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

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

179.25 Subd. 11. **Child care program plan.** "Child care program plan" means the written
179.26 document that states specific activities that will be provided by the license holder to promote
179.27 the physical, intellectual, social, and emotional development of the children enrolled in the
179.28 center.

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

179.31 Subd. 13. **Commissioner.** "Commissioner" means the commissioner of children, youth,
179.32 and families or the commissioner's designated representative, including county agencies
179.33 and private agencies.

180.1 Subd. 14. **Day program.** "Day program" means a nonresidential child care program
180.2 that operates during waking hours and does not provide overnight care.

180.3 Subd. 15. **Department.** "Department" means the Department of Children, Youth, and
180.4 Families.

180.5 Subd. 16. **Direct contact.** "Direct contact" has the meaning given in section 245C.02,
180.6 subdivision 11.

180.7 Subd. 17. **Disinfected.** "Disinfected" means the chemical process to kill most germs and
180.8 viruses on surfaces and objects after they have been cleaned.

180.9 Subd. 18. **Drop-in child care program.** "Drop-in child care program" means a
180.10 nonresidential program of child care in which children participate on a onetime only or
180.11 occasional basis up to a maximum of 90 hours per child, per month.

180.12 Subd. 19. **Experience.** "Experience" means paid or unpaid employment:

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

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

180.16 (ii) in a public or nonpublic school;

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

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

180.21 Subd. 20. **Facility.** "Facility" means the indoor and outdoor space where a child care
180.22 program is provided.

180.23 Subd. 21. **Fire marshal.** "Fire marshal" means the person designated by section 299F.011
180.24 to administer and enforce the State Fire Code or the fire marshal's authorized representative.

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

180.28 Subd. 23. **Health consultant.** "Health consultant" means a registered nurse, a public
180.29 health nurse, or a health care provider as defined in subdivision 22 who performs health
180.30 consultation services for a child care center pursuant to section 142H.29, subdivision 2.

181.1 Subd. 24. **Inaccessible to children.** "Inaccessible to children" means not capable of
181.2 being reached or utilized by a child without the aid of an adult.

181.3 Subd. 25. **License.** "License" has the meaning given in section 142B.01, subdivision
181.4 16.

181.5 Subd. 26. **License holder.** "License holder" has the meaning given in section 142B.01,
181.6 subdivision 17.

181.7 Subd. 27. **Licensed capacity.** "Licensed capacity" means the maximum number of
181.8 children permitted at any one time in the program for which the license holder is licensed
181.9 to operate.

181.10 Subd. 28. **Medication.** "Medication" means any substance or preparation that is used
181.11 to prevent or treat a wound, injury, infection, and disease; maintain health; heal; or relieve
181.12 pain. This includes medication that is over the counter, or prescribed by a physician, physician
181.13 assistant, dentist, or advance practice registered nurse certified to prescribe medication, and
181.14 permitted by the parent for administration or application. This term applies to medication
181.15 taken internally or applied externally.

181.16 Subd. 29. **Night care program.** "Night care program" means a nonresidential child care
181.17 program that provides overnight care to children during sleeping hours, approximately 11:00
181.18 p.m. to 5:00 a.m. Night care programs are subject to the requirements in section 142H.16.

181.19 Subd. 30. **Parent.** "Parent" means the person or persons who has the legal responsibility
181.20 for a child such as the child's mother, father, or legally appointed guardian.

181.21 Subd. 31. **Program staff person.** "Program staff person" means an employee of the
181.22 child care center who carries out the child care program plan and has direct contact with
181.23 children. This includes unsupervised volunteers and substitutes.

181.24 Subd. 32. **Sick care program.** "Sick care program" means a nonresidential child care
181.25 program that exclusively cares for sick children. Sick care programs are subject to the
181.26 requirements in section 142H.19.

181.27 Subd. 33. **Staff supervision.** "Staff supervision" means responsibility to hire, train,
181.28 assign duties, and direct staff in day-to-day activities and evaluate staff performance. A
181.29 "supervisor" is a person with staff supervision responsibility.

181.30 Subd. 34. **State Building Code.** "State Building Code" means the codes and regulations
181.31 adopted by the commissioner of the administration according to section 326B.101, and
181.32 contained in Minnesota Rules, chapter 1300.

182.1 Subd. 35. **State Fire Code.** "State Fire Code" means the codes and regulations adopted
182.2 by the state fire marshal pursuant to section 299F.011, and contained in Minnesota Rules,
182.3 chapter 7511.

182.4 Subd. 36. **Student intern.** "Student intern" means a student of a postsecondary institution
182.5 assigned by that institution for a supervised experience with children. The experience must
182.6 be in a licensed center, an elementary school operated by the commissioner of education
182.7 or a legally constituted local school board, or a private school approved under rules
182.8 administered by the commissioner of education. Student intern includes a person who is
182.9 practice teaching, student teaching, or carrying out a practicum or internship.

182.10 Subd. 37. **Substitute.** "Substitute" means a person who is temporarily filling a position
182.11 as a director, teacher, assistant teacher, or aide in a licensed child care center for less than
182.12 500 hours total in a calendar year due to the absence of a regularly employed program staff
182.13 person.

182.14 Subd. 38. **Supervision of children.** "Supervision of children" means when a program
182.15 staff person:

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

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

182.18 (3) is within sight and hearing of the child at all times, except as described in section
182.19 142H.24, subdivision 1.

182.20 Subd. 39. **Variance.** "Variance" means written permission by the department for a license
182.21 holder or applicant to depart from the provisions of a requirement in this chapter pursuant
182.22 to section 142B.10, subdivision 16.

182.23 Subd. 40. **Volunteer.** (a) "Volunteer" means an individual who assists in the care of a
182.24 child and is not employed by the child care center.

182.25 (b) "Supervised volunteer" means a volunteer who may only have direct contact with
182.26 children when a program staff person is able to intervene to protect the health and safety of
182.27 children.

182.28 (c) "Unsupervised volunteer" means a volunteer who may have direct contact with
182.29 children without a program staff person present, must receive the training required under
182.30 section 142H.08, and may be counted in the staff-to-child ratios under section 142H.10.

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

183.2 (a) No child care center may operate in Minnesota without a license pursuant to this
183.3 chapter and chapter 142B. An applicant for a license and the license holder is governed by,
183.4 and must comply with, the general requirements in this chapter and chapters 142B, 245C,
183.5 and 260E.

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

183.8 Sec. 3. **[142H.03] OPERATING OPTIONS.**

183.9 A license holder must operate a day program, drop-in child care program, night care
183.10 program, sick child care program, or a combination of two or more kinds of programs.

183.11 Sec. 4. **[142H.04] POLICIES AND PROCEDURES FOR PROGRAM**
183.12 **ADMINISTRATION.**

183.13 (a) The license holder must maintain and enforce program policies and procedures
183.14 necessary to comply with licensing requirements under Minnesota Statutes and Minnesota
183.15 Rules.

183.16 (b) The license holder must:

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

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

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

183.21 (c) The license holder must keep program policies and procedures readily accessible to
183.22 employees and volunteers and index the policies and procedures with a table of contents or
183.23 another method approved by the commissioner.

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

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

183.29 (b) A director must:

183.30 (1) be at least 21 years old;

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

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

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

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

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

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

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

Subd. 4. **Incumbent director recognition.** Notwithstanding subdivision 1, an individual who is designated as the director of a licensed child care center on July 1, 2027, meets the director qualification requirements of this section as long as the individual continues to work at the program.

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

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

(1) be at least 18 years old; and

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

185.1 Subd. 2. **Teacher education and experience requirements.** In addition to the general
185.2 requirements in subdivision 1, a teacher must have at least one of:

185.3 (1) 12 postsecondary semester credits and 480 hours of experience;

185.4 (2) 100 hours of commissioner-approved training within the previous five years and 480
185.5 hours of experience. After initial qualification, a teacher qualified under this clause must
185.6 fulfill at least 50 percent of in-service training requirements under section 142H.09,
185.7 subdivision 10, with commissioner-approved trainings;

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

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

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

185.15 (6) a Child Development Associate (CDA) credential;

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

185.17 Subdivision 1. **Assistant teacher general qualifications.** An assistant teacher must
185.18 work under the supervision of a teacher and be:

185.19 (1) at least 18 years old; and

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

185.22 Subd. 2. **Assistant teacher education and experience requirements.** In addition to
185.23 the general requirements in subdivision 1, an assistant teacher must have at least one of:

185.24 (1) at least six postsecondary semester credits;

185.25 (2) at least 50 hours of commissioner-approved training within the previous five years.
185.26 After initial qualification, an assistant teacher qualified under this clause must fulfill at least
185.27 50 percent of in-service training requirements under section 142H.09, subdivision 10, with
185.28 commissioner-approved trainings; or

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

186.1 (i) documentation of current enrollment; and

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

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

186.4 Subdivision 1. **Aide qualifications.** (a) An aide must work under the supervision of a
186.5 teacher or assistant teacher, except when performing the tasks in paragraph (b). An aide
186.6 must be used pursuant to the staff distribution requirements in section 142H.10, subdivision
186.7 2.

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

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

186.12 Subd. 2. **Volunteers.** (a) A volunteer may work as a teacher, assistant teacher, aide, or
186.13 substitute if the volunteer meets the requirements of that position.

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

186.17 (c) Unsupervised volunteers must successfully complete training as required in section
186.18 142H.09.

186.19 (d) Supervised volunteers must successfully complete the training required in section
186.20 142H.09, subdivision 7.

186.21 Subd. 3. **Substitutes.** (a) A substitute must either meet the requirements for the assigned
186.22 staff position or be designated as an unqualified substitute by the director or the director
186.23 designee. A director or director designee can designate a substitute as unqualified if:

186.24 (1) a teacher is continuously on site, except as provided in section 142H.10, subdivision
186.25 2, paragraph (e);

186.26 (2) when substituting as a teacher or assistant teacher, the unqualified substitute is aware
186.27 of the unqualified substitute's designated staffing position; and

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

186.29 (b) All substitutes must successfully complete the required training under section
186.30 142H.09.

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

187.3 (b) In a calendar year, a license holder must not use unqualified substitutes more than
187.4 60 hours multiplied by the number of the center's classrooms.

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

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

187.9 Subdivision 1. **Orientation training.** (a) Program staff persons must complete orientation
187.10 training before providing direct contact services to a child.

187.11 (b) The orientation training must include the following topics:

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

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

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

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

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

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

187.21 (7) the center's policy on cleaning, sanitizing, and disinfecting pursuant to section
187.22 142H.31;

187.23 (8) the center's emergency preparedness plan and procedures pursuant to section 142H.23,
187.24 subdivision 1;

187.25 (9) procedures for the handling and disposal of bodily fluids pursuant to section 142H.29,
187.26 subdivision 10;

187.27 (10) the center's emergency and accident policies pursuant to section 142H.23, subdivision
187.28 2;

187.29 (11) the center's health policies pursuant to section 142H.29;

188.1 (12) individual child care program plan or plans pursuant to section 142H.15, if
188.2 applicable;

188.3 (13) job responsibilities specific to the individual's position at the center;

188.4 (14) prevention and control of infectious diseases pursuant to section 142H.18;

188.5 (15) the center's policy on research, cameras, and social media participation procedures
188.6 pursuant to section 142H.22;

188.7 (16) the center's policy on the use of alcohol, drugs, and tobacco products pursuant to
188.8 section 142B.10, subdivision 1, paragraph (c);

188.9 (17) recognition and reporting of maltreatment, abuse and neglect pursuant to chapter
188.10 260E;

188.11 (18) the center's risk reduction plan pursuant to section 142H.24;

188.12 (19) reduction of risk of sudden unexpected infant death pursuant to the requirements
188.13 of subdivision 7 and section 142B.46; and

188.14 (20) transportation and field trip safety procedures pursuant to section 142H.33.

188.15 (c) Training for orientation may be used to meet in-service training requirements.

188.16 Subd. 2. **Child care basics training.** (a) Any program staff person hired after July 1,
188.17 2027, must complete child care licensing basics training no more than 90 days after the first
188.18 date of direct contact with a child, unless the person has completed the training within the
188.19 previous two years.

188.20 (b) Child care basics training covers information on effectively working in a child care
188.21 center setting in Minnesota. Child care basics training must be developed and updated by
188.22 the commissioner. Child care basics training may be used to meet in-service training
188.23 requirements.

188.24 Subd. 3. **Child development and learning training.** (a) Program staff persons must
188.25 complete at least two hours of child development and learning training within 90 days after
188.26 the first date of direct contact with a child and every two calendar years thereafter. For the
188.27 purposes of this subdivision, "child development and learning training" means any training
188.28 in understanding how children develop physically, cognitively, emotionally, and socially
188.29 and learn as part of the children's family, culture, and community.

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

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

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

(3) 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

(4) has received a Montessori certificate or diploma issued by American Montessori Society, Association Montessori International, or an institution accredited by the Montessori Accreditation Council for Teacher Education within the past five years.

Subd. 4. **Pediatric first aid.** (a) Before direct contact with a child, a program staff person must satisfactorily complete pediatric first aid. Pediatric first aid training completed within the previous two calendar years meets this requirement.

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

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

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

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

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

Subd. 5. **Pediatric cardiopulmonary resuscitation.** (a) Before direct contact with a child, a program staff person must satisfactorily complete pediatric cardiopulmonary resuscitation (CPR) training, including CPR techniques for infants and children and the

190.1 treatment of obstructed airways. Pediatric CPR training completed within the previous two
190.2 calendar years meets this requirement.

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

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

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

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

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

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

190.19 Subd. 6. **Sudden unexpected infant death training.** (a) Before direct contact with
190.20 infants, program staff persons and volunteers must receive training on the standards under
190.21 section 142B.46 and on reducing the risk of sudden unexpected infant death during orientation
190.22 and each calendar year thereafter.

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

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

190.30 Subd. 7. **Abusive head trauma training.** (a) Before direct contact with children under
190.31 school age, a program staff person must receive training on the risk of abusive head trauma
190.32 during orientation and each calendar year thereafter.

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

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

191.7 Subd. 8. **Child passenger restraint systems; training requirement.** (a) Before a license
191.8 holder transports a child or children under age nine in a motor vehicle, the person placing
191.9 the child or children in a passenger restraint must satisfactorily complete training on the
191.10 proper use and installation of child restraint systems in motor vehicles.

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

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

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

191.20 Subd. 9. **In-service training requirements.** (a) A license holder must ensure that program
191.21 staff persons complete in-service training.

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

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

191.29 (d) All program staff persons, except substitutes and unsupervised volunteers, who work
191.30 20 hours or less per week must complete at least ten hours of in-service training each calendar
191.31 year.

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

192.4 (f) The number of in-service training hours may be prorated for center directors and
192.5 program staff persons not employed for an entire year or on a documented leave of absence.

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

192.8 Subd. 10. **In-service content.** (a) Each calendar year, in-service training must include
192.9 the following:

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

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

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

192.14 (ii) emergency preparedness and procedures pursuant to section 142H.23, subdivision
192.15 1;

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

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

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

192.20 (4) reduction of risk of sudden unexpected infant death training of at least one-half hour
192.21 duration for individuals working with infants pursuant to the requirements of subdivision
192.22 7 and section 142B.46;

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

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

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

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

192.28 (1) child development and learning pursuant to subdivision 4;

192.29 (2) at least one hour on cultural awareness and inclusion;

192.30 (3) pediatric first aid that meets the requirements of subdivision 5;

193.1 (4) pediatric cardiopulmonary resuscitation training that meets the requirements of
 193.2 subdivision 5; and

193.3 (5) at least one hour on identifying and supporting children with special needs.

193.4 (c) At least once every five calendar years, training must include child passenger restraint
 193.5 systems pursuant to subdivision 9, if applicable.

193.6 (d) The remaining hours of the in-service training requirement must be met by completing
 193.7 training in the Minnesota knowledge and competency framework areas.

193.8 Subd. 11. **Documentation required.** (a) The license holder must document completed
 193.9 training for program staff persons in a manner prescribed by the commissioner.

193.10 (b) For pediatric first aid and CPR trainings, the license holder must maintain copies of
 193.11 training cards or certificates issued by the training organization.

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

193.13 Subdivision 1. **Staff-to-child ratios and maximum group size.** (a) Except as provided
 193.14 in this subdivision and section 142H.12 regarding naps and rest, the minimally acceptable
 193.15 staff-to-child ratios and the maximum group size within each age category are:

193.16 <u>Age Category</u>	193.16 <u>Staff-to-Child Ratio</u>	193.16 <u>Maximum Group Size</u>
193.17 <u>Infant</u>	193.17 <u>1:4</u>	193.17 <u>8</u>
193.18 <u>Toddler</u>	193.18 <u>1:7</u>	193.18 <u>14</u>
193.19 <u>Preschooler</u>	193.19 <u>1:10</u>	193.19 <u>20</u>
193.20 <u>School-age child</u>	193.20 <u>1:15</u>	193.20 <u>30</u>

193.21 (b) Except for groups that include an infant, the staff-to-child ratio may be doubled for
 193.22 no more than two hours during nap time. During the nap time, there must be enough program
 193.23 staff persons in the facility to meet staff-to-child ratio and staff distribution requirements
 193.24 under paragraph (a) and subdivision 2 for the groups in case of an emergency. The program
 193.25 must return to following the staff-to-child ratios and staff distribution requirements under
 193.26 paragraph (a) and subdivision 2 when the number of awake children exceeds the number
 193.27 of children who could be supervised by one program staff person under subdivision 1.

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

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

194.4 (b) Except as provided in paragraphs (d) and (e), staff distribution within each age
194.5 category must be as follows:

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

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

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

194.9 and

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

194.11 (c) Only a program staff person can be included in meeting the staff-to-child ratios in
194.12 this section.

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

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

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

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

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

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

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

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

195.1 (b) During arrival and departure times, children in different age categories may be
195.2 grouped together if:

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

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

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

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

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

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

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

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

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

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

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

195.29 (f) When a child is transitioning age groups pursuant to subdivision 5 and with the child's
195.30 new class, the child must be designated as if the child has already aged into the class.

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

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

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

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

196.8 (1) include a statement mandating that children are supervised at all times as defined in
196.9 section 142H.01, subdivision 38, and pursuant to the requirements of section 142H.24,
196.10 subdivision 1;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

198.4 Subdivision 1. **Naps and rest policy.** An applicant must develop and a license holder
198.5 must implement a policy for naps and rest that is consistent with the developmental level
198.6 of the children enrolled in the center. The policy must include but is not limited to the
198.7 requirements in this section, as applicable.

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

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

198.13 (b) Nap and rest time must be in accordance with the developmental needs of the child.
198.14 A child care center may not withhold sleep or rest from a child, including at a parent's
198.15 request, if such time is allowed in the child care center's naps and rest policy.

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

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

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

198.23 (f) The license holder must follow the infant safe sleep requirements under section
198.24 142B.46.

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

198.27 Subd. 4. **Monitoring napping infants.** (a) An infant must be supervised as defined in
198.28 section 142H.01, subdivision 38, and pursuant to section 142H.24, subdivision 1, paragraph
198.29 (b).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

200.4 Subd. 2. **Behavior guidance policies and procedures.** The applicant must develop
200.5 written behavior guidance policies and procedures approved by the commissioner. The
200.6 license holder must ensure that the policies and procedures are carried out. The policies and
200.7 procedures must include:

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

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

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

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

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

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

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

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

200.20 (4) teaching children how to use acceptable alternatives to problem behavior to reduce
200.21 conflict;

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

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

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

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

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

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

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

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

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

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

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

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

201.15 (10) the use of mechanical restraints, including tying a child up, or any device or
201.16 equipment intended to restrict or prevent movement as a means of discipline or for reasons
201.17 unrelated to the child's care, safety, or planned activity;

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

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

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

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

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

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

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

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

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

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

(1) a description of the specific behavior;

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

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

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

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

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

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

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

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

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

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

203.8 (4) the child must be supervised as defined under section 142H.01, subdivision 38, while
203.9 separated.

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

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

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

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

203.20 (d) Equipment designed and marketed for use by children must be appropriate to the
203.21 age and size of children and used in accordance with the manufacturer's instructions.
203.22 Equipment and play materials not designed or marketed for use by children, including but
203.23 not limited to repurposed, homemade, and open-ended items, must be appropriate to the
203.24 age and size of children, in good repair, and used under the supervision of a program staff
203.25 person. Such equipment and play materials are not required to have manufacturer's
203.26 instructions and are subject to the requirements of this subdivision.

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

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

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

204.8 (1) creative arts and crafts;

204.9 (2) construction and building;

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

204.11 (4) math and science;

204.12 (5) music;

204.13 (6) fine motor skills;

204.14 (7) physical and movement activities;

204.15 (8) sensory exploration activities; and

204.16 (9) language and literacy.

204.17 Subd. 5. **Equipment rotation and accessibility.** A child care program may rotate
204.18 equipment throughout the day as specified in the child care program plan if the number of
204.19 choices required in subdivisions 2 and 3 is available for each child in attendance. Equipment
204.20 and materials from each interest area must be accessible to children at least once per day.

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

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

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

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

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

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

205.2 (6) for toddlers, preschoolers, and school-age children, one nonfolding seating option

205.3 per child based on licensed capacity, with a corresponding amount of table space to allow

205.4 the child to do table work or eat a meal while seated.

205.5 Subd. 7. **Supplies.** (a) The license holder must maintain enough diapers, disposable

205.6 paper for the diaper changing table, facial tissues, liquid hand soap, and single-service towels

205.7 to maintain cleanliness and sanitation for children in care.

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

205.9 Sec. 15. **[142H.141] NATURAL ELEMENTS AND MATERIALS.**

205.10 Subdivision 1. **Natural elements and materials.** A license holder may provide children

205.11 with access to natural elements and materials as equipment and play materials. Natural

205.12 elements and materials and appropriate uses of natural elements and materials include, but

205.13 are not limited to:

205.14 (1) natural loose parts, such as sticks, leaves, pine cones, acorns, seeds, pods, bark, and

205.15 moss for construction, art, sensory exploration, and imaginative play;

205.16 (2) natural materials, such as dirt, mud, sand, water, ice, and snow for sensory play and

205.17 exploration;

205.18 (3) plants, flowers, seeds, vegetables, and gardening materials for science exploration

205.19 and learning;

205.20 (4) rocks, pebbles, stones, and minerals for counting, sorting, building, and art;

205.21 (5) natural areas such as gardens, prairie, forest, wetlands, and ponds for exploration

205.22 and learning; and

205.23 (6) other natural elements as appropriate to age and development of children.

205.24 Subd. 2. **Supervision.** A program staff person must supervise a child's use of natural

205.25 elements and materials and provide guidance on safe and appropriate use. Natural elements

205.26 and materials that are a choking hazard must not be accessible to children under the age of

205.27 three without direct supervision of a program staff person.

205.28 Subd. 3. **Other uses.** Natural elements and materials may qualify as equipment and

205.29 materials from interest areas under section 142H.14, subdivision 4.

Sec. 16. **[142H.15] CHILDREN WITH SPECIAL HEALTH CARE NEEDS OR DISABILITIES.**

Subdivision 1. Child with special health care needs or disabilities. For the purposes of this section, "child with special health care needs or disabilities" means a child who:

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

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

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

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

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

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

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

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

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

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

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

207.1 (h) The ICCPP must be reviewed and updated at least once each calendar year and more
207.2 frequently if needed. The ICCPP must be signed and dated by the parent and the director
207.3 upon their yearly review.

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

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

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

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

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

207.16 (1) a description of the allergy;

207.17 (2) specific triggers and avoidance techniques;

207.18 (3) symptoms of an allergic reaction;

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

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

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

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

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

207.30 Subd. 6. **Temporary physical needs.** If a child has a temporary physical need as
207.31 identified by their health care provider, including but not limited to a brace, cast, or helmet,

208.1 the license holder must maintain current documentation about the temporary physical need
208.2 from the child's health care provider and any necessary accommodations in the child's record.
208.3 The license holder must ensure staff who work with the child are aware of the child's
208.4 temporary physical need and follow the identified necessary accommodations. An ICCPP
208.5 is not required for documenting a temporary physical need under this subdivision and the
208.6 accommodation.

208.7 Sec. 17. **[142H.16] NIGHT CARE PROGRAM.**

208.8 Subdivision 1. **Applicability.** A license holder providing overnight care must comply
208.9 with this section.

208.10 Subd. 2. **Furnishings.** Each child enrolled in a night care program must be provided
208.11 with a crib or bed, described as follows:

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

208.14 (2) an individual age-appropriate bed with two sets of sheets and a blanket or quilt must
208.15 be provided for each toddler, preschooler, or school-age child;

208.16 (3) each bed or crib must have a waterproof mattress or mattress pad that can be cleaned
208.17 and disinfected;

208.18 (4) bedding and sleeping equipment must be cleaned and disinfected as specified in
208.19 section 142H.31, subdivision 4, clause (3); and

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

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

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

208.26 Subd. 5. **Meals and snacks.** (a) The license holder must ensure that a child who will be
208.27 present in the center has had or will be provided with an evening meal. A bedtime snack
208.28 must be available for all children in attendance. Eating times and schedules for the individual
208.29 child must be consistent with patterns established in consultation with the parent of the
208.30 child.

208.31 (b) Night care programs are exempt from the requirements of section 142H.32,
208.32 subdivision 7.

209.1 Subd. 6. **Staffing.** At least two program staff persons, one of whom must qualify as a
209.2 teacher under section 142H.06, must be present in the center at all times during the hours
209.3 the night program is in operation. When more than 80 percent of the children present are
209.4 asleep, the remaining program staff persons needed to meet the required staff-to-child ratio
209.5 must have at least the qualifications of an aide. Program staff must be awake, dressed, and
209.6 provide supervision as specified in sections 142H.01, subdivision 38, and 142H.12 to
209.7 children who are sleeping.

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

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

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

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

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

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

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

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

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

210.3 Subd. 16. **Exceptions.** The outdoor activity area required by section 142H.34, subdivision
210.4 7; outdoor activities required by section 142H.11, subdivision 2; and outdoor equipment
210.5 required by section 142H.14 need not be provided for children enrolled in a night care
210.6 program.

210.7 Sec. 18. **[142H.17] DROP-IN CHILD CARE PROGRAMS.**

210.8 Subdivision 1. **Drop-in child care programs.** If a license holder chooses to operate as
210.9 a drop-in child care program, the license holder must comply with the requirements in this
210.10 section.

210.11 Subd. 2. **Exemptions.** (a) Drop-in child care programs that meet one of the requirements
210.12 in paragraph (b) are exempt from:

210.13 (1) section 142H.10;

210.14 (2) section 142H.11, subdivision 1, clauses (6) and (7); and

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

210.16 (b) A drop-in child care program is exempt from the requirements in paragraph (a) if
210.17 the program operates:

210.18 (1) in a child care center that houses no child care program except the drop-in child care
210.19 program;

210.20 (2) in the same child care center but not during the same hours as a regularly scheduled
210.21 ongoing child care program with a stable enrollment; or

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

210.25 Subd. 3. **Staffing requirements.** (a) A drop-in child care program must have at least
210.26 two program staff persons on site whenever the program is operating; the director or a
210.27 designee and a program staff member who is qualified as a teacher.

210.28 (b) If the drop-in child care program has additional staff who are on call as a mandatory
210.29 condition of their employment, the minimum child-to-staff ratio may be exceeded only for
210.30 preschool and school-age children by a maximum of four children for no more than 20
210.31 minutes while additional staff are in transit. If the ratio is exceeded for more than 20 minutes,

211.1 the license holder must review the mandatory on-call staff procedures and revise as necessary
211.2 to ensure compliance with this section, including hiring additional on-call staff as needed.

211.3 (c) Whenever there is a total of 20 children or more at a drop-in child care center, children
211.4 that are younger than 30 months must be cared for in a separate group. The group may
211.5 contain children up to 60 months old. The group must be cared for in an area that is physically
211.6 separated from older children.

211.7 (d) In drop-in care programs that serve both infants and older children, children up to
211.8 30 months old may be supervised by assistant teachers as long as other staff are present in
211.9 appropriate ratios.

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

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

211.15 (1) for infants, one program staff person for every four infants;

211.16 (2) for toddlers, one program staff person for every seven children;

211.17 (3) for preschoolers, one program staff person for every ten children; and

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

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

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

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

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

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

211.28 Sec. 19. **[142H.18] EXCLUSION OF SICK CHILDREN .**

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

212.1 (1) the requirements on reportable diseases in Minnesota Rules, parts 4605.7040,
212.2 4605.7070, and 4605.7080; and

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

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

212.9 (b) The license holder must ensure that the commissioner of health is notified of any
212.10 suspected case of reportable disease as specified in Minnesota Rules, parts 4605.7040,
212.11 4605.7050, or 4605.7080, within 24 hours of receiving the parent's or staff report.
212.12 Documentation of the notification must be kept at the center.

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

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

212.24 Sec. 20. **[142H.19] SICK CARE PROGRAM.**

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

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

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

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

213.5 Subd. 3. **Evaluation of a sick child.** (a) A license holder that operates a sick care program
213.6 must evaluate the condition of a sick child before admitting the child to the center.

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

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

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

213.14 (2) a health care provider affiliated with the center must tell the parent whether the parent
213.15 may bring the child to the center for further evaluation; and

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

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

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

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

213.28 Subd. 7. **Group size and age category grouping exceptions.** The maximum group
213.29 sizes specified under section 142H.10, subdivision 1, and the age category grouping
213.30 restrictions under section 142H.10, subdivision 3, do not apply to sick care programs. There
213.31 must be no more than 16 children in sick care in the same room at the same time.

214.1 Subd. 8. **Staff-to-child ratios and staff distribution requirements.** (a) A one-to-four
214.2 staff-to-child ratio must be maintained at all times in a room used to care for sick children.

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

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

214.8 Subd. 9. **Limitation on staff assignment.** Staff must not care for nonsick children or
214.9 prepare food for nonsick children on the same day as sick children. Staff caring for sick
214.10 children must not enter the kitchen used to prepare food for nonsick children.

214.11 Subd. 10. **Food preparation.** Food provided by the license holder and prepared at the
214.12 center must be prepared in a room separate from rooms where sick care is provided and
214.13 must be delivered to each sick care room in individual servings and in covered containers.
214.14 Procedures for preparing, handling, and serving food and washing food, utensils, and
214.15 equipment must comply with the requirements in the Minnesota Food Code, Minnesota
214.16 Rules, chapter 4626.

214.17 Subd. 11. **Menus.** Menus for sick children must be modified to meet the individual needs
214.18 of the child.

214.19 Subd. 12. **Additional facility requirements.** A license holder operating a sick care
214.20 program must provide:

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

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

214.25 Subd. 13. **Outdoor activity area, activities, and equipment exception.** Sick care
214.26 programs under this section are exempt from the requirements for an outdoor activity area
214.27 under section 142H.34, subdivision 7; outdoor activities under section 142H.11, subdivision
214.28 2; and outdoor equipment under section 142H.14.

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

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

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

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

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

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

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

215.10 Sec. 21. **[142H.20] INFORMATION TO PARENTS.**

215.11 Subdivision 1. **Policies provided to parents.** At the time of a child's enrollment, the
215.12 center must provide the parent with written notification of the:

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

215.14 (2) hours and days of operation;

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

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

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

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

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

215.27 (8) policies on the administration of medicine;

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

- 216.1 (10) procedures for obtaining written parental consent for research, cameras, and social
216.2 media participation pursuant to section 142H.22;
- 216.3 (11) policies on transitioning a child to the next age group, pursuant to section 142H.10;
- 216.4 (12) policies on the provision of meals and snacks;
- 216.5 (13) behavior guidance policies and procedures;
- 216.6 (14) presence of pets;
- 216.7 (15) policy on visitation and parental access to children pursuant to section 142H.21;
- 216.8 (16) policy on the prohibition of smoking, use of tobacco products, vaping, electronic
216.9 cigarettes, alcohol, and drugs on the premises of the program pursuant to section 142H.29,
216.10 subdivision 11;
- 216.11 (17) policy on use of technology and screen time pursuant to section 142H.11, subdivision
216.12 1, clause (12);
- 216.13 (18) telephone number of the Department of Children, Youth, and Families, Division
216.14 of Licensing;
- 216.15 (19) policy on naps and rest pursuant to section 142H.12; and
- 216.16 (20) procedures for notifying parents of an evacuation, including procedures for
216.17 reunification with families.
- 216.18 Subd. 2. **Parent conferences.** The license holder must inform the parent of a child's
216.19 progress and:
- 216.20 (1) complete individual assessments of each child's intellectual, physical, social, and
216.21 emotional development at least twice a year. Individual assessments for school-age children
216.22 must be completed at least once a year;
- 216.23 (2) plan and offer parent conferences by program staff at least twice a year to review
216.24 and discuss the child's assessment. Parent conferences for school-age children must be
216.25 planned and offered at least once a year; and
- 216.26 (3) maintain documentation of the child's assessment and that individual parent
216.27 conferences were planned and offered in each child's record.
- 216.28 Subd. 3. **Daily reports for infants and toddlers.** Daily written individualized reports
216.29 must be provided to the parent of an infant or toddler about the child's food intake,
216.30 elimination, sleeping patterns, and general behavior.

217.1 Sec. 22. **[142H.21] PARENT VISITATION AND ACCESS TO PROGRAM.**

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

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

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

217.8 Sec. 23. **[142H.22] CONSENT FOR RESEARCH, CAMERAS, AND SOCIAL MEDIA**
217.9 **PARTICIPATION.**

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

217.13 (1) procedures for obtaining written consent from parents for release of photos and
217.14 videos of children for promotional or publicity purposes, including on social media accounts
217.15 or public digital platforms; and

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

217.19 Subd. 2. **Participation in research, fundraising, or public relations projects.** (a) The
217.20 license holder must obtain written permission from a parent before a child is involved in
217.21 research, fundraising, or public relations projects while at the center. A separate written
217.22 permission form must be obtained before each occasion of a research, fundraising, or public
217.23 relations activity.

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

217.25 Sec. 24. **[142H.23] EMERGENCY AND ACCIDENT POLICIES AND RECORDS.**

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

- 218.1 (1) procedures for an evacuation, including building evacuation routes and identification
218.2 of primary and secondary exits;
- 218.3 (2) procedures for relocation, including a designated relocation site;
- 218.4 (3) procedures for sheltering in place and lockdown;
- 218.5 (4) procedures for notifying a child's parent of an evacuation, relocation, sheltering in
218.6 place, or lockdown, including procedures for reunification with families;
- 218.7 (5) accommodations for a child with a disability or a chronic medical condition;
- 218.8 (6) accommodations for infants and toddlers;
- 218.9 (7) procedures for storing a child's medically necessary medicine that facilitates easy
218.10 removal during an evacuation or relocation;
- 218.11 (8) procedures for continuing operations in the period during and after a crisis; and
- 218.12 (9) procedures for communicating with local emergency management officials, law
218.13 enforcement officials, or other appropriate state or local authorities.
- 218.14 (b) A license holder must review and update the emergency plan at least once each
218.15 calendar year and as needed when changes to the circumstances or facilities necessitate an
218.16 updated plan. Documentation of the yearly review and when changes are made must be
218.17 maintained in the program's administrative records.
- 218.18 (c) Program staff must be trained on the emergency plan at orientation as specified under
218.19 section 142H.09 when changes are made to the plan and at least once each calendar year.
218.20 Training must be documented and maintained on site.
- 218.21 (d) A center must have an operable on-site flashlight for use in an emergency situation.
218.22 A cell phone may not be used to meet this requirement.
- 218.23 (e) A license holder must conduct fire drills every month and hold tornado drills monthly
218.24 from April 1 through September 30. Fire and tornado drills must be documented and include
218.25 the date of the drill, the start and end time of the drill, and the name of the program staff
218.26 person completing the documentation. Documentation must be maintained in the program's
218.27 administrative records.
- 218.28 (f) Primary and secondary exits and evacuation routes must remain unblocked.
- 218.29 Subd. 2. **Emergencies, accidents, incidents, and injuries.** (a) The policies and
218.30 procedures for emergencies, accidents, incidents, and injuries must include:
- 218.31 (1) procedures for administering first aid;

- 219.1 (2) procedures for the daily inspection of potential hazards;
- 219.2 (3) procedures for fire prevention and procedures to follow in the event of a fire, persons
219.3 responsible for the evacuation of children and areas for which they are responsible, instruction
219.4 on how to use a fire extinguisher, and instructions on how to close off the fire area;
- 219.5 (4) procedures to follow when a child is missing, including when a school-age child
219.6 does not arrive at the center when expected after school;
- 219.7 (5) procedures to follow if a person who is unknown, unauthorized, incapacitated, or
219.8 suspected of abuse attempts to pick up a child or if no one comes to pick up a child. The
219.9 procedure must include a practice for verifying a person's identity;
- 219.10 (6) procedures for obtaining emergency medical care; and
- 219.11 (7) procedures for recording emergencies, accidents, incidents, and injuries involving a
219.12 child enrolled in the center. The written record must include:
- 219.13 (i) the name and age of the child involved;
- 219.14 (ii) the name of employees or volunteers present;
- 219.15 (iii) the date, time, and place of the emergency, accident, incident, or injury;
- 219.16 (iv) the type of injury;
- 219.17 (v) actions taken by staff; and
- 219.18 (vi) to whom the emergency, accident, incident, or injury was reported.
- 219.19 (b) At a minimum, the emergency, accident, incident, or injury must be reported in
219.20 writing to the parent and as otherwise required in section 142H.28.
- 219.21 (c) Each calendar year, the license holder must conduct an analysis of the emergencies,
219.22 accidents, incidents, and injuries that have been documented pursuant to paragraph (a),
219.23 clause (7). Documentation of the yearly analysis and any modification of the center's policies
219.24 based on the analysis must be maintained in the program's administrative records.
- 219.25 (d) The license holder must post a facility floor plan in a visible location in each classroom
219.26 and other areas in the facility where child care is provided. The posted floor plan in each
219.27 area must include:
- 219.28 (1) identification of primary and secondary exits;
- 219.29 (2) building evacuation routes;
- 219.30 (3) identification of tornado shelter and other shelter-in-place locations;

- 220.1 (4) identification of staff positions responsible for the evacuation or sheltering of children;
220.2 (5) the name and address of the designated relocation site; and
220.3 (6) phone numbers and sources of emergency medical services, the poison control center,
220.4 the fire department, and the department's licensing division.

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

220.9 Sec. 25. **[142H.24] SUPERVISION AND RISK REDUCTION.**

- 220.10 Subdivision 1. **Supervision; sight and hearing exceptions.** (a) A child is still supervised
220.11 as defined in section 142H.01, subdivision 38, when:

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

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

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

- 220.24 (4) a single preschool child uses an individual, private restroom within the classroom
220.25 with the door closed and a program staff person has knowledge of the child's activity and
220.26 location, can hear the child, and checks on the child at least every five minutes.

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

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

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

221.3 (c) The risk reduction plan must include an assessment of risk to children the center
221.4 serves or intends to serve and identify specific risks based on the outcome of the assessment.

221.5 The assessment of risk must be composed of:

221.6 (1) an assessment of the risks presented by the facility where the licensed services are
221.7 provided, including an evaluation of:

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

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

221.12 (iii) the existence of areas that are difficult to supervise, including restrooms with multiple
221.13 entrances; and

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

221.17 (d) The risk reduction plan must include a statement of measures that will be taken to
221.18 minimize the risk of harm presented to children for each risk identified in the assessment
221.19 under paragraph (c) related to the facility and environment.

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

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

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

221.25 (3) children leaving the facility without supervision;

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

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

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

221.31 (7) sunburn;

- 222.1 (8) feeding children foods to which they are allergic;
- 222.2 (9) children falling from changing tables;
- 222.3 (10) children accessing dangerous items or chemicals or coming into contact with residue
- 222.4 from harmful cleaning products;
- 222.5 (11) traffic and pedestrian accidents, including when walking with children on
- 222.6 neighborhood walks, to an off-site outdoor play area, or in areas with heavy traffic or difficult
- 222.7 terrain such as railroad tracks; and
- 222.8 (12) children choking or suffocating.
- 222.9 (f) The plan must ensure hazardous objects as defined in section 142H.34, subdivision
- 222.10 17, are inaccessible to children.
- 222.11 (g) The plan must include specific policies and procedures to ensure adequate supervision
- 222.12 of children at all times as defined in subdivision 1 and section 142H.01, subdivision 38,
- 222.13 and pursuant to the staffing requirements of section 142H.10, subdivision 1, with particular
- 222.14 emphasis on:
- 222.15 (1) times when children are transitioned from one area within the facility to another,
- 222.16 including the use of a name-to-face check during transition time;
- 222.17 (2) nap-time supervision, including infant sleep supervision;
- 222.18 (3) child arrival and departure times, including when children arrive or depart from the
- 222.19 center by bus;
- 222.20 (4) supervision during outdoor play, outdoor learning activities, and community activities,
- 222.21 including but not limited to field trips and neighborhood walks;
- 222.22 (5) supervision of children in hallways;
- 222.23 (6) supervision of preschool children when using an individual private restroom within
- 222.24 the classroom; and
- 222.25 (7) supervision of school-age children when using the restroom and visiting the child's
- 222.26 personal storage space.
- 222.27 **Subd. 3. Yearly review of risk reduction plan.** (a) The license holder must review the
- 222.28 risk reduction plan each calendar year and document the review.
- 222.29 (b) When conducting the review, the license holder must consider incidents that have
- 222.30 occurred in the center since the last review, including:
- 222.31 (1) incidents covered by the assessment factors in subdivision 2;

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

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

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

223.4 (c) Within ten days following any change to the risk reduction plan, the license holder

223.5 must train program staff on the change and document that the staff were trained on the

223.6 change.

223.7 Sec. 26. **[142H.25] CENTER ADMINISTRATIVE RECORDS.**

223.8 (a) In addition to the personnel records requirements under section 142B.03, subdivision

223.9 1, paragraph (a), a center must maintain the following records:

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

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

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

223.13 (4) health consultant reviews of the center's health policies and practices as specified in

223.14 section 142H.29, subdivision 2;

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

223.16 (6) the emergencies, accidents, incidents, and injuries records specified in section

223.17 142H.23, subdivision 2;

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

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

223.20 (9) staffing schedules.

223.21 (b) The requirements in section 142B.03, subdivisions 1 and 2, apply to records retained

223.22 pursuant to this section.

223.23 Sec. 27. **[142H.26] PERSONNEL RECORDS.**

223.24 A license holder must maintain a current personnel record for each program staff person

223.25 in a manner prescribed by the commissioner and consistent with section 142B.03. The

223.26 personnel record for each program staff person must contain:

223.27 (1) the program staff person's name, home address, telephone number, date of birth, and

223.28 emergency contact information;

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

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

224.5 (4) the program staff person's hire date and last day of employment, as applicable.

224.6 Sec. 28. **[142H.27] CHILDREN'S RECORDS.**

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

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

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

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

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

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

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

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

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

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

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

224.26 (11) documentation of a child's individual child care program plan as required by section
224.27 142H.15; and

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

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

225.6 Sec. 29. **[142H.28] REPORTING REQUIREMENTS.**

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

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

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

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

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

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

225.20 Sec. 30. **[142H.29] HEALTH.**

225.21 Subdivision 1. **Health policies.** An applicant must develop written health policies
225.22 approved by the commissioner.

225.23 Subd. 2. **Health consultation.** (a) The center must have a health consultant as defined
225.24 in section 142H.01, subdivision 23, review the center's health policies and practices in
225.25 person and certify that the policies and practices are adequate to protect the health of children
225.26 in care.

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

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

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

226.5 (e) The consultant must review and approve:

226.6 (1) the emergencies, accidents, incidents, and injuries policies and procedures required
226.7 by section 142H.23, subdivision 2;

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

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

226.10 (4) the sanitation procedures and practices for food catered in or provided by the child's
226.11 parent as specified in section 142H.32, subdivision 6, and for infants as specified in section
226.12 142H.32, subdivision 11.

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

226.16 Subd. 4. **Immunizations.** (a) Before a child is admitted to a center, the license holder
226.17 must obtain documentation of current immunization records according to section 121A.15
226.18 and Minnesota Rules, chapter 4604; a signed notarized statement of parental objection to
226.19 the immunization; or a medical exemption. The license holder must maintain record of
226.20 current immunizations, a signed notarized statement of parental objection to the
226.21 immunization, or a medical exemption throughout the child's enrollment at the center.

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

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

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

226.28 (2) get written permission from the child's parent before administering items that may
226.29 be applied externally, including but not limited to diapering products, sunscreen lotions,
226.30 hand sanitizer, lip balm, body lotion, and insect repellents. Items under this clause must be
226.31 administered according to the manufacturer's instructions unless a dentist or health care
226.32 provider gives alternative written instructions;

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

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

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

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

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

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

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

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

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

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

- 228.1 (2) change diapers following the diaper changing procedure reviewed and approved by
228.2 the center's health consultant pursuant to subdivision 2, paragraph (e), clause (2);
- 228.3 (3) post diaper changing procedures reviewed and certified by the center's health
228.4 consultant in the diaper changing area;
- 228.5 (4) keep children in diapers clean and dry. Diapers and clothing must be changed
228.6 immediately or as soon as practicable when wet or soiled. Soiled clothing must be placed
228.7 in a plastic bag and sent home with the parent daily;
- 228.8 (5) use single-service wipes for cleaning a wet or soiled child;
- 228.9 (6) clean and disinfect changing tables and changing pads between children;
- 228.10 (7) use smooth, nonabsorbent surfaces for the diaper changing area and flooring;
- 228.11 (8) require the program staff person to maintain a hand on the child at all times during
228.12 diapering. Children must not be left unattended on the changing table;
- 228.13 (9) clean and disinfect diaper changing areas, including but not limited to counters, sinks,
228.14 and floors, daily or immediately when soiled;
- 228.15 (10) keep a covered diaper disposal receptacle lined with a disposable plastic bag in the
228.16 diaper changing area. Diapers cannot be disposed of in a kitchen disposal area;
- 228.17 (11) empty, clean, and disinfect diaper receptacles daily or more often as needed; and
- 228.18 (12) only change a diaper in the diaper changing area. The diaper changing area must
228.19 be separate from areas used for food storage, food preparation, and eating.
- 228.20 Subd. 7. **Hand washing; child.** (a) A child's hands must be washed with soap and water
228.21 after a diaper change, after use of a toilet or toilet training chair, and immediately before
228.22 eating a meal or snack.
- 228.23 (b) Program staff must monitor hand washing and assist a child who needs help.
- 228.24 (c) The use of a common basin or a hand sink filled with standing water is prohibited.
- 228.25 (d) Hands must be dried on a single-use towel or warm air hand dryer. The use of a
228.26 common or shared cloth or towel is prohibited.
- 228.27 (e) In sinks accessible to children, the water temperature must not exceed 120 degrees
228.28 Fahrenheit to prevent children from scalding themselves while washing.
- 228.29 (f) A hand sanitizer with at least 60 percent alcohol may be used to clean a child's hands
228.30 when soap and water are unavailable.

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

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

- 229.9 (1) adhesive bandages in assorted sizes and tape;
- 229.10 (2) sterile compresses;
- 229.11 (3) elastic bandage wrap;
- 229.12 (4) scissors;
- 229.13 (5) ice bag or cold pack;
- 229.14 (6) digital thermometer;
- 229.15 (7) mild liquid soap or hand sanitizer that is at least 60 percent alcohol;
- 229.16 (8) bottled water;
- 229.17 (9) disposable powder-free, latex-free gloves;
- 229.18 (10) face shield or protective barrier for giving CPR; and
- 229.19 (11) first aid instructions.

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

- 229.22 (1) surfaces that come in contact with urine, feces, vomit, and blood must be cleaned
229.23 and disinfected;
- 229.24 (2) blood-contaminated material must be disposed of in a plastic bag with a secure tie;
- 229.25 (3) sharp items used for a child with special care needs must be disposed of in a sharps
229.26 container. The sharps container must be inaccessible to a child when stored;
- 229.27 (4) the license holder must have bodily fluid disposal supplies in the center, including
229.28 disposable gloves, disposal bags, and eye protection; and
- 229.29 (5) each employee and volunteer must follow universal precautions to reduce the risk
229.30 of spreading infectious disease.

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

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

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

230.11 (d) The license holder must post in a prominent location at the main entrance of the
230.12 center a notice stating that use of tobacco products is prohibited inside the building and in
230.13 outdoor areas where children are present.

230.14 Sec. 31. **[142H.30] ATTENDANCE RECORDS.**

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

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

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

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

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

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

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

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

231.1 Sec. 32. **[142H.31] CLEANING, SANITIZING, AND DISINFECTING.**

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

231.5 **Subd. 2. Indoor and outdoor equipment.** (a) The indoor and outdoor space and
231.6 equipment of the program must be clean.

231.7 (b) Natural elements and materials used as equipment and play materials under section
231.8 142H.141; natural features used for outdoor play under section 142H.34, subdivision 7,
231.9 paragraph (h); and play materials used in outdoor settings are exempt from being clean, as
231.10 defined under section 142H.01, subdivision 12. A program staff person must inspect natural
231.11 elements and materials, natural features, and play materials used for outdoor play for
231.12 hazardous objects and other safety hazards, including animal feces, and remove or mitigate
231.13 the hazard before a child's use.

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

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

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

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

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

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

231.27 (ii) washing bedding used by the same child weekly or when soiled;

231.28 (iii) cleaning and disinfecting sleeping equipment used by a child before being used by
231.29 another child; and

231.30 (iv) cleaning and disinfecting sleeping equipment used by the same child weekly or
231.31 when soiled;

231.32 (4) cleaning toileting areas daily, including:

232.1 (i) emptying and disinfecting toilet training chairs after each use; and

232.2 (ii) disinfecting toilets and seats when soiled or at least daily; and

232.3 (5) emptying garbage cans and diaper receptacles on a daily basis and cleaning and
232.4 disinfecting the cans and receptacles as needed.

232.5 **Sec. 33. [142H.32] FOOD, DRINKING WATER, AND NUTRITION.**

232.6 Subdivision 1. **On-site food preparation.** A license holder that prepares, handles, or
232.7 serves food or washes food, utensils, or equipment on site must comply with applicable
232.8 requirements for food and beverage service establishments in chapter 157 and Minnesota
232.9 Rules, chapter 4626, and local health department requirements.

232.10 Subd. 2. **Off-site food preparation.** (a) Meals or snacks may be provided by an off-site,
232.11 licensed food and beverage service establishment.

232.12 (b) The center must maintain on file a copy of the off-site food and beverage service
232.13 establishment's current license and the contract to provide food for the center.

232.14 Subd. 3. **Providing food.** A license holder must provide meals and snacks to the children
232.15 in attendance. The license holder must supplement food provided by the parent if it does
232.16 not meet United States Department of Agriculture Child and Adult Care Food Program
232.17 (CACFP) nutritional requirements.

232.18 Subd. 4. **Drinking water.** (a) The center must have a safe supply of drinking water
232.19 pursuant to section 142H.35.

232.20 (b) Drinking water must be available to children throughout the hours of operation and
232.21 offered at frequent intervals. Drinking water for children must be provided in single-service
232.22 drinking cups, in reusable water bottles, in reusable cups, or from drinking fountains
232.23 accessible to children.

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

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

232.29 (2) a water bottle or cup must be assigned to a specific child and labeled with the child's
232.30 first and last name;

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

233.3 (4) a water bottle or cup must be used only for water.

233.4 Subd. 5. **Menus.** The license holder must ensure:

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

233.9 (2) menus comply with the meal pattern and nutritional requirements contained in the
233.10 most current edition of the CACFP standards in Code of Federal Regulations, title 7, section
233.11 226.20;

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

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

233.14 Subd. 6. **Sanitation.** (a) Procedures for preparing, handling, storing, and serving food
233.15 and washing food, utensils, and equipment must comply with the requirements for food and
233.16 beverage establishments in Minnesota Rules, chapter 4626.

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

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

233.23 Subd. 7. **Meals and snacks.** Except for infants under subdivision 11, the license holder
233.24 must serve meals and snacks to children as follows:

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

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

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

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

234.1 Subd. 8. **Prescribed diet requirements.** (a) If a child is unable to follow the CACFP
234.2 meal pattern requirements due to a diet-related medical condition, a prescribed diet
234.3 accommodation is required.

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

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

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

234.12 Subd. 9. **Cultural or religious diet accommodations.** (a) When special diets are
234.13 requested for cultural or religious reasons, the center must obtain written, dated, and signed
234.14 instructions from the child's parent on how to accommodate the diet.

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

234.18 Subd. 10. **Food allergy information.** Information about food allergies of the children
234.19 in the center must follow the requirements in section 142H.15, subdivision 5.

234.20 Subd. 11. **Infant food and feeding schedule.** The diet and feeding schedule of an infant
234.21 must be determined by the infant's parent. The license holder of a center serving infants
234.22 must:

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

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

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

234.28 (4) ensure infants are held or fed sitting up for bottled feedings until the infant can
234.29 independently sit up and feed themselves. A bottle must not be propped at any time for an
234.30 infant or fed to an infant in a crib, infant seat, or playpen;

234.31 (5) use sanitary procedures and practices to prepare, handle, and store formula, milk,
234.32 breast milk, solid foods, and supplements, including having procedures to ensure bottles

235.1 are matched to the correct infant. Procedures must be reviewed and certified by a health
235.2 consultant;

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

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

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

235.8 Subd. 12. **Additional requirements.** (a) The center must serve food that is not a choking
235.9 hazard and that is developmentally appropriate in size, amount, and texture.

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

235.11 Sec. 34. **[142H.33] TRANSPORTATION AND FIELD TRIP REQUIREMENTS.**

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

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

235.16 (1) be at least 18 years old;

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

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

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

235.21 (5) follow seat belt and child passenger restraint system requirements under sections
235.22 169.685 and 169.686.

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

235.27 Subd. 3. **Requirements during transportation.** (a) One program staff is required per
235.28 vehicle when transporting school-age children. Two program staff are required per vehicle
235.29 when transporting infants, toddlers, and preschoolers. An additional program staff person
235.30 is required in the vehicle if there are 12 or more infants and toddlers. The driver of the

236.1 vehicle is considered a program staff person, unless the driver is employed by a contractor
236.2 or third party.

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

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

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

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

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

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

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

236.19 (c) Written permission must be obtained from each child's parent before taking a child
236.20 on a field trip. The written permission form must be obtained before each field trip or on a
236.21 form that yearly summarizes all field trips that will be taken. The permission forms must
236.22 be kept on file at the center.

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

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

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

236.26 (3) the method of transportation; and

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

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

236.30 (f) A child care program that includes daily or regular off-site outdoor activities in its
236.31 child care program plan may use an annual permission form for these activities. Parents

237.1 must be informed of specific destinations and any substantial changes to the general plan
237.2 outlined in the annual permission form through the child care program's regular
237.3 communication methods. The annual permission form must include the following
237.4 information:

- 237.5 (1) the general geographic area or areas where the off-site outdoor activities will occur;
237.6 (2) the general hours during which off-site activities may occur;
237.7 (3) the typical method of transportation; and
237.8 (4) the typical maximum distance of walks, if the method of transportation is walking.
237.9 (g) When centers take children on a walk or field trip, program staff must bring:
237.10 (1) a first aid kit as required under section 142H.29, subdivision 9;
237.11 (2) a child's allergy information as required under section 142H.15, including the
237.12 individual child care program plan;
237.13 (3) the name and telephone number of each child's parent and at least one emergency
237.14 contact person;
237.15 (4) medication and supplies needed for a child who has a health condition that could
237.16 need medication, special procedures, or precautions during the course of the trip; and
237.17 (5) a working cell phone or other means of immediate communication.

237.18 Sec. 35. **[142H.34] FACILITY.**

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

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

237.27 Subd. 2. **Fire inspection.** (a) The center must be inspected by a fire marshal within 12
237.28 months prior to initial licensure. The commissioner must not grant an initial license until
237.29 receiving written approval of compliance with the State Fire Code from the fire marshal
237.30 with jurisdiction.

238.1 (b) Pursuant to the time frames in paragraph (d), the center must have a fire inspection
238.2 at least once every five calendar years from the date of the last fire inspection report. The
238.3 fire inspection must include written approval of compliance with the State Fire Code from
238.4 the fire marshal with jurisdiction.

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

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

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

238.11 (d) For centers holding a valid license as of July 1, 2029:

238.12 (1) centers initially licensed before January 1, 1998, must meet the requirement under
238.13 paragraph (b) no later than July 1, 2029;

238.14 (2) centers initially licensed on or after January 1, 1998, but before January 1, 2013,
238.15 must meet the requirement under paragraph (b) no later than July 1, 2030;

238.16 (3) centers initially licensed on or after January 1, 2013, but before January 1, 2021,
238.17 must meet the requirement under paragraph (b) no later than July 1, 2031; and

238.18 (4) centers initially licensed on or after January 1, 2021, must meet the requirement
238.19 under paragraph (b) no later than July 1, 2032.

238.20 (e) Centers that have already completed a fire inspection within five years of July 1,
238.21 2029, are exempt from paragraph (d).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

239.27 (d) An outdoor activity area used daily by children under school age must be within
239.28 2,000 feet of the center or transportation must be provided by the license holder. The outdoor
239.29 activity area must not be farther than one-half mile from the center.

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

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

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

240.6 (h) Natural features used for outdoor play that are not installed as equipment are not
240.7 subject to the requirements of paragraph (g). When a child uses natural features for outdoor
240.8 play, a program staff person must remove hazardous objects as specified in subdivision 17
240.9 and mitigate hazards whenever possible from the surrounding area where children might
240.10 fall. Natural features used for outdoor play must be appropriate to the age and size of children,
240.11 in safe condition, and used under the supervision of a program staff person.

240.12 Subd. 8. **Indoor space.** A center must have a minimum of 35 square feet of indoor space
240.13 available per child in attendance. Hallways, stairways, closets, utility rooms, restrooms,
240.14 kitchens, and space occupied by cribs are not indoor space for the purposes of this
240.15 subdivision. Twenty-five percent of the space occupied by furniture or equipment used by
240.16 staff or children may be counted as indoor space.

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

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

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

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

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

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

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

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

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

241.9 (c) The center must provide handwashing sinks within three feet of the diaper changing
241.10 surface. The sink must have hot and cold running water. In newly constructed centers or
241.11 those undergoing major remodeling to the plumbing system, foot- or wrist-operated sinks
241.12 must be provided in the diaper changing area.

241.13 (d) Any hand sink required for children other than infants must be in the toilet area. The
241.14 temperature of hot water in the hand sinks used by children must not exceed 120 degrees
241.15 Fahrenheit. Hand sinks for children must not be used for custodial work or food preparation,
241.16 including preparing infant bottles. Single-service towels or air dryers must be available to
241.17 dry hands and designed for easy use by children.

241.18 (e) Toilets, sinks, faucets, and hand-drying devices in the toilet area used by children
241.19 under school age other than infants must be placed at a height appropriate to the ages of the
241.20 children. A sturdy nonslip platform on which children may stand may be used to meet the
241.21 height requirement in this paragraph for toddlers and preschoolers.

241.22 (f) Plungers and toilet-cleaning devices must be inaccessible to children.

241.23 Subd. 17. **Hazardous objects.** (a) The license holder must prevent children from
241.24 accessing hazardous objects, including any item that could reasonably cause injury, choking,
241.25 poisoning, burning, cutting, or other harm to a child, or any item designated by the
241.26 manufacturer to be stored out of reach of children.

241.27 (b) Activities that are part of the program plan may include the use of hazardous objects
241.28 when supervised by program staff.

241.29 (c) Supplies and materials used by children must be labeled "nontoxic" by the
241.30 manufacturer.

241.31 Subd. 18. **Telephone.** (a) A working telephone that is capable of making outgoing calls
241.32 and receiving incoming calls must be located within the licensed child care center at all

242.1 times. The telephone must be accessible to staff as needed and be sufficiently charged for
242.2 use at all times.

242.3 (b) Program staff must have access to a working telephone while providing care and
242.4 supervision to children in care outside of the child care facility.

242.5 Subd. 19. **Animals.** A license holder must:

242.6 (1) keep each animal housed in the program up to date on vaccines required for that
242.7 species under state law or local ordinance and maintain documentation of vaccinations, if
242.8 any;

242.9 (2) notify parents prior to their child's enrollment of the presence of animals in the
242.10 program, before new animals are housed, and prior to any animals visiting the program;

242.11 (3) not let children handle animals without adult supervision; and

242.12 (4) notify the parent of a child whose skin is broken by an animal bite or scratch or who
242.13 is otherwise injured by an animal in writing of the injury.

242.14 Subd. 20. **Pest control.** (a) Effective measures must be taken to protect the center against
242.15 rodents and insects. If rodents, insects, or other pests are found, the license holder must take
242.16 steps to remove or exterminate them. Chemicals, baits, and traps for insect and rodent control
242.17 must not be used in areas accessible to children when children are present and must be used
242.18 according to the manufacturer's instructions.

242.19 (b) Chemicals to control weeds, rodents, insects, and other pests must be used only after
242.20 other means have been used for control, such as eliminating harborages, removing access
242.21 to food, and sealing points of entry. These compounds must be used according to labeled
242.22 instructions. If chemicals are used, the license holder must notify the parents of enrolled
242.23 children what pesticide will be applied and where it will be applied no less than 48 hours
242.24 before application, unless in cases of emergency. Only approved, United States
242.25 Environmental Protection Agency-registered insecticides, rodenticides, and herbicides may
242.26 be used. Application must strictly follow all label instructions and must be authorized by
242.27 the director.

242.28 Subd. 21. **Posting license.** A license holder must post the license in a clearly visible
242.29 place within the child care center that is accessible to parents and guardians.

242.30 Sec. 36. **[142H.35] ENVIRONMENTAL HEALTH.**

242.31 Subdivision 1. **Water supply.** A child care center must have a safe water supply. Child
242.32 care centers that obtain water from privately owned wells or sources must test any water

- 243.1 used for cooking or drinking by a Department of Health-certified laboratory to verify safety.
- 243.2 License holders must follow the lead testing requirements in section 145.9273.
- 243.3 Subd. 2. **Radon testing.** (a) The license holder must notify parents whether radon testing
- 243.4 has been conducted in the program upon enrollment and within 30 days of any subsequent
- 243.5 testing done after enrollment.
- 243.6 (b) When notifying parents, the license holder must use a form prescribed by the
- 243.7 commissioner. The notice must include information from the Department of Health about
- 243.8 what radon is and the potential risks associated with radon exposure. If testing has been
- 243.9 completed, the notice must include:
- 243.10 (1) the date of the most recent test;
- 243.11 (2) the rooms or areas tested; and
- 243.12 (3) the detected radon level or levels, stated in picocuries per liter.
- 243.13 (c) A license holder must keep a copy of the most recent notice to parents and the radon
- 243.14 test results on site and make the notice and results available to parents and the commissioner
- 243.15 upon request. The provider may meet this requirement by posting the radon testing results
- 243.16 in a conspicuous place.
- 243.17 **Sec. 37. [142H.36] MALTREATMENT OF MINORS INTERNAL REVIEW.**
- 243.18 If a license holder has reason to know that an internal or external report of alleged or
- 243.19 suspected maltreatment has been made, the license holder must:
- 243.20 (1) establish and maintain policies and procedures to ensure that an internal review is
- 243.21 completed within 30 calendar days and that corrective action is taken if necessary to protect
- 243.22 the health and safety of children in care. The review must include an evaluation of whether:
- 243.23 (i) related policies and procedures were followed;
- 243.24 (ii) the policies and procedures were adequate;
- 243.25 (iii) there is a need for additional staff training;
- 243.26 (iv) the reported event is similar to past events with the children or the services involved;
- 243.27 and
- 243.28 (v) there is a need for corrective action by the license holder to protect the health and
- 243.29 safety of children in care;

244.1 (2) develop, document, and implement a corrective action plan designed to correct any
244.2 current lapses and prevent future lapses in performance by individuals or the license holder,
244.3 based on the results of the review;

244.4 (3) identify the primary and secondary person or position who will ensure that, when
244.5 required, internal reviews are completed. The secondary person must be involved when
244.6 there is reason to believe that the primary person was involved in the alleged or suspected
244.7 maltreatment; and

244.8 (4) document and make internal reviews accessible to the commissioner immediately
244.9 upon the commissioner's request. For the purposes of this section, the documentation provided
244.10 to the commissioner by the license holder may consist of a completed checklist that verifies
244.11 completion of each of the requirements of the review.

244.12 Sec. 38. Minnesota Statutes 2024, section 245A.211, subdivision 1, is amended to read:

244.13 Subdivision 1. **Applicability.** This section applies to all programs licensed or certified
244.14 under this chapter, chapters 142C, 142H, 142I, 245D, 245F, 245G, and sections 245I.20
244.15 and 245I.23. The requirements in this section are in addition to any applicable requirements
244.16 for the use of holds or restraints for each license or certification type.

244.17 Sec. 39. **REVISOR INSTRUCTION.**

244.18 (a) The revisor of statutes must renumber Minnesota Statutes, section 142B.68, as
244.19 Minnesota Statutes, section 142H.37.

244.20 (b) The revisor of statutes must make any necessary changes to statutory cross-references
244.21 to reflect the changes in this article.

244.22 (c) The revisor of statutes must replicate the statutory history for all sections and
244.23 subdivisions repealed and reenacted in this article.

244.24 Sec. 40. **REPEALER.**

244.25 (a) Minnesota Rules, parts 9503.0005; 9503.0010; 9503.0015; 9503.0030; 9503.0031;
244.26 9503.0032; 9503.0033; 9503.0034; 9503.0040; 9503.0045; 9503.0050; 9503.0055;
244.27 9503.0060; 9503.0065; 9503.0070; 9503.0075; 9503.0080; 9503.0085; 9503.0090;
244.28 9503.0095; 9503.0100; 9503.0105; 9503.0110; 9503.0115; 9503.0120; 9503.0125;
244.29 9503.0130; 9503.0140; 9503.0145; 9503.0150; 9503.0155; and 9503.0170, are repealed.

245.1 (b) Minnesota Statutes 2024, sections 142B.01, subdivisions 11, 12, 25, 26, and 27;
245.2 142B.41, subdivisions 6, 7, 10, 11, 12, and 13; 142B.54, subdivisions 1, 2, and 3; 142B.65,
245.3 subdivisions 1, 2, 3, 4, 5, 6, 7, and 10; and 142B.66, subdivisions 1, 2, 4, and 5, are repealed.

245.4 (c) Minnesota Statutes 2025 Supplement, sections 142B.65, subdivisions 8 and 9; and
245.5 142B.66, subdivision 3, are repealed.

245.6 Sec. 41. **EFFECTIVE DATE.**

245.7 This article is effective July 1, 2027.

245.8 **ARTICLE 13**

245.9 **FAMILY CHILD CARE LICENSING MODERNIZATION**

245.10 Section 1. **[142I.01] DEFINITIONS.**

245.11 Subdivision 1. **Scope.** For the purposes of this chapter, the terms in this section have
245.12 the meanings given.

245.13 Subd. 2. **Accessible to children.** "Accessible to children" means capable of being reached
245.14 or used by a child without the aid of an adult.

245.15 Subd. 3. **Accredited.** "Accredited" means a postsecondary institution or technical college
245.16 recognized and listed in the database of accredited postsecondary institutions and programs
245.17 maintained by the federal Department of Education.

245.18 Subd. 4. **Adult.** "Adult" means a person at least 18 years of age.

245.19 Subd. 5. **Age categories.** (a) "Newborn" means a child from birth up to six weeks old.

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

245.21 (c) "Toddler" means a child who is at least 12 months old but less than 24 months old.

245.22 (d) "Preschooler" means a child who is at least 24 months old but less than five years
245.23 of age.

245.24 (e) "School age" means a child who is at least five years of age but is less than 11 years
245.25 of age.

245.26 Subd. 6. **Agency.** "Agency" means a county or multicounty social or human services
245.27 agency governed by a county board or a multicounty human services board.

245.28 Subd. 7. **Annual or annually.** "Annual" or "annually" means at least once each calendar
245.29 year.

246.1 Subd. 8. **Applicant.** "Applicant" has the same meaning as section 142B.01, subdivision
246.2 4.

246.3 Subd. 9. **Behavior guidance.** "Behavior guidance" means an ongoing process whereby
246.4 caregivers offer constructive, positive, and developmentally appropriate guidance to children
246.5 to help them manage their own behavior in a socially acceptable manner.

246.6 Subd. 10. **Bodily fluid.** "Bodily fluid" means urine, feces, vomit, blood, and other bodily
246.7 fluids with blood present.

246.8 Subd. 11. **Building official.** "Building official" means the person appointed pursuant to
246.9 section 326B.133 to administer the State Building Code or the building official's authorized
246.10 representative.

246.11 Subd. 12. **Caregiver.** "Caregiver" means the license holder, primary provider of care,
246.12 second adult caregiver, intermittent caregiver, helper, or substitute.

246.13 Subd. 13. **Child.** "Child" means a person receiving child care services who falls within
246.14 the age categories in subdivision 5.

246.15 Subd. 14. **Child care.** "Child care" means the care of a child in a family child care
246.16 program. This includes the children of the license holder and any other caregivers in the
246.17 family child care program who receive child care during child care hours.

246.18 Subd. 15. **Child with special health care needs or disabilities.** "Child with special
246.19 health care needs or disabilities" means a child who:

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

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

246.24 (3) has been determined to be a child with a disability by a health care provider as defined
246.25 in subdivision 25.

246.26 Subd. 16. **Clean.** "Clean" means free from dirt or other contaminants that can be detected
246.27 by sight, smell, or touch.

246.28 Subd. 17. **Commissioner.** "Commissioner" means the commissioner of children, youth,
246.29 and families or the commissioner's designated representative, including county agencies
246.30 and private agencies.

247.1 Subd. 18. **Community-based family child care program.** "Community-based family
247.2 child care program" means a family child care program that operates at a location other than
247.3 the primary residence of the license holder.

247.4 Subd. 19. **Department.** "Department" means the Department of Children, Youth, and
247.5 Families.

247.6 Subd. 20. **Disinfect.** "Disinfect" means the chemical process to kill most germs and
247.7 viruses on surfaces and objects after the surfaces and objects have been cleaned.

247.8 Subd. 21. **Emergency replacement.** "Emergency replacement" means an adult who
247.9 supervises children in a family child care program due to an emergency and who has not
247.10 completed the training requirements under this chapter or the background study requirements
247.11 under chapter 245C.

247.12 Subd. 22. **Family child care program.** "Family child care program" means a child care
247.13 program licensed under this chapter and chapter 142B operating from the license holder's
247.14 residence or other approved space that serves up to 18 children and is provided for less than
247.15 24 hours a day.

247.16 Subd. 23. **Fire marshal.** "Fire marshal" means the person designated by section 299F.011
247.17 to administer and enforce the State Fire Code or a local fire code inspector approved by the
247.18 fire marshal.

247.19 Subd. 24. **Hazardous materials.** "Hazardous materials" means any item that could
247.20 reasonably cause injury, choking, poisoning, burning, cutting, or other harm to a child, or
247.21 any item designated by the manufacturer to be stored out of reach of children.

247.22 Subd. 25. **Health care provider.** "Health care provider" means a physician or physician's
247.23 assistant licensed to practice medicine under chapter 147; an advanced practice registered
247.24 nurse licensed under section 148.171; or a licensed psychiatrist, licensed psychologist, or
247.25 licensed consulting psychologist.

247.26 Subd. 26. **Helper.** "Helper" means a minor, 14 through 17 years of age, who assists an
247.27 adult caregiver with the care of children.

247.28 Subd. 27. **Inaccessible to children.** "Inaccessible to children" means not capable of
247.29 being reached or utilized by a child without the aid of an adult.

247.30 Subd. 28. **Intermittent caregiver.** "Intermittent caregiver" means an adult who cares
247.31 for children in a family child care program alongside another adult caregiver for a cumulative
247.32 total of no more than 500 hours annually.

248.1 Subd. 29. **License.** "License" has the meaning given in section 142B.01, subdivision
248.2 16.

248.3 Subd. 30. **License holder.** "License holder" has the meaning given in section 142B.01,
248.4 subdivision 17, for a family child care program.

248.5 Subd. 31. **Licensed capacity.** "Licensed capacity" means the total number of children
248.6 ten years of age or younger permitted at any one time on the premises of a family child care
248.7 program. All children ten years of age or younger on the premises count toward the capacity
248.8 of the family child care program.

248.9 Subd. 32. **Medication.** "Medication" means any substance or preparation that is used
248.10 to prevent or treat a wound, injury, infection, or disease; maintain health; heal; or relieve
248.11 pain, including substances purchased over the counter or prescribed by a health care provider
248.12 or dentist. Medication includes substances taken internally or applied externally.

248.13 Subd. 33. **Owner or renter.** "Owner" or "renter" means the individual, individuals,
248.14 organization, or government entity listed in the property title, deed, lease, or equivalent
248.15 legal document.

248.16 Subd. 34. **Parent.** "Parent" means a person who has the legal responsibility for a child,
248.17 such as the child's mother, father, or legally appointed guardian.

248.18 Subd. 35. **Pests.** "Pests" means any animals, insects, or other living creatures that are
248.19 not housed within the family child care program and are considered harmful or detrimental
248.20 to the health, safety, and well-being of individuals within a family child care program. This
248.21 includes but is not limited to ants, rodents, cockroaches, bedbugs, or bats.

248.22 Subd. 36. **Pets.** "Pets" means all animals housed at the family child care program or that
248.23 have contact with children.

248.24 Subd. 37. **Premises.** "Premises" means the indoor and outdoor space in which a family
248.25 child care program is located.

248.26 Subd. 38. **Primary provider of care.** "Primary provider of care" means the person
248.27 responsible for providing care to children during the hours of operation and operating a
248.28 family child care program in compliance with all applicable laws and regulations under this
248.29 chapter and chapters 142B and 245C. All individual license holders are primary providers
248.30 of care, as are individuals designated under section 142I.22, paragraph (f).

248.31 Subd. 39. **Radon testing.** "Radon testing" means the measurement of radon gas levels
248.32 in the indoor air of the building.

249.1 Subd. 40. **Related.** "Related" means any of the following relationships by marriage,
249.2 blood, or adoption: a spouse, a parent, an adoptive parent, a birth or adopted child or
249.3 stepchild, a stepparent, a stepbrother, a stepsister, a niece, a nephew, a grandparent, a
249.4 grandchild, a sibling, an aunt, an uncle, or a legal guardian.

249.5 Subd. 41. **Second adult caregiver.** "Second adult caregiver" means an adult who cares
249.6 for children in the family child care program for a cumulative total of more than 500 hours
249.7 annually along with the primary provider of care or substitute caregiver.

249.8 Subd. 42. **Separation.** "Separation" is a form of behavior guidance that involves
249.9 interruption of unacceptable behavior by the removal of a child from a situation with the
249.10 intention of allowing the child an opportunity to pause and gain self-control. During a
249.11 separation a child is not allowed to participate in activities with other children.

249.12 Subd. 43. **State Building Code.** "State Building Code" means the codes and regulations
249.13 adopted by the commissioner of administration pursuant to section 326B.107 and contained
249.14 in Minnesota Rules, chapter 1300.

249.15 Subd. 44. **State Fire Code.** "State Fire Code" means the codes and regulations adopted
249.16 by the state fire marshal pursuant to section 299F.011 and contained in Minnesota Rules,
249.17 chapter 7511.

249.18 Subd. 45. **Substitute.** "Substitute" means an adult who is responsible for the duties of
249.19 a primary provider of care when the primary provider of care is not present at the family
249.20 child care program. A substitute may not provide care for more than 500 hours per calendar
249.21 year.

249.22 Subd. 46. **Supervision.** "Supervision" means:

249.23 (1) caregivers must be within sight or hearing of newborns, infants, toddlers, and
249.24 preschoolers at all times and must intervene in an effort to protect the health and safety of
249.25 the child. Electronic monitoring devices can only be used to monitor infants, toddlers, and
249.26 preschoolers when they are asleep;

249.27 (2) for a school-age child, a caregiver must be available and in close enough proximity
249.28 to provide in-person assistance and care to ensure the child's health and safety is protected.
249.29 Electronic devices may be used to support supervision, but must not replace the caregiver's
249.30 ability to provide assistance or care in person; and

249.31 (3) the caregiver has an awareness of and responsibility for the activity of each child
249.32 and is near enough to respond and reach children immediately, including responding to the
249.33 child's basic needs and intervening to protect them from harm.

Subd. 47. **Variance.** "Variance" means written permission from the department pursuant to the requirements in section 142B.10, subdivision 16, paragraph (c), for a license holder or applicant to depart from a specific requirement in this chapter or chapter 142B.

Sec. 2. **[142I.02] LICENSING OF PROGRAMS.**

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

Subd. 2. **Applicability.** A family child care program must be licensed under this chapter and chapter 142B to operate in Minnesota.

Sec. 3. **[142I.03] LICENSING PROCESS.**

Subdivision 1. **License application.** (a) An applicant for a family child care license must follow the requirements of this section and section 142B.10.

(b) Applicants must use the application issued by the department. The application must be made in the county where the family child care program will operate.

(c) Applicants must be the proposed license holders of the family child care program.

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

Subd. 2. **Licensing study.** (a) The applicant must give the agency access to the family child care program for a licensing study to determine compliance with all applicable rules and statutes.

(b) If the commissioner determines a potentially hazardous condition exists due to noncompliance with this chapter or local ordinances, the applicant must obtain an inspection from a fire marshal, building official, or authorized community health board agent under section 145A.04 to verify the absence of hazard or identify needed corrections. Any condition cited as hazardous and creating an immediate danger of fire or threat to life or safety must be corrected.

251.1 (c) An applicant must undergo an initial inspection of the family child care program by
251.2 a fire marshal to determine compliance with the State Fire Code and compliance with orders
251.3 issued if the program:

251.4 (1) has freestanding solid-fuel-heating appliances;

251.5 (2) will operate in a manufactured or mobile home;

251.6 (3) will use a basement for child care;

251.7 (4) is located in mixed- or multiple-occupancy buildings. For the purposes of this clause,
251.8 "mixed-occupancy building" means a structure that contains nonresidential occupancies,
251.9 such as an attached garage, and "multiple-occupancy building" means a structure with two
251.10 or more residential dwelling units, such as a duplex, apartment building, or townhome; or

251.11 (5) is located in a commercial space.

251.12 Subd. 3. **Ineligibility factors.** (a) An applicant, caregiver, or any person who resides
251.13 where the family child care program operates and who is present when children are in care
251.14 or works with the children in care is prohibited from:

251.15 (1) abusing prescribed or nonprescribed drugs or use alcohol or controlled substances
251.16 specified in chapter 152 to the extent that the use or abuse has or may have a negative effect
251.17 on the ability of the primary provider of care to give care or is apparent during the hours of
251.18 operation;

251.19 (2) having had a child placed in foster care within the prior 12 months for reasons that
251.20 the agency determines reflect on the ability of the license holder or the primary provider of
251.21 care to safely provide family child care. This clause does not apply if the primary reason
251.22 for the placement was due to a physical illness of the parent due to a disability of the child,
251.23 including developmental disability of the child; or for the temporary care of a newborn or
251.24 infant being relinquished for adoption;

251.25 (3) having had a child placed in a residential facility within the prior 12 months for
251.26 reasons that the agency determines reflect on the ability of the license holder or the primary
251.27 provider of care to safely provide family child care; or

251.28 (4) exhibiting behavior that could pose a risk to children being served in the family child
251.29 care program. Additional assessments or documentation may be requested to determine the
251.30 impact on the provider's ability to provide care.

251.31 (b) Caregivers who have abused prescribed or nonprescribed drugs or have been
251.32 dependent on alcohol or controlled substances specified in chapter 152, such that the use,

252.1 abuse, or dependency has negatively affected the ability to give care, was apparent during
252.2 the hours of operation, or required treatment or therapy, must have 12 months of verified
252.3 abstinence before licensure.

252.4 Subd. 4. **Variances.** The department may grant variances to this chapter. Upon receipt
252.5 of a variance request, the department must make a determination on the variance request
252.6 within 30 business days.

252.7 Subd. 5. **Posting license.** The license holder must post the license in the family child
252.8 care program in a location where parents, visitors, and authorized representatives of the
252.9 commissioner can easily access and view the license.

252.10 Subd. 6. **Change in license terms.** A license holder must submit a new application form
252.11 in accordance with section 142B.10 before:

252.12 (1) relocating the family child care program;

252.13 (2) changing from family child care to community-based family child care;

252.14 (3) changing from community-based family child care to family child care;

252.15 (4) changing between any class A and class C license type; or

252.16 (5) changing a current C license class to a higher C license class.

252.17 Subd. 7. **Number of licenses.** Each individual applicant is limited to one family child
252.18 care license.

252.19 Subd. 8. **Access to program.** As required in section 142B.10, subdivision 12, caregivers
252.20 must give authorized representatives of the commissioner access to the family child care
252.21 program premises during the hours of operation.

252.22 Subd. 9. **Disposal of license.** When a family child care program is closed, or if a license
252.23 is revoked, suspended, or not renewed, the license holder must remove the license from
252.24 being posted in the home within 14 days of ceasing operation or upon the final order of
252.25 revocation, denial, or suspension of license; stop all advertising; and refrain from providing
252.26 care to children as required in section 142B.05, subdivision 1.

252.27 Subd. 10. **Local government authority.** The authority of local units of government to
252.28 establish requirements for family child care programs is limited by section 299F.011,
252.29 subdivision 4a, paragraph (a), clauses (1) and (2).

252.30 Subd. 11. **Background studies.** All individuals subject to a background study must
252.31 comply with the requirements of chapter 245C.

253.1 Subd. 12. **Child care license holder insurance.** (a) The license holder must complete
253.2 and provide to parents a form prescribed by the commissioner that includes information
253.3 about the license holder's liability insurance status. The license holder must update the form
253.4 and obtain each parent's signature whenever insurance coverage changes, a policy lapses,
253.5 or a new policy takes effect. If the license holder has a continuous insurance policy that
253.6 renews each year, the license holder may indicate the policy's renewal date in the initial
253.7 written notice to parents, and no further notices are required until the insurance coverage
253.8 changes or the policy lapses.

253.9 (b) The form under this subdivision must include the date of the policy's expiration or
253.10 renewal or indicate if the license holder does not carry liability insurance.

253.11 (c) A copy of the current certificate of liability insurance must be made available upon
253.12 request to parents, the commissioner, and agency licensing staff.

253.13 Sec. 4. **[142I.04] AGENCY RECORDS.**

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

253.16 (1) a copy of the completed licensing application form signed by the applicant and the
253.17 agency;

253.18 (2) a physical health report on any adult caregiver that was submitted prior to giving
253.19 care in the family child care program. The physical health report must verify that the adult
253.20 caregiver is physically able to care for children;

253.21 (3) any written reports from a fire marshal, building official, or agent of a community
253.22 health board authorized under chapter 145A;

253.23 (4) if the applicant has been licensed through another jurisdiction, a reference from the
253.24 licensing authority in that jurisdiction;

253.25 (5) the initial and annual inspection by the agency of the license holder. Any comments
253.26 of the license holder about the inspections by the agency must also be noted in the agency
253.27 record;

253.28 (6) a copy of the notification given to parents, prior to a child's admission, indicating
253.29 that pets are present in the residence and documentation as required in section 142I.19,
253.30 subdivision 4;

253.31 (7) documentation of any variance requests and the approval or denial of the request in
253.32 accordance with section 142I.03; and

254.1 (8) the results of each background study required under chapter 245C.

254.2 Subd. 2. **Data privacy.** The agency, commissioner, and authorized agent as defined in
254.3 section 142B.01, subdivision 5, must have access to license holder records on children in
254.4 care to determine compliance with this chapter. All caregivers must maintain the privacy
254.5 of records on children by refraining from discussing or disclosing any records, including
254.6 electronic records, or information on children in care to any persons other than the parent
254.7 of the child, the agency, the commissioner, and medical or public safety persons if the
254.8 information is necessary to protect the health and safety of the child.

254.9 Sec. 5. **[142I.05] REPORTING TO AGENCY.**

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

254.15 Subd. 2. **Other reporting.** Primary providers of care must notify the agency:

254.16 (1) prior to anyone moving into the residence where family child care services are
254.17 provided. A background study must be completed in accordance with section 245C.13,
254.18 subdivision 2;

254.19 (2) within ten calendar days after a household member has moved out of the residence
254.20 where family child care services are provided;

254.21 (3) before a new caregiver provides direct contact services for the first time, unless an
254.22 individual is acting as an emergency replacement according to section 142I.09, subdivision
254.23 2;

254.24 (4) of any damage to the premises that may affect compliance with this chapter or any
254.25 incident at the premises that results in the loss of utility services, within 24 hours after the
254.26 occurrence;

254.27 (5) within 24 hours after the occurrence of any serious injury, head injury, hospitalization,
254.28 or death of a child in care. For the purposes of this clause, "serious injury" means an injury
254.29 that reasonably requires the care of a health care provider or dentist; and

254.30 (6) within 24 hours after the occurrence of an animal bite in accordance with section
254.31 142I.19, subdivision 4.

255.1 Sec. 6. **[142I.06] ADMISSIONS; RECORDS; REPORTING.**

255.2 **Subdivision 1. Admission and ongoing information.** (a) Prior to admission of a child
255.3 and annually while the child is enrolled, the parents and primary provider of care must
255.4 discuss family child care program policies and licensing requirements.

255.5 (b) The license holder must not disclose a child's record to any person other than the
255.6 child, the child's parent or guardian, the child's legal representative, employees of the license
255.7 holder, and the agency unless the child's parent or guardian has given written consent or as
255.8 otherwise required by law.

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

255.13 (1) state that this chapter and chapter 142B govern the licensing of family child care
255.14 programs;

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

255.16 (3) state that a complete copy of this chapter is available at the family child care program,
255.17 agency, department, or State Law Library or through the revisor of statutes website.

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

255.22 **Subd. 4. Attendance records.** A license holder must maintain documentation of
255.23 attendance for each child receiving care for a minimum of five years. The records must be
255.24 accessible to the commissioner during the family child care program's hours of operation,
255.25 must be completed on the day of attendance, and must include:

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

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

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

255.29 **Subd. 5. License holder policies.** (a) The license holder must follow and monitor
255.30 implementation of the policies and procedures by all caregivers as required in section
255.31 142B.10, subdivision 21.

256.1 (b) When applicable for the program, the license holder must have written policies
256.2 available for discussion with parents and the commissioner and provide an electronic or
256.3 hard copy to the parent at the time of admission or upon request. The policies must include,
256.4 at a minimum:

256.5 (1) program operation policies, including:

256.6 (i) the ages and numbers of children the family child care program is licensed to serve;

256.7 (ii) the hours and days of operation, including plans for holiday closings, personal time,
256.8 and policies for inclement weather closings;

256.9 (iii) fees, including payment schedule, overtime charges, and registration fees as
256.10 applicable;

256.11 (iv) parental access to the family child care program that states a parent who enrolls a
256.12 child must be allowed access to the child and the licensed space at any time while the child
256.13 is in care;

256.14 (v) nondiscrimination practices to comply with section 142I.21;

256.15 (vi) the termination of child care and expulsion notice procedures; and

256.16 (vii) the use of a helper, a substitute for personal leave or holidays, and an emergency
256.17 substitute according to the licensing requirements in section 142I.09;

256.18 (2) health and safety policies, including on:

256.19 (i) allergy prevention and response;

256.20 (ii) the administration and storage of medication and topical products;

256.21 (iii) the care of ill children, isolation precautions, symptoms for discharge and return,
256.22 immunizations, medicine permission policies, and whether the license holder will care for
256.23 an ill child;

256.24 (iv) disease notification procedures, including notifying the parents of exposed children
256.25 within 24 hours of a parent or caregiver notifying the license holder of a reportable disease
256.26 under section 142I.19, subdivision 9. The notice must be posted in a clearly visible, accessible
256.27 place or provided individually to each parent of a child who was exposed;

256.28 (v) meals, snacks, infant formula, breast milk, and supplemental foods to be provided,
256.29 including labeling requirements for food brought from the child's home;

256.30 (vi) sleeping and resting arrangements;

257.1 (vii) emergency procedures, fire and storm plans, and transportation in an emergency,
257.2 including whether parent permission is required;

257.3 (viii) how the license holder prevents abuse of prescription medication or being in any
257.4 manner under the influence of a chemical that impairs the caregiver's ability to provide
257.5 services or care as required under section 142B.10, subdivision 1, paragraph (c); and

257.6 (ix) the legal requirements for firearms in a family child care program through a statement
257.7 that must include the language under section 142I.19, subdivision 7; and

257.8 (3) program environment policies, including:

257.9 (i) behavior guidance and discipline;

257.10 (ii) field trips, including by foot, and whether parent permission is required;

257.11 (iii) the presence of pets in the family child care program, including notification prior
257.12 to the introduction of a new pet to the program;

257.13 (iv) the use of screen time; and

257.14 (v) the use of social media, images, and video in accordance with subdivision 7.

257.15 Subd. 6. **Records for each child.** (a) The license holder must obtain the records in this
257.16 subdivision from parents prior to the admission of a child. The license holder must keep
257.17 this information up to date and on file for each child. The license holder must have a parent
257.18 annually review the information in a child's record, update the information as necessary,
257.19 and keep the information on file.

257.20 (b) For each enrolled child, the license holder must maintain a signed and completed
257.21 admission and arrangement form, as prescribed by the commissioner, and a completed
257.22 enrollment form, as developed and approved by the commissioner.

257.23 (c) Immunization records must be kept in accordance with section 121A.15 and Minnesota
257.24 Rules, chapter 4604. Prior to enrollment, a license holder must request a child's immunization
257.25 record. The record must be kept on file and updated as follows:

257.26 (1) for an infant, every six months;

257.27 (2) for a toddler, annually;

257.28 (3) for a preschooler, every 18 months; and

257.29 (4) for a school-age child, every three years.

258.1 (d) For each enrolled child, the license holder must obtain signed written consent from
258.2 a parent allowing the license holder to obtain emergency medical care or treatment for the
258.3 child.

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

258.7 Subd. 7. **Social media, images, and video sharing.** (a) Caregivers are prohibited from
258.8 sharing photos, videos, or other personal identifying information of enrolled children, except
258.9 to provide updates to parents who have provided written consent. If a license holder wishes
258.10 to use photos or videos of the family child care program and the enrolled children for
258.11 promotional or publicity purposes, including on social media accounts or public digital
258.12 platforms, the license holder must obtain written consent from parents prior to use.

258.13 (b) Notwithstanding paragraph (a), the license holder must share photos, videos, and
258.14 other personal identifying information of enrolled children with the commissioner upon
258.15 request.

258.16 Subd. 8. **Nondiscrimination.** A caregiver is prohibited from discriminating in relation
258.17 to enrollment in their program based on race, color, creed, religion, national origin, sex,
258.18 gender identity, marital status, disability, sexual orientation, or familial status.

258.19 Sec. 7. **[142I.07] CAPACITY AND RATIOS.**

258.20 Subdivision 1. **Capacity limits.** License holders must be licensed for the total number
258.21 of children ten years of age or younger who are present on the premises of the family child
258.22 care program at any one time during child care hours, including the caregiver's own children
258.23 and foster children.

258.24 Subd. 2. **Capacity, ratios, and age distribution restrictions.** (a) The commissioner
258.25 must issue licenses based on the capacity and ratios in this subdivision.

258.26 (b) License holders with a class A license must meet the following requirements:

<u>Class</u>	<u>Capacity</u>	<u>Minimum Adult Caregivers</u>	<u>Maximum Children Under School Age</u>	<u>Maximum Total Infants and Toddlers</u>	<u>Maximum Infants</u>
<u>A</u>	<u>10</u>	<u>1</u>	<u>6</u>	<u>3</u>	<u>2</u>

258.32 (c) License holders with a class C license must meet the following requirements:

	<u>Class</u>	<u>Capacity</u>	<u>Minimum Adult Caregivers</u>	<u>Maximum Children Under School Age</u>	<u>Maximum Total Infants and Toddlers</u>	<u>Maximum Infants</u>
259.1						
259.2						
259.3						
259.4						
259.5	<u>C1</u>	<u>5</u>	<u>1</u>	<u>5</u>	<u>3</u>	<u>3</u>
259.6	<u>C2</u>	<u>10</u>	<u>1</u>	<u>8</u>	<u>4</u>	<u>2</u>
259.7	<u>C3</u>	<u>12</u>	<u>1</u>	<u>10</u>	<u>3</u>	<u>2</u>
259.8	<u>C4</u>	<u>14</u>	<u>2</u>	<u>10</u>	<u>6</u>	<u>4</u>
259.9	<u>C5</u>	<u>18</u>	<u>2</u>	<u>12</u>	<u>5</u>	<u>2</u>

259.10 Subd. 3. **Newborn care.** When a newborn is in care and only one adult caregiver is
 259.11 present, the newborn must be the only child under 12 months of age present, and the license
 259.12 holder must not care for more than two other children at the same time unless the newborn
 259.13 is the license holder's child. When a second adult caregiver is also present or the newborn
 259.14 is the child of the license holder, then the newborn is considered an infant for the purposes
 259.15 of child-to-adult ratios and age distribution restrictions.

259.16 Subd. 4. **Supervision, primary provider of care, and use of substitutes.** (a) Children
 259.17 in care must be supervised by an adult caregiver. The adult caregiver must have knowledge
 259.18 of each child's needs, including but not limited to developmental and behavioral needs and
 259.19 parental preferences, and be accountable for each child's care at all times. A caregiver must
 259.20 be within sight or hearing of newborns, infants, toddlers, and preschoolers at all times
 259.21 without the use of monitoring devices, except as provided in section 142I.18.

259.22 (b) The primary provider of care must be the primary caregiver in the family child care
 259.23 program unless a substitute is being used in accordance with section 142I.09. A helper may
 259.24 be used in place of a second adult caregiver when there is no more than one newborn, infant,
 259.25 or toddler present.

259.26 (c) The use of a substitute caregiver must be in accordance with section 142I.09.

259.27 Subd. 5. **Overnight care.** When a family child care program has a child in care after 11
 259.28 p.m. and before 5 a.m.:

259.29 (1) at least one adult caregiver must remain awake and available to respond to children's
 259.30 needs at all times. The program must maintain required caregiver-to-child ratios. Additional
 259.31 caregivers may sleep when ratios are maintained and must be available to resume supervision
 259.32 when needed;

259.33 (2) all awake children must be given the opportunity to engage in age-appropriate
 259.34 activities in a separate room away from sleeping children; and

259.35 (3) the child care emergency plan must include a plan tailored to sleeping children.

260.1 Subd. 6. **Class C5 licenses.** (a) Class C5 licenses must always operate at the level of
260.2 exit discharge.

260.3 (b) A family child care program with a class C license may operate as a lower C-class
260.4 level family child care program on days when the adult-to-child ratios allow it to operate
260.5 at a lower capacity.

260.6 Subd. 7. **Care of the license holder's own child or children.** (a) With the license
260.7 holder's consent, an individual may be present in the licensed space and care for the license
260.8 holder's own child both inside and outside of the licensed space and is exempt from the
260.9 training and supervision requirements of section 142I.10 if the individual:

260.10 (1) is related to the license holder or to the license holder's child, as defined in section
260.11 142I.01, subdivision 40, or is a household member who the license holder has reported to
260.12 the county agency;

260.13 (2) is not a caregiver for the family child care program at the time that they are supervising
260.14 the license holder's own child;

260.15 (3) only cares for the license holder's own child; and

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

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

260.19 (c) Where a caregiver is also a parent providing care to their own child in the family
260.20 child care program, sections 142I.13; 142I.17; 142I.20, subdivisions 1 to 3; and 142I.21 do
260.21 not apply to caregivers with regards to the care of their own children.

260.22 (d) Notwithstanding paragraph (c), family child care programs with license holders or
260.23 caregivers providing care to their own child are not exempt from the capacity, ratio, and
260.24 age distribution requirements under this section. License holders and caregivers remain
260.25 subject to chapters 260E and 609 and other applicable statutes and rules.

260.26 (e) Notwithstanding paragraph (c), the agency may enforce the standards in sections
260.27 142I.13; 142I.17; 142I.20, subdivisions 1 to 3; and 142I.21 when the caregiver's actions
260.28 with regards to the care of their own children affect the other children in the caregiver's
260.29 care.

260.30 Sec. 8. **[142I.08] QUALIFICATIONS.**

260.31 Subdivision 1. **Age.** An applicant for a family child care license must be an adult at the
260.32 time of application.

261.1 Subd. 2. **Physical and behavioral health.** (a) An adult caregiver must be physically
261.2 and mentally able to care for children. An applicant or primary provider of care must provide
261.3 documentation to the agency along with the license application verifying that the applicant
261.4 has had a physical examination by a licensed physician, advanced practice registered nurse,
261.5 or physician assistant within 12 months prior to the application for initial licensure and that
261.6 the applicant or primary provider of care is physically able to care for children. Prior to
261.7 assisting in the care of children, the applicant must also provide documentation verifying
261.8 that any adult caregiver has had a physical examination by a licensed physician, advanced
261.9 practice registered nurse, or physician assistant within the past 12 months and is physically
261.10 able to care for children.

261.11 (b) The commissioner may require a caregiver to provide reports on the caregiver's
261.12 physical or mental health from a health care provider when there is reason to believe that
261.13 a caregiver exhibits physical or mental health symptoms that could impair the caregiver's
261.14 ability to ensure the health and safety of children. The reports must not be used for any other
261.15 purpose than to determine whether the caregiver's physical or mental health impacts the
261.16 health and safety of children.

261.17 Subd. 3. **Additional class C5 license requirements.** (a) An applicant or primary provider
261.18 of care receiving a class C5 license must have at least one of:

261.19 (1) a minimum of one year of substantial compliance with this chapter as a
261.20 Minnesota-licensed family child care license holder, primary provider of care, or second
261.21 adult caregiver and a minimum of 1500 hours of direct care in a family child care program
261.22 serving children;

261.23 (2) a minimum of six months of substantial compliance with this chapter as a family
261.24 child care license holder, primary provider of care, or second adult caregiver in Minnesota
261.25 and:

261.26 (i) a minimum of 520 hours of experience as an assistant teacher, student teacher, or
261.27 intern in an elementary school, after-school program, or Minnesota-licensed child care
261.28 center or as an adult caregiver in a Minnesota-licensed family child care program and 30
261.29 hours of child care, health, and nutrition training as specified in section 142I.10; or

261.30 (ii) a minimum of 520 hours of experience as a licensed practical or registered nurse,
261.31 and 30 hours of child development or early childhood education training, as specified in
261.32 section 142I.10;

261.33 (3) certification or licensure indicating completion of one of the following:

262.1 (i) a two-year child development or early childhood education associate or certificate
262.2 program at an accredited college or university;

262.3 (ii) a child development associate certification;

262.4 (iii) a certification from a recognized Montessori organization;

262.5 (iv) a bachelor's degree or higher in early childhood education from an accredited college
262.6 or university; or

262.7 (v) an elementary education degree from an accredited college or university that includes
262.8 a minimum of 30 hours of child development training; or

262.9 (4) six months' experience working an average of 30 hours a week or more as a teacher,
262.10 as defined in section 142H.06, at a Minnesota-licensed child care center.

262.11 (b) An applicant or primary provider of care must complete an additional large group
262.12 training created by the commissioner as a condition of receiving a class C5 license.

262.13 Sec. 9. **[142I.09] SUBSTITUTE CAREGIVERS AND REPLACEMENTS.**

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

262.18 Subd. 2. **Emergency replacement supervision.** (a) In an emergency, a license holder
262.19 may allow an adult who has not completed the training requirements under this chapter or
262.20 the background study requirements under chapter 245C to supervise children in a family
262.21 child care program. For purposes of this subdivision, "emergency" means a situation in
262.22 which the license holder has begun operating the family child care program for the day and
262.23 for reasons beyond the control of the license holder, including but not limited to a serious
262.24 illness or injury, accident, or situation requiring the immediate attention of the license holder,
262.25 the license holder needs to leave the licensed space and close the program for the day.

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

262.28 (c) When an emergency occurs:

262.29 (1) the license holder or emergency replacement must contact the parents of the children
262.30 attending the family child care program and inform the parents that the program is closing
262.31 for the day and that the children need to be picked up as soon as practicable;

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

263.5 (3) the license holder must make reasonable efforts to minimize the amount of time the
263.6 emergency replacement has unsupervised contact with the children in care not to exceed
263.7 12 hours per emergency incident;

263.8 (4) the family child care program must be closed for the day once the last unrelated child
263.9 has left the program; and

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

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

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

263.21 **Sec. 10. [142I.10] APPLICANT, PRIMARY PROVIDER OF CARE, AND SECOND**
263.22 **ADULT CAREGIVER TRAINING REQUIREMENTS.**

263.23 **Subdivision 1. Initial training; applicant, primary provider of care, and second**
263.24 **adult caregiver.** (a) Before providing care, an applicant, a primary provider of care, and
263.25 each second adult caregiver must have completed all required initial training within the
263.26 prior 24 months.

263.27 (b) Initial training does not need to be completed before providing care in the following
263.28 circumstances:

263.29 (1) a primary provider of care who voluntarily closes a license and reopens within 12
263.30 months has one year from the new license's effective date to complete annual and ongoing
263.31 training and is exempt from repeating initial training;

264.1 (2) a primary provider of care who relocates within the state has until the end of the
264.2 calendar year to complete annual and ongoing training and is not required to repeat initial
264.3 training previously completed; and

264.4 (3) a primary provider of care who relocates to a new county must not be required by
264.5 the new county to complete orientation or other training required for new applicants.

264.6 (c) Each applicant, primary provider of care, and second adult caregiver must complete
264.7 and document the following before providing care:

264.8 (1) at least four hours of child development, learning, or behavior guidance training. An
264.9 individual is exempt if the individual provides documentation verifying that the individual:

264.10 (i) has completed a three-credit early childhood development course within the past five
264.11 years;

264.12 (ii) holds a baccalaureate or master's degree in early childhood education or school-age
264.13 child care;

264.14 (iii) holds a Minnesota teaching license in early childhood education, kindergarten
264.15 through grade 6, or special education; or

264.16 (iv) holds a Montessori certificate;

264.17 (2) the six-hour supervising for safety for family child care course developed by the
264.18 commissioner;

264.19 (3) pediatric first aid training provided by an instructor certified to teach pediatric first
264.20 aid. Current training documentation must be maintained at the family child care program
264.21 and made available upon request. Online training reviewed and approved by the county
264.22 licensing agency satisfies this requirement;

264.23 (4) pediatric cardiopulmonary resuscitation (CPR) training that:

264.24 (i) is instructor led or blended with a hands-on skills component. Online-only CPR
264.25 courses without a hands-on component do not meet this requirement;

264.26 (ii)(A) is developed by the American Heart Association or the American Red Cross; or

264.27 (B) uses nationally recognized, evidence-based guidelines for CPR training; and

264.28 (iii) is provided by an instructor approved by the commissioner to teach CPR;

264.29 (5) for programs licensed for children younger than school age, training on reducing the
264.30 risk of sudden unexpected infant death and abusive head trauma, which may be combined
264.31 in a single commissioner-approved course. This training must, at a minimum, address the

265.1 risk factors related to sudden unexpected infant death and abusive head trauma and the
265.2 means of reducing the risk of each;

265.3 (6) training on proper use and installation of child passenger restraint systems under
265.4 section 169.685 of at least one hour in length that is provided by an instructor certified and
265.5 approved by the Department of Public Safety. At a minimum, the training must address the
265.6 proper use of child restraint systems based on the child's size, weight, and age and the proper
265.7 installation of a car seat or booster seat in the motor vehicle used by the caregiver to transport
265.8 the child or children. This requirement does not apply to family child care programs that
265.9 transport only school-age children as defined in section 142I.01, subdivision 5, paragraph
265.10 (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e);

265.11 (7) training on the child care emergency plan required under section 142I.19, subdivision
265.12 2;

265.13 (8) training on allergy prevention and response required under section 142I.06,
265.14 subdivision 5, paragraph (b);

265.15 (9) training on the community-based family child care program plan required under
265.16 section 142I.22, if applicable;

265.17 (10) training on the family child care program policies and procedures required under
265.18 section 142I.06;

265.19 (11) training on reporting suspected maltreatment of children as required under chapter
265.20 260E; and

265.21 (12) swimming pool training under section 142I.14, subdivision 6, if a pool at the family
265.22 child care program is used by children in care.

265.23 (d) County licensing staff must accept approved training on the primary provider of care
265.24 or second adult caregiver's learning record in the Develop data system for early education
265.25 and school-age care.

265.26 Subd. 2. **Annual training; primary provider of care and second adult caregiver.** (a)
265.27 A primary provider of care and each second adult caregiver must annually complete and
265.28 document the following training:

265.29 (1) at least two hours of child development, learning, or behavior guidance training. A
265.30 three-credit early childhood development course completed within the calendar year meets
265.31 this requirement;

265.32 (2) a two-hour active supervision course developed or approved by the commissioner;

266.1 (3) training on reducing the risk of sudden unexpected infant death if caring for infants
266.2 and training on reducing the risk of abusive head trauma if caring for children under school
266.3 age, which must:

266.4 (i) be completed in person or online at least once every two years; and

266.5 (ii) in alternating years, be completed through a commissioner-approved video not
266.6 exceeding one hour in length; and

266.7 (4) at least four hours of ongoing training each calendar year that must include topics
266.8 identified in the Minnesota knowledge and competency framework. Repeat of topical training
266.9 requirements in subdivision 1 counts toward the annual ten-hour requirement.

266.10 (b) A caregiver who is approved as a trainer through the Develop data system may count
266.11 up to two hours of training instruction toward the annual ten-hour training requirement in
266.12 paragraph (a), clause (4), if:

266.13 (1) the training is the first instance in which the caregiver delivers a particular
266.14 content-specific training during each training year;

266.15 (2) the caregiver is a Develop-approved active trainer; and

266.16 (3) the hours counted as training instruction are approved through the Develop data
266.17 system with attendance verified on the trainer's individual learning record and are in the
266.18 knowledge and competency framework content areas VII A, establishing healthy practices,
266.19 or B, ensuring safety.

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

266.24 (d) County licensing staff must accept training designated by the commissioner as
266.25 satisfying training requirements if the training is within the knowledge and competency
266.26 framework for child development and learning, behavior guidance, and active supervision
266.27 as indicated on the department's website.

266.28 Subd. 3. **Ongoing training; primary provider of care and second adult caregiver.** (a)
266.29 A primary provider of care and each second adult caregiver must complete and document
266.30 the following training:

266.31 (1) pediatric cardiopulmonary resuscitation training that meets the requirements of
266.32 subdivision 1, paragraph (c), clause (4), and is repeated every two years within 90 days of

267.1 the second anniversary of the previous training. Documentation must be maintained at the
267.2 family child care program or electronically and made available upon request;

267.3 (2) pediatric first aid training by a certified instructor repeated every two years within
267.4 90 days of the second anniversary of the previous training. Documentation of the training
267.5 must be maintained at the family child care program or electronically and made available
267.6 upon request;

267.7 (3) commissioner-developed Health and Safety I and Health and Safety II training at
267.8 least once every five years. Completion of either course in a given year meets the annual
267.9 active supervision training requirement in subdivision 2, paragraph (a), clause (2);

267.10 (4) proper use and installation of child passenger restraint systems under section 169.685
267.11 that meets the requirements of subdivision 1, paragraph (c), clause (6), and is repeated at
267.12 least once every five years. This requirement does not apply to family child care programs
267.13 that transport only school-age children as defined in section 142I.01, subdivision 5, paragraph
267.14 (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e); and

267.15 (5) fire safety training developed by the State Fire Marshal's Office that must be
267.16 completed once every five years.

267.17 (b) If a license holder changes any of the policies and procedures under section 142I.06,
267.18 subdivision 5, the primary provider of care and each second adult caregiver must review
267.19 the revised policies and procedures within ten days of the change.

267.20 (c) The license holder must maintain documentation of each review of the revised policies
267.21 and procedures at the family child care program. The documentation requirements under
267.22 this paragraph may be met by a date noted on the revised policies or procedures.

267.23 Subd. 4. **Commissioner designated training.** Training designated by the commissioner
267.24 satisfies the training requirements under this section if the training is within the knowledge
267.25 and competency framework for child development and learning, behavior guidance, and
267.26 active supervision, as indicated on the department's website.

267.27 Sec. 11. **[142I.11] SUBSTITUTE AND INTERMITTENT CAREGIVER TRAINING**
267.28 **REQUIREMENTS.**

267.29 Subdivision 1. **Initial training; substitute and intermittent caregiver.** (a) Before
267.30 providing care, each substitute and intermittent caregiver must complete the following
267.31 training requirements within the previous 12 months:

268.1 (1) the four-hour basics of family child care for substitutes course developed by the
268.2 commissioner;

268.3 (2) pediatric first aid training provided by an instructor certified to teach pediatric first
268.4 aid. Current training documentation must be maintained at the family child care program
268.5 and made available upon request. Online training reviewed and approved by the county
268.6 licensing agency satisfies this requirement;

268.7 (3) pediatric cardiopulmonary resuscitation training that meets the requirements of
268.8 section 142I.10, subdivision 1, paragraph (c), clause (4);

268.9 (4) for programs licensed for children younger than school age, training on reducing the
268.10 risk of sudden unexpected infant death and abusive head trauma, which may be combined
268.11 in a single commissioner-approved course. This training must, at a minimum, address the
268.12 risk factors related to sudden unexpected infant death and abusive head trauma and the
268.13 means of reducing the risk of each;

268.14 (5) training on proper use and installation of child passenger restraint systems under
268.15 section 169.685 of at least one hour in length, provided by an instructor certified and
268.16 approved by the Department of Public Safety. This requirement does not apply to family
268.17 child care programs that transport only school-age children as defined in section 142I.01,
268.18 subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision
268.19 1, paragraph (e). At a minimum, the training must address the proper use of child restraint
268.20 systems based on the child's size, weight, and age and the proper installation of a car seat
268.21 or booster seat in the motor vehicle used by the caregiver to transport the child or children;

268.22 (6) training on the child care emergency plan required under section 142I.19, subdivision
268.23 2;

268.24 (7) training on allergy prevention and response required under section 142I.06,
268.25 subdivision 5, paragraph (b);

268.26 (8) training on the community-based family child care program plan required under
268.27 section 142I.22, if applicable;

268.28 (9) training on the family child care program policies and procedures required under
268.29 section 142I.06;

268.30 (10) training on reporting suspected maltreatment of children as required under chapter
268.31 260E; and

268.32 (11) swimming pool training under section 142I.14, subdivision 6, if a pool at the family
268.33 child care program is used by children in care.

269.1 (b) County licensing staff must accept approved training on the substitute or intermittent
269.2 caregiver's learning record in the Develop data system for early education and school-age
269.3 care.

269.4 Subd. 2. **Annual training; substitute and intermittent caregiver.** (a) Substitutes and
269.5 intermittent caregivers must complete a minimum of one hour of training each calendar
269.6 year, and the training must include the requirements in this section.

269.7 (b) Each calendar year, a substitute or intermittent caregiver must receive training on
269.8 reducing the risk of abusive head trauma from shaking infants and young children if caring
269.9 for children under school age and reducing the risk of sudden unexpected infant death if
269.10 caring for infants. A substitute must complete each applicable course at least once every
269.11 two years either in person or online. In a year a substitute or intermittent caregiver is not
269.12 completing an applicable course under this paragraph in person or online, the individual
269.13 must watch a video on the respective topic of no more than one hour in length. The video
269.14 must be developed or approved by the commissioner. A license holder must maintain
269.15 documentation of compliance with this paragraph for each substitute and intermittent
269.16 caregiver employed.

269.17 Subd. 3. **Ongoing training; substitute and intermittent caregiver.** (a) At least once
269.18 every three years, a substitute or intermittent caregiver must complete the four-hour basics
269.19 of family child care for substitutes course.

269.20 (b) A substitute or intermittent caregiver must complete the following training:

269.21 (1) pediatric cardiopulmonary resuscitation training that meets the requirements of
269.22 section 142I.10, subdivision 1, paragraph (c), clause (4), and is repeated every two years
269.23 within 90 days of the second anniversary of the previous training. Documentation must be
269.24 maintained at the family child care program or electronically and made available upon
269.25 request;

269.26 (2) pediatric first aid that is given by an instructor certified to provide pediatric first aid
269.27 and is repeated every two years within 90 days of the second anniversary of the previous
269.28 training. Documentation of the training must be maintained at the family child care program
269.29 or electronically and made available upon request; and

269.30 (3) proper use and installation of child passenger restraint systems under section 169.685
269.31 that meets the requirements of section 142I.10, subdivision 1, paragraph (c), clause (6), and
269.32 is repeated at least once every five years. This requirement does not apply to family child
269.33 care programs that transport only school-age children as defined in section 142I.01,

270.1 subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision
270.2 1, paragraph (e).

270.3 Sec. 12. **[142I.12] HELPER TRAINING REQUIREMENTS.**

270.4 Subdivision 1. **Initial training; helper.** (a) Before assisting in care, a helper who assists
270.5 with care must complete a minimum of four hours of training within the previous 12 months.
270.6 The four hours must include courses on:

270.7 (1) reducing the risk of sudden unexpected infant death if the program is licensed to care
270.8 for infants;

270.9 (2) abusive head trauma if the program is licensed to care for children younger than
270.10 school age; and

270.11 (3) reporting suspected maltreatment of children as required under chapter 260E.

270.12 (b) The trainings required under paragraph (a) may be combined in a single
270.13 commissioner-approved course.

270.14 (c) A license holder must maintain written or electronic documentation showing that
270.15 each helper has complied with this subdivision.

270.16 Subd. 2. **Annual training; helper.** (a) Each calendar year, a helper who assists in the
270.17 care of children must receive training on reducing the risk of sudden unexpected infant
270.18 death if the program is licensed to care for infants, and abusive head trauma if the program
270.19 is licensed to care for children younger than school age. The trainings under this paragraph
270.20 may be combined in a single commissioner-approved course and must, at a minimum,
270.21 address risk factors, methods of risk reduction in child care, and communication with parents
270.22 regarding risk reduction.

270.23 (b) A license holder must maintain documentation showing each helper has complied
270.24 with this subdivision.

270.25 (c) County licensing staff must accept approved training on the helper's learning record
270.26 in the Develop data system.

270.27 Sec. 13. **[142I.13] BEHAVIOR GUIDANCE.**

270.28 Subdivision 1. **Methods of promoting positive behavior.** A license holder must:

270.29 (1) positively role model acceptable behavior to each child;

271.1 (2) tailor methods of promoting positive behavior to the developmental level of the
271.2 children the family child care program is licensed to serve;

271.3 (3) ensure redirection is used as appropriate in addressing a child's behavior, to guide a
271.4 child away from potential challenges toward constructive activity. For the purposes of this
271.5 clause, "redirection" means when a caregiver intervenes and guides a child toward
271.6 constructive activity through positive techniques;

271.7 (4) teach children how to use acceptable alternatives to reduce conflict; and

271.8 (5) protect the safety and well-being of children and caregivers.

271.9 Subd. 2. **Prohibited actions.** A license holder must prohibit every caregiver from:

271.10 (1) subjecting a child to corporal or physical punishment. This includes but is not limited
271.11 to rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting,
271.12 pinching, spitting, hitting, and spanking;

271.13 (2) subjecting a child to name calling, ostracism, shaming, making derogatory remarks
271.14 about the child or the child's family, cultural or racial slurs, and yelling or using profane
271.15 language that threatens, humiliates, or frightens the child;

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

271.18 (4) separating a child from the group except as provided in subdivision 3;

271.19 (5) punishing a child for:

271.20 (i) not resting, napping, or sleeping;

271.21 (ii) toileting accidents;

271.22 (iii) failing to eat all or part of meals or snacks; or

271.23 (iv) failing to complete an activity;

271.24 (6) denying a child food or drink or forcing food or drink upon a child;

271.25 (7) denying light, warmth, clothing, or medical care as a punishment for unacceptable
271.26 behavior;

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

271.29 (9) the use of prone restraints, as prohibited by section 245A.211;

272.1 (10) the use of mechanical restraints, such as tying, or any device or equipment intended
272.2 to restrict or prevent movement as a means of discipline or for reasons unrelated to the
272.3 child's care, safety, or planned activity;

272.4 (11) giving a child any nonprescribed substance to subdue or restrict movement or
272.5 behavior;

272.6 (12) delegating the discipline or punishment of a child to another child; and

272.7 (13) punishing or shaming a child for the actions of a parent. This includes but is not
272.8 limited to failure to pay fees, failure to provide appropriate clothing, failure to provide
272.9 materials for an activity, or any conflict between the license holder or caregiver and the
272.10 parent.

272.11 Subd. 3. **Separation time from the group.** A caregiver must not separate a child from
272.12 the child's group as a means of behavior guidance unless the caregiver has tried less intrusive
272.13 methods of guiding the child's behavior that have been ineffective and the child's behavior
272.14 threatens the well-being of the child or other children in the family child care program.
272.15 Separation from the group must meet the following requirements:

272.16 (1) children younger than three years old must not be separated from the group as a
272.17 means of behavior guidance;

272.18 (2) the separation time must be limited to the amount of time necessary for the child to
272.19 gain self-control and rejoin the group while being supported by the caregiver;

272.20 (3) the child must be supervised;

272.21 (4) the child must not be placed in a locked room to separate the child from the group;
272.22 and

272.23 (5) the caregiver must provide the separation time in an age-appropriate, nonhumiliating
272.24 manner for the child.

272.25 Sec. 14. **[142L.14] PHYSICAL SPACE REQUIREMENTS.**

272.26 Subdivision 1. **Indoor space.** (a) The licensed capacity of the family child care program
272.27 must be limited by the amount of usable indoor space available to children. A minimum of
272.28 35 square feet of usable indoor space is required per child.

272.29 (b) Bathrooms, closets, space occupied by major appliances, and other space not used
272.30 by children may not be counted as usable space. Space occupied by adult furniture, if it is
272.31 used by children, may be counted as usable indoor space.

273.1 (c) Usable indoor space may include a basement if it has been inspected and approved
273.2 by a fire marshal, is free of hazards, and meets the requirements of subdivision 4.

273.3 (d) All exits leading from indoor to outdoor space must be fully clear of obstruction.

273.4 Subd. 2. **Escape routes.** (a) The main means of escape must be a stairway or door leading
273.5 to the floor with an exit to the outside.

273.6 (b) Any room that has sleeping children must have an escape route separate from the
273.7 main exit referenced in paragraph (a). This escape route must be a door or an egress window
273.8 leading directly outside.

273.9 (c) When the basement is used for care, the basement must have at least one escape route
273.10 separate from the main exit under paragraph (a). This escape route must be a door or an
273.11 egress window leading directly outside.

273.12 (d) Required escape routes must not be obstructed and must be accessible and openable
273.13 without special knowledge.

273.14 Subd. 3. **Outdoor learning environment and play space.** (a) A family child care
273.15 program must have an outdoor play space of at least 50 square feet per child the program
273.16 is licensed to serve for regular use or a park, playground, or play space within 1,500 feet of
273.17 the family child care program.

273.18 (b) During outdoor play:

273.19 (1) the adult caregiver must remain outdoors with infants, toddlers, and preschoolers at
273.20 all times;

273.21 (2) school-age children may be permitted in the approved outdoor play space at the
273.22 family child care program without a caregiver if:

273.23 (i) the children are engaged in age-appropriate activities using age-appropriate equipment;
273.24 and

273.25 (ii) a caregiver remains accessible to provide supervision when needed in accordance
273.26 with section 142I.01, subdivision 46; and

273.27 (3) when the outdoor play space is not at the family child care program, a caregiver must
273.28 accompany and supervise all children in transit and at the outdoor play space.

273.29 (c) Caregivers must prevent children from accessing hazardous materials.

273.30 (d) Outdoor play areas must be protected from traffic and nearby hazards. If traffic or
273.31 other hazards are present, the family child care program must have:

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

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

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

274.8 (f) Caregivers must take measures to protect children from the dangers of sun exposure,
274.9 extreme heat or cold, and air quality.

274.10 (g) Outdoor equipment, whether stationary or portable, must be safe, be in good repair,
274.11 be assembled according to the manufacturer's guidelines, and meet the developmental needs
274.12 of the age groups of children using the space.

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

274.14 (1) not have openings between 3-1/2 inches and nine inches in size to prevent entrapment
274.15 of the head or other body parts;

274.16 (2) have guardrails or protective barriers on platforms that are 30 inches or higher. A
274.17 protective barrier is a continuous structure surrounding the platform that is designed to
274.18 prevent a person from falling or passing through, whether intentionally or accidentally; and

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

274.20 Subd. 4. **Conditions of the program.** The licensed space must be maintained in a manner
274.21 that protects the health and safety of children in care. The license holder must ensure that:

274.22 (1) the family child care program space is free from conditions that endanger the health
274.23 or safety of children, including unsanitary conditions or excessive accumulation of materials
274.24 that can start a fire or create other safety hazards;

274.25 (2) the furnishings, equipment, and materials are arranged and stored so that hallways,
274.26 stairways, doors, and exit routes remain unobstructed and usable for safe exit; and

274.27 (3) the amount and placement of stored items do not create an increased risk of fire or
274.28 injury or impede the safe supervision of children.

274.29 Subd. 5. **Portable wading pools.** (a) A child must not use a portable wading pool as
274.30 defined in section 144.1222, subdivision 2a, at a family child care program unless the parent
274.31 of the child has provided written consent. The written consent must include a statement that
274.32 the parent has received and read material provided by the Department of Health on wading

275.1 pool safety for parents related to the risk of disease transmission as well as other health
275.2 risks associated with the use of portable wading pools.

275.3 (b) The license holder must empty wading pools daily.

275.4 (c) A caregiver must supervise children at all times while a wading pool is in use and
275.5 must be able to clearly see all parts of the wading area. When not in use under the supervision
275.6 of a caregiver, wading pools must be inaccessible to children.

275.7 Subd. 6. **Swimming pools.** (a) For the purposes of this subdivision, "swimming pool"
275.8 has the meaning in section 144.1222, subdivision 2b, and does not include a portable wading
275.9 pool as defined in section 144.1222, subdivision 2a, or a spa pool as defined in Minnesota
275.10 Rules, part 4717.0250.

275.11 (b) A license holder must comply with the following requirements in order for children
275.12 in the program to use a swimming pool located at the program:

275.13 (1) not have had a licensing sanction under section 142B.18 or a correction order or
275.14 conditional license under section 142B.16 relating to the supervision or health and safety
275.15 of children during the prior 24 months;

275.16 (2) notify the county agency before initial use of the swimming pool each calendar year;

275.17 (3) obtain written consent from a child's parent allowing the child to use the swimming
275.18 pool and renew the parent's written consent at least annually. The written consent must
275.19 include a statement that the parent has received and read materials provided by the
275.20 Department of Health related to the risk of disease transmission as well as other health risks
275.21 associated with swimming pools. The written consent must also include a statement that
275.22 neither the Department of Health nor the county agency will monitor or inspect the license
275.23 holder's swimming pool;

275.24 (4) attend and successfully complete a swimming pool supervision training course
275.25 annually;

275.26 (5) attend and successfully complete one of the following swimming pool operator
275.27 training courses once every five years:

275.28 (i) both of the National Spa and Pool Institute Tech I and Tech II courses; or

275.29 (ii) the National Recreation and Park Association aquatic facility operator course;

275.30 (6) ensure all toilet-trained children use the bathroom before the children enter the
275.31 swimming pool;

276.1 (7) require all children who are not toilet trained to wear swim diapers while in the
276.2 swimming pool;

276.3 (8) if fecal material enters the swimming pool water, add three times the normal shock
276.4 treatment to the pool water to raise the chlorine level to at least 20 parts per million and
276.5 close the pool to swimming for the 24 hours following the entrance of fecal material into
276.6 the water or until the water pH and disinfectant concentration levels have returned to the
276.7 standards specified in clause (10), whichever is later;

276.8 (9) prevent any person from entering the swimming pool who has an open wound or has
276.9 or is suspected of having a communicable disease;

276.10 (10) maintain the swimming pool water at a pH of not less than 7.2 and not more than
276.11 8.0, maintain the disinfectant concentration between two and five parts per million for
276.12 chlorine or between 2.3 and 4.5 parts per million for bromine, and maintain a daily record
276.13 of the swimming pool's operation with pH and disinfectant concentration readings on days
276.14 when children cared for at the family child care program are present;

276.15 (11) have a disinfectant feeder or feeders;

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

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

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

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

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

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

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

276.28 (19) cover the swimming pool when not in use;

276.29 (20) follow the requirements of subdivision 7; and

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

277.4 Subd. 7. **Water hazards.** (a) Swimming and wading pools, beaches, wells, or other
277.5 bodies of water on or adjacent to the site of the family child care program must be
277.6 inaccessible to children except during periods of supervised use.

277.7 (b) All water hazards, such as inground or aboveground swimming pools, hot tubs,
277.8 stationary wading pools, fish ponds, and water retention or detention basins on the site of
277.9 the family child care program must be enclosed with a permanent fence, wall, building wall,
277.10 other physical barrier, or combination thereof that is at least four feet in height. A house
277.11 exterior wall can constitute one side of a fence if the wall has no openings capable of
277.12 providing direct access to the hazard, including but not limited to doors or windows.

277.13 (c) The family child care program may not allow a child in care to use a swimming pool
277.14 or beach without an adult caregiver trained in first aid and CPR present.

277.15 (d) Bodies of water must be separated from the play area by a fence or other physical
277.16 barrier that prevents children from accessing the water. The house door alone is not a
277.17 sufficient barrier.

277.18 Subd. 8. **Water play.** (a) Parental permission is not required for children to use splash
277.19 pads, sprinklers, or other water toys that spray or jet water on the users and do not have
277.20 standing water. Splash pads, sprinklers, or other water toys that retain water are considered
277.21 wading pools and are required to meet the requirements of subdivision 5.

277.22 (b) Water tables designed for children to play with their hands must be emptied daily.
277.23 The caregiver must supervise children at all times while a water table is in use and must be
277.24 able to clearly see all parts of the water table. When not in use under the supervision of a
277.25 caregiver, water tables must be inaccessible to children.

277.26 Subd. 9. **Separation between attached garage and family child care program.** The
277.27 separation wall between the residence and garage must meet the requirements of Minnesota
277.28 Rules, part 1309.0302.

277.29 Subd. 10. **Ventilation, heating, and cooling systems.** (a) Heating, ventilation, and air
277.30 conditioning systems must be operated according to the manufacturer's instructions and in
277.31 good repair. Gas, coal, wood, kerosene, or oil heaters must be vented to the outside in
277.32 accordance with the State Building Code.

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

278.3 (1) 18 inches of a gas or fuel-oil heater or furnace; or

278.4 (2) 36 inches of a solid-fuel-burning appliance.

278.5 (c) If a license holder produces manufacturer instructions listing a distance closer than
278.6 the requirements under paragraph (b), the manufacturer instructions control the required
278.7 distance of combustible items from gas, fuel-oil, or solid-fuel-burning heaters or furnaces.

278.8 (d) When in use, fireplaces, wood-burning stoves, solid-fuel-burning appliances, space
278.9 heaters, steam radiators, outdoor fire pits, and other potentially hot surfaces, such as steam
278.10 pipes, must be protected by guards or protective covering to keep hands and bodies away,
278.11 prevent burns, and prevent fires. All fireplaces, wood-burning stoves, space heaters, steam
278.12 radiators, and furnaces must be installed according to the State Building Code. The furnace,
278.13 hot water heater, and utility rooms must be inaccessible to children.

278.14 (e) Ventilation of usable space must meet the requirements of the State Building Code.
278.15 Outside doors and windows used for ventilation in summer months must be screened when
278.16 biting insects are prevalent. The screens must be in good repair. Sources of harmful and
278.17 unpleasant odors including urine and pet waste must be removed to the extent possible by
278.18 removing the source of the odor or by removing odors through cleaning and ventilation.

278.19 Subd. 11. **Temperature.** A minimum temperature of 62 degrees Fahrenheit must be
278.20 maintained in indoor areas used by children.

278.21 Subd. 12. **Sewage disposal.** Family child care programs must have working toilets and
278.22 a sewage disposal system that conform to the State Building Code or local septic system
278.23 ordinances. Toilet training equipment must be emptied and cleaned after each use. Outdoor
278.24 toilets, including compostable toilets, are permissible in accordance with local septic system
278.25 ordinances.

278.26 Subd. 13. **Construction or remodeling.** During construction or remodeling, children
278.27 must not have access to construction or remodeling areas within or around the premises.

278.28 Subd. 14. **Interior walls and ceilings.** The walls and ceilings within a family child care
278.29 program, including those in corridors, stairways, and lobbies, must have a flame spread
278.30 rating of 200 or less.

278.31 Subd. 15. **Electrical services.** (a) All electric outlets in a family child care program
278.32 accessible to children must be tamper-proof or shielded when not in use. All major electrical

279.1 appliances must be properly installed and grounded in accordance with the State Electrical
279.2 Code and in good working order.

279.3 (b) Electrical wiring must be sized to provide for the load and be in good repair. Extension
279.4 cords must not be used as a substitute for permanent wiring.

279.5 Subd. 16. **Fire extinguisher.** A portable, operational, multipurpose, and dry chemical
279.6 fire extinguisher with a minimum 2-A 10-BC rating must be located near the required exit
279.7 door of the program at all times. The fire extinguisher must be serviced annually by a
279.8 qualified inspector and evidence of annual service must be documented. All caregivers must
279.9 know how to properly use the fire extinguisher.

279.10 Subd. 17. **Carbon monoxide and smoke alarms.** (a) A family child care program must
279.11 have an approved and operational carbon monoxide alarm installed within ten feet of each
279.12 area used for sleeping children in care.

279.13 (b) A family child care program must properly install and maintain smoke alarms models
279.14 that have been approved by the Underwriter Laboratory on all levels, including basements,
279.15 and in hallways outside rooms used for sleeping children in care. Smoke alarms are not
279.16 required in crawl spaces and uninhabitable attics. For family child care programs in buildings
279.17 that began construction on or after March 31, 2020, smoke alarms must be installed and
279.18 maintained in each room used for children in care to sleep.

279.19 Subd. 18. **Stairways.** All family child care programs with stairways must:

279.20 (1) have handrails on at least one side of stairways of four or more steps;

279.21 (2) enclose any open area between the handrail and stair tread with a protective guardrail
279.22 as specified in the State Building Code. The back of the stair risers must also be enclosed;

279.23 (3) use gates at the top and bottom of stairways when children who are six to 18 months
279.24 old are in care; and

279.25 (4) keep stairways well lit, in good repair, and free of clutter and obstructions.

279.26 Subd. 19. **Lofted spaces.** Decks, balconies, or lofts that are used by children and are
279.27 more than 30 inches above the ground or floor must be surrounded by a protective guardrail
279.28 and be constructed in compliance with the State Building Code. The State Building Code
279.29 allows appropriate openings for access to the spaces under this subdivision, such as a
279.30 doorway or a gate. Wooden decks must be free of splinters and in good repair.

280.1 Subd. 20. **Locks and latches.** (a) A door latch on a closet or other confining space must
280.2 be able to be unlatched so that the door can be opened from inside the closet or other
280.3 confining space.

280.4 (b) Every interior door lock must permit opening of the locked door from the outside
280.5 and the opening device must be readily accessible to all caregivers.

280.6 (c) Exit doors must not have double cylinder locks where a key is required on both sides.

280.7 (d) Locks may not be used in place of supervision.

280.8 Subd. 21. **Tobacco products, cannabis, vaping, drugs, and alcohol use**

280.9 **prohibitions.** (a) Smoking of tobacco, cannabis, or any other product, including through
280.10 electronic delivery devices, is prohibited in both indoor and outdoor family child care
280.11 program environments and in any vehicles used by the family child care program during
280.12 hours of operation.

280.13 (b) The use of alcohol or illegal or recreational drugs is prohibited on the premises of a
280.14 family child care program during hours of operation.

280.15 (c) If the license holder allows smoking of tobacco, cannabis, or any other product,
280.16 including through electronic delivery devices, on the premises outside of child care hours,
280.17 the license holder must verbally provide notice to parents and must post written notice in
280.18 an obvious location disclosing this information.

280.19 (d) While caring for children, a caregiver must not be under the influence of any substance
280.20 that impairs the individual's ability to supervise children or perform the individual's duties.

280.21 Sec. 15. **[142L.15] CLEANING AND DISINFECTING.**

280.22 Subdivision 1. **General requirements.** (a) The family child care program must be free
280.23 from accumulations of dirt, peeling paint, visible or known debris, soiled items, hazardous
280.24 clutter, and pet waste.

280.25 (b) Disinfectants must:

280.26 (1) not be used prior to or in place of cleaning compounds;

280.27 (2) be mixed and used according to the manufacturer's instructions; and

280.28 (3) be used on surfaces that are contaminated with bodily fluids.

280.29 Subd. 2. **Toys.** A caregiver must clean and disinfect a toy that has been in a child's mouth
280.30 prior to use by another child. Toys that come into contact with bodily fluids must be cleaned

281.1 and disinfected prior to next use. Toys must be cleaned and disinfected as needed if there
281.2 are visible or known contaminants or debris on them.

281.3 Subd. 3. **Food and eating areas.** Surfaces and tools that are used for preparing or serving
281.4 food must be cleaned.

281.5 Subd. 4. **Indoor and outdoor equipment.** (a) The indoor and outdoor space and
281.6 equipment of the family child care program must be clean.

281.7 (b) Natural features, elements, and materials used as equipment and play materials for
281.8 outdoor play under section 142I.14, subdivision 3, are exempt from being clean, as defined
281.9 under section 142I.01, subdivision 16. A caregiver must inspect natural features, elements,
281.10 and materials used for outdoor play for hazardous objects and other safety hazards, including
281.11 animal feces, and remove or mitigate the hazard before a child's use.

281.12 Subd. 5. **Sleeping.** Bedding, as defined in section 142I.17, subdivision 10, must be
281.13 cleaned and disinfected at least weekly or when visibly dirty.

281.14 Subd. 6. **Toilet training equipment.** Toilet training chairs and seats must be cleaned
281.15 and disinfected after each use.

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

281.20 (b) In sinks and tubs accessible to children, the water temperature must not be able to
281.21 exceed 120 degrees Fahrenheit.

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

281.25 Subd. 8. **Diapers, changing areas, and disposal.** (a) An adequate supply of clean diapers
281.26 must be available for each child who uses diapers. Diapers may be disposable or made of
281.27 cloth. Diapers must be stored in a clean space that is inaccessible to children.

281.28 (b) If a family child care program uses cloth diapers, then:

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

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

282.1 (3) the cloth diapers supplied by parents, except those supplied by a commercial diaper
282.2 service, must be labeled with the child's name and must be placed in a plastic bag after
282.3 removal with any soiled clothing and sent home with the parent daily.

282.4 (c) Single-service disposable wipes or clean washcloths must be used for washing a
282.5 soiled child before rediapering.

282.6 (d) The diaper changing area must be covered with a smooth, nonabsorbent surface.
282.7 Changing tables, changing pads, and other diaper changing areas must be cleaned and
282.8 disinfected between children, even if using a nonabsorbent covering that is discarded after
282.9 each use. Diapering must not take place in a food preparation area.

282.10 (e) Disposable diapers must be disposed of in a covered container located in the diaper
282.11 changing area and lined with a disposable plastic bag or directly outdoors in a garbage can.

282.12 Sec. 16. **[142I.16] ENVIRONMENTAL HEALTH.**

282.13 Subdivision 1. **Water supply.** (a) All family child care programs must have a safe water
282.14 supply.

282.15 (b) Family child care programs that draw water from privately owned wells must test
282.16 the water annually by a Department of Health-certified laboratory for coliform bacteria and
282.17 nitrate nitrogen and receive confirmation that the water is safe. The family child care program
282.18 must submit a copy of the test results with the agency. Retesting and corrective measures
282.19 may be required by the agency if results do not meet state drinking water standards or where
282.20 the supply may be subject to off-site contamination. A copy of the most recent water testing
282.21 results must be kept on the licensed premises. If the water test results are at or above
282.22 Department of Health-recommended levels or if the license holder declines to test the water
282.23 supply in the program, the license holder must:

282.24 (1) supply bottled or packaged water;

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

282.30 (3) close the family child care program to prevent children from using or consuming
282.31 unsafe water.

283.1 Subd. 2. **Radon testing.** (a) The license holder must notify parents whether radon testing
283.2 has been conducted in the family child care program upon enrollment and within 30 days
283.3 of any subsequent testing done after enrollment.

283.4 (b) When notifying parents, the license holder must use a form prescribed by the
283.5 commissioner. The notice must include information from the Department of Health about
283.6 what radon is and the potential risks associated with radon exposure. If testing has been
283.7 completed, the notice must include:

283.8 (1) the date of the most recent test;

283.9 (2) the rooms or areas tested; and

283.10 (3) the detected radon level or levels, stated in picocuries per liter (pCi/L).

283.11 (c) A copy of the most recent notice to parents and the radon test results must be kept
283.12 on site and made available to parents and the commissioner upon request.

283.13 (d) The notification requirements under this subdivision may be met by posting the form
283.14 in a prominent place.

283.15 Sec. 17. **[142L.17] ACTIVITIES AND EQUIPMENT.**

283.16 Subdivision 1. **General activities.** Child care activities must provide for the physical,
283.17 intellectual, emotional, and social development of the children in care at a family child care
283.18 program. Activities must include infants, toddlers, preschoolers, and school-age children
283.19 and:

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

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

283.25 (3) include active and quiet activity; and

283.26 (4) include both caregiver- and child-directed activities.

283.27 Subd. 2. **Equipment.** (a) A license holder must provide children in a family child care
283.28 program with:

283.29 (1) sufficient play equipment to allow each child a choice of at least three activities
283.30 involving equipment when all children are using equipment;

284.1 (2) early learning materials, play equipment, and space that are age and developmentally
284.2 appropriate and support understanding of the culturally diverse world; and

284.3 (3) play equipment that is safe, in good repair, and used in accordance with the
284.4 manufacturer's instructions, if applicable. Equipment and play materials not designed or
284.5 marketed for use by children, including but not limited to repurposed, homemade, and
284.6 open-ended items, must be appropriate to the age and size of children, in good repair, and
284.7 used under the supervision of a caregiver. Such equipment and play materials are not required
284.8 to have manufacturer's instructions and are subject to the requirements of this subdivision.

284.9 (b) Equipment provided to children under this section may be new, used, commercially
284.10 made, or homemade. The equipment must be appropriate for the ages of the children and
284.11 for the activities for which it will be used. As appropriate, nature material may be used in
284.12 place of any equipment.

284.13 Subd. 3. **Newborn or infant activities.** A caregiver must:

284.14 (1) hold a newborn or infant during feedings until the child can hold the bottle. A bottle
284.15 cannot be propped up for a newborn or infant;

284.16 (2) respond to a newborn's or infant's attempts to communicate;

284.17 (3) develop infant language and communication by responding to a newborn's or infant's
284.18 attempts to communicate by mirroring similar sounds, sharing the child's focus of attention,
284.19 talking to the newborn or infant, naming objects, and describing actions;

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

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

284.24 (6) provide activities for a newborn or infant that develop the child's manipulative and
284.25 fine motor skills;

284.26 (7) provide activities for self-awareness;

284.27 (8) provide activities to support a newborn or infant to develop social-emotional skills;

284.28 (9) provide activities to support a newborn or infant to develop gross motor skills; and

284.29 (10) allow a newborn or infant actively supervised tummy time. For the purposes of this
284.30 clause, "tummy time" means placing a newborn or infant in a nonrestrictive prone position,
284.31 lying on their stomach. Tummy time should occur throughout the day when a newborn or

285.1 infant is awake. A newborn or infant must not be wearing anything to restrict movement
285.2 during tummy time.

285.3 Subd. 4. **Newborn and infant equipment.** When caring for newborns or infants, a
285.4 license holder must provide:

285.5 (1) an infant seat or high chair, as appropriate, for each newborn and infant in attendance;

285.6 (2) a crib or portable crib with a mattress or pad for each newborn and infant in attendance

285.7 that is in compliance with current Consumer Product Safety Commission safety standards

285.8 and chapter 142B.45. The license holder must maintain documentation on site that the

285.9 equipment used meets these requirements and provide it to the commissioner and parents

285.10 as requested;

285.11 (3) books and literacy materials;

285.12 (4) gross motor activity equipment; and

285.13 (5) fine motor activity materials.

285.14 Subd. 5. **Toddler activities.** When caring for toddlers, a license holder must:

285.15 (1) provide the toddler with freedom of movement and freedom to explore outside the

285.16 crib or portable crib and allow the toddler to comfortably sit, crawl, toddle, walk, and play

285.17 according to the toddler's stage of development;

285.18 (2) talk to, listen to, and interact with the toddler to encourage language development;

285.19 (3) provide the toddler with activities that develop the toddler's fine and gross motor

285.20 skills;

285.21 (4) give the toddler opportunities to stimulate the senses by providing a variety of

285.22 age-appropriate activities and objects to see, touch, feel, smell, hear, and taste; and

285.23 (5) provide activities to support the toddler to develop social-emotional skills.

285.24 Subd. 6. **Toddler equipment.** When caring for toddlers, a license holder must provide:

285.25 (1) separate sleeping equipment for each toddler such as a mat, crib, cot, bed, sofa, or

285.26 sleeping bag that is cleaned and maintained as required in subdivision 10 and section 142I.15,

285.27 subdivision 5;

285.28 (2) gross motor play equipment;

285.29 (3) books and literacy materials;

285.30 (4) fine motor, math, and science materials; and

286.1 (5) music, movement, and art activity materials.

286.2 Subd. 7. **Preschooler activities.** When caring for preschoolers, a license holder must:

286.3 (1) encourage conversation between the preschooler and other children and adults;

286.4 (2) provide opportunity to play near and with other children, provide time and space for
286.5 individual and group play, allow for quiet times to talk or rest, and allow for unplanned
286.6 time and individual play time;

286.7 (3) foster understanding of personal and peer feelings and actions and allow for the
286.8 constructive release of a range of feelings through discussion or play;

286.9 (4) give assistance in toileting and provide time to carry out self-help skills and provide
286.10 opportunities to be responsible for activities;

286.11 (5) provide opportunities for each preschooler to make decisions about daily activities
286.12 and to learn from the decision-making experiences;

286.13 (6) provide time and areas for age-appropriate gross motor play;

286.14 (7) provide learning, fine-motor, manipulative, creative, or sensory activities; and

286.15 (8) read stories, look at books, and talk about new words and ideas with the preschooler.

286.16 Subd. 8. **Preschooler equipment.** When caring for preschoolers, a license holder must
286.17 provide:

286.18 (1) separate sleeping equipment for each preschooler such as a mat, bed, cot, sofa, or
286.19 sleeping bag for each preschooler that is cleaned and maintained as required under
286.20 subdivision 10 and section 142I.15, subdivision 5;

286.21 (2) dramatic play equipment;

286.22 (3) books and literacy materials;

286.23 (4) fine motor materials;

286.24 (5) gross motor play equipment;

286.25 (6) math materials;

286.26 (7) science materials;

286.27 (8) music and movement materials; and

286.28 (9) art materials.

287.1 Subd. 9. **School-age activities and equipment.** When caring for school-age children,
287.2 a license holder must:

287.3 (1) provide opportunities for individual discussion about the day and planning for
287.4 activities;

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

287.7 (3) have available space, bedding materials, and opportunities for individual rest and
287.8 quiet time required under subdivision 10;

287.9 (4) allow increased freedom as the school-age child demonstrates increased responsibility;

287.10 (5) provide opportunities for group experiences with other children;

287.11 (6) provide opportunities to develop or expand self-help skills or real-life experiences;
287.12 and

287.13 (7) provide opportunities and materials for creative and dramatic activity, arts, and crafts.

287.14 Subd. 10. **Bedding.** Clean, separate, and individual bedding such as sheets, towels,
287.15 blankets, or sleeping bags must be available for each child in care. For children not using
287.16 cribs or portable cribs, the license holder must provide developmentally appropriate mats,
287.17 cots, or other sleep equipment that can be cleaned and disinfected according to section
287.18 142I.15. Mats, cots, and other sleep equipment used in the family child care program must
287.19 be in good condition and have no tears or holes and be covered in individual bedding.

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

287.22 Sec. 18. **[142I.171] NATURAL ELEMENTS AND MATERIALS.**

287.23 Subdivision 1. **Natural elements and materials.** A license holder may provide children
287.24 with access to natural elements and materials as equipment and play materials. Natural
287.25 elements and materials and appropriate uses of natural elements and materials include, but
287.26 are not limited to:

287.27 (1) natural loose parts, such as sticks, leaves, pine cones, acorns, seeds, pods, bark, and
287.28 moss for construction, art, sensory exploration, and imaginative play;

287.29 (2) natural materials, such as dirt, mud, sand, water, ice, and snow for sensory play and
287.30 exploration;

288.1 (3) plants, flowers, seeds, vegetables, and gardening materials for science exploration
288.2 and learning;

288.3 (4) rocks, pebbles, stones, and minerals for counting, sorting, building, and art;

288.4 (5) natural areas such as gardens, prairie, forest, wetlands, and ponds for exploration
288.5 and learning; and

288.6 (6) other natural elements as appropriate to age and development of children.

288.7 Subd. 2. **Supervision.** A caregiver must supervise a child's use of natural elements and
288.8 materials and provide guidance on safe and appropriate use. Natural elements and materials
288.9 that are a choking hazard must not be accessible to children under the age of three without
288.10 direct supervision of a caregiver.

288.11 Subd. 3. **Other uses.** Natural elements and materials may qualify as equipment and
288.12 materials under section 142I.17, subdivisions 4, 6, 8, and 9.

288.13 Sec. 19. **[142I.18] INFANT SLEEP AND CRIB REQUIREMENTS.**

288.14 Subdivision 1. **Safety.** All caregivers must follow the crib safety requirements in section
288.15 142B.45 and the requirements to reduce the risk of sudden unexpected infant deaths in
288.16 section 142B.46. During routine licensing inspections and when investigating complaints
288.17 regarding alleged violations of this section, the commissioner must review the license
288.18 holder's documentation required under section 142B.45.

288.19 Subd. 2. **Monitoring sleeping newborns and infants.** (a) Caregivers must directly
288.20 supervise newborns once they are placed in a crib or portable crib.

288.21 (b) License holders of programs that serve infants are encouraged to monitor sleeping
288.22 infants by conducting in-person checks on each infant in the license holder's care every 30
288.23 minutes.

288.24 (c) Upon enrollment of an infant, the license holder is encouraged to conduct in-person
288.25 checks on the sleeping infant every 15 minutes during the first four months of care.

288.26 (d) When an infant has an upper respiratory infection, the license holder is encouraged
288.27 to conduct in-person checks on the sleeping infant every 15 minutes throughout the hours
288.28 of sleep.

288.29 (e) Monitors may be used to supervise infants when the infants are sleeping. However,
288.30 the use of monitors does not replace the in-person checks encouraged under paragraphs (b)
288.31 to (d). When in use, monitors must meet the following conditions:

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

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

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

289.8 (f) If music or other sounds are played in the infant sleep area, the music or other sound
289.9 equipment must not be played at a volume that would prevent infants from being heard by
289.10 the adult caregiver. This paragraph applies to fans used to create sound.

289.11 Sec. 20. [142I.19] HEALTH POLICIES AND SAFETY REQUIREMENTS.

289.12 Subdivision 1. **Handling and disposal of bodily fluids.** (a) Surfaces that come in contact
289.13 with bodily fluids must be cleaned and disinfected as described in section 142I.15.

289.14 (b) Blood-contaminated material must be disposed of in a plastic bag and securely tied.

289.15 (c) If a program cares for a child with a health care need that requires injectable
289.16 medication, the program must have a sharps container available.

289.17 (d) A license holder must keep disposable gloves, disposal bags, and eye protection
289.18 available. Prescription eyewear does not meet the requirements of this paragraph.

289.19 Subd. 2. **Emergencies.** (a) A license holder must have a written child care emergency
289.20 plan for emergencies that require evacuation, sheltering, or other protection of children,
289.21 including for fires, natural disasters, intruders, or other threatening situations that may pose
289.22 a health or safety hazard to children. The plan must be written on a form prescribed by the
289.23 commissioner and updated at least annually. The plan must include:

289.24 (1) procedures for an evacuation, relocation, shelter-in-place, or lockdown;

289.25 (2) a designated relocation site and evacuation route;

289.26 (3) procedures for notifying a child's parent of an evacuation, shelter-in-place, or
289.27 lockdown, including procedures for reunification with families;

289.28 (4) accommodations for a child with a disability or a medical condition;

289.29 (5) procedures for storing a child's medically necessary medicine that facilitate easy
289.30 removal during an evacuation or relocation;

289.31 (6) procedures for continuing operations in the period during and after a crisis;

290.1 (7) procedures for communicating with local emergency management officials, law
290.2 enforcement officials, or other appropriate state or local authorities; and

290.3 (8) accommodations for infants and toddlers.

290.4 (b) The license holder must train each caregiver on the child care emergency plan before
290.5 the caregiver provides care and document this training. The information must be reviewed
290.6 at least annually and updated when information changes.

290.7 (c) The child care emergency plan must be available for review by the agency during
290.8 inspections.

290.9 (d) In addition to the emergency plan required under paragraph (a), the license holder
290.10 must maintain preparedness for emergencies. An operable telephone must be located in the
290.11 family child care program. A cellular telephone may be used if it is sufficiently charged for
290.12 use at all times. Emergency phone numbers for parents must be readily available within the
290.13 program and taken on all emergency drills and evacuations.

290.14 (e) For severe storms and tornadoes, the license holder must have a designated area that
290.15 children can go to for shelter, a battery-operated flashlight, and a portable radio or TV
290.16 available. An application on a smartphone may be used to meet the requirements of this
290.17 paragraph. The license holder must follow guidance and instructions from the Emergency
290.18 Alert System or local alerting systems.

290.19 (f) The license holder must have a written fire escape plan that includes:

290.20 (1) the address of the family child care program;

290.21 (2) emergency phone numbers;

290.22 (3) a designated place to meet and confirm that all children in attendance are present;

290.23 (4) fire extinguisher locations;

290.24 (5) plans for monthly fire and storm drills; and

290.25 (6) escape routes to the outside from all levels used by children. In buildings with three
290.26 or more dwelling units, enclosed exit stairs must be indicated.

290.27 (g) The license holder must complete a monthly fire and storm drill and have
290.28 documentation of completed fire drills available for review by the agency during inspections.
290.29 The log must include the date of the drill, the time of day the drill occurred, the name of
290.30 the caregiver who conducted the drill, and the length of time taken to evacuate all children
290.31 safely.

291.1 Subd. 3. **Transporting children.** Children must only be transported in an enclosed
291.2 passenger vehicle capable of using car seats or a bus operated by a common carrier. When
291.3 transporting children in an enclosed passenger vehicle other than a bus operated by a common
291.4 carrier, a license holder must:

291.5 (1) ensure compliance with all seat belt and child passenger restraint system requirements
291.6 under sections 169.685 and 169.686;

291.7 (2) ensure that the child is fastened in a safety seat, seat belt, or harness appropriate to
291.8 the age and weight of the child and the restraint is installed and used in accordance with the
291.9 manufacturer's instructions;

291.10 (3) only use a vehicle licensed in accordance with the laws of the state and driven by a
291.11 caregiver with a current, valid driver's license. A copy of the current driver's license for
291.12 each caregiver who transports a child in care must be kept at the family child care program;

291.13 (4) receive written permission to transport children from parents prior to transport; and

291.14 (5) not allow a child to remain unattended in any vehicle.

291.15 Subd. 4. **Pets and animals.** When keeping pets or animals on the site of a family child
291.16 care program or allowing children to have contact with pets or animals, the primary provider
291.17 of care must:

291.18 (1) maintain the pets or animals in good health and proper housing. Pets or animals must
291.19 be appropriately immunized, and rabies vaccinations must be documented with a current
291.20 certificate from a veterinarian when appropriate;

291.21 (2) follow all local and state ordinances regarding the keeping, licensing, number, and
291.22 health status of animals;

291.23 (3) restrict any animals that pose a risk of injury or illness to children from indoor and
291.24 outdoor areas used by children;

291.25 (4) inform parents in writing of the presence of pets and animals on the premises. If pets
291.26 or animals are allowed to roam in areas occupied by children, the license holder must obtain
291.27 written acknowledgment from parents. Parents must be notified in writing prior to the
291.28 introduction of a new pet;

291.29 (5) keep any reptiles, amphibians, ferrets, poisonous animals, psittacine birds, exotic
291.30 animals, and wild animals inaccessible to children. Licensed animal exhibitions, such as
291.31 mobile petting zoos, reptile shows, and educational presentations are exempt from this
291.32 clause with written parental notice and consent;

292.1 (6) not allow any contact between children and pets or animals that is not directly
292.2 supervised by an adult caregiver who is in close physical proximity and able to immediately
292.3 intervene if the child or animal shows distress or aggression or if the child is treating the
292.4 animal inappropriately;

292.5 (7) immediately intervene to protect a child when necessary;

292.6 (8) prevent pets and animals from accessing food preparation, storage, and serving areas
292.7 when food is being prepared or served, unless confined in a cage or kennel. Litter boxes
292.8 are prohibited in any food preparation, storage, or serving areas;

292.9 (9) keep indoor and outdoor areas accessible to children free of animal waste, including
292.10 litter boxes and their contents. Pet cages, enclosures, and aquariums accessible to children
292.11 must be located and cleaned away from food areas;

292.12 (10) immediately notify a parent of a child who receives an animal bite or scratch;

292.13 (11) notify the local animal authority whenever an individual is bitten by an animal on
292.14 the day of injury. The notification must be made before any steps are taken to euthanize the
292.15 animal, and the license holder must take reasonable steps to confine the animal; and

292.16 (12) notify the licensing agency within 24 hours of any animal bite from an animal
292.17 housed at the family child care program.

292.18 Subd. 5. **Pest control.** (a) A license holder must take effective measures to protect the
292.19 family child care program against pests. The license holder must take steps to prevent
292.20 attracting pests and, if pests are present inside the family child care program, to remove or
292.21 exterminate the pests.

292.22 (b) Chemicals for pest control must not be applied in areas accessible to children when
292.23 children are present. The license holder must use chemicals according to manufacturer
292.24 instructions. Only approved, Environmental Protection Agency-registered insecticides,
292.25 rodenticides, and herbicides may be used. Application must strictly follow all label
292.26 instructions.

292.27 Subd. 6. **Garbage.** Garbage must be inaccessible to infants and toddlers. Garbage is
292.28 considered inaccessible when the garbage container has a lid on.

292.29 Subd. 7. **Firearms.** Ammunition and firearms must be stored in locked areas separated
292.30 from areas accessible to children. Firearms must be unloaded while stored.

293.1 Subd. 8. **First aid kit.** A license holder must have a first aid kit that is accessible to
293.2 caregivers in the family child care program at all times and taken on field trips. A caregiver
293.3 must have access to first aid instructions. The first aid kit must contain:

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

293.5 (2) sterile compresses;

293.6 (3) scissors;

293.7 (4) an ice bag or cold pack;

293.8 (5) a thermometer;

293.9 (6) mild liquid soap, hand sanitizer, or alcohol wipes; and

293.10 (7) disposable powder-free, latex-free gloves.

293.11 Subd. 9. **Care of sick children.** (a) If the child becomes sick while at the family child
293.12 care program, the child must be separated from other children in care to the extent possible
293.13 while still maintaining appropriate supervision, and the child's parent must be called
293.14 immediately. When determining if a child is sick and exclusion is necessary, a license holder
293.15 must follow:

293.16 (1) the requirements on reportable diseases in Minnesota Rules, parts 4605.7040,
293.17 4605.7070, and 4605.7080; and

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

293.20 (b) When notified a child in care is sick with a reportable disease under Minnesota Rules,
293.21 part 4605.7040, 4605.7050, or 4605.7080, the license holder must:

293.22 (1) follow the family child care program policies on reportable or infectious diseases;
293.23 and

293.24 (2) notify the commissioner of health within 24 hours of receiving the parent or staff
293.25 report. Documentation of the notification must be kept at the family child care program.

293.26 (c) Children with a reportable disease in paragraph (b) must be excluded from the family
293.27 child care program for the length of time specified in the commissioner of health guidelines
293.28 on infectious diseases in child care settings, until the child can participate in routine activities
293.29 without more caregiver supervision than usual or until the child's health care provider
293.30 determines that exclusion is no longer necessary, whichever is longer.

294.1 Subd. 10. **Medication administration requirements.** (a) A license holder must obtain
294.2 written permission from the parent of a child prior to administering nonprescription medicine,
294.3 diapering products, sunscreen lotions, and insect repellents. These items must be administered
294.4 according to the manufacturer instructions unless written instructions for their use are
294.5 provided by a health care provider.

294.6 (b) A license holder must obtain and follow written instructions from a health care
294.7 provider or dentist prior to administering each prescribed medication. For the purposes of
294.8 this paragraph, "instructions" means the label on a medicine container with the child's name
294.9 and current prescription information.

294.10 Sec. 21. **[142I.20] FOOD AND NUTRITION.**

294.11 Subdivision 1. **Feeding.** (a) Bottles of frozen breast milk or formula must be thawed
294.12 under warm running water, in a container of warm water, with a warming device, or in a
294.13 refrigerator. Thawed milk must be used, sent home, or disposed of the same day it is thawed.

294.14 (b) Caregivers must not warm plastic bottles, sippy cups, or other plastic food containers
294.15 in a microwave.

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

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

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

294.24 Subd. 3. **Drinking water.** Drinking water from a safe source according to section 142I.16
294.25 must be readily available and offered to the children throughout the day in indoor and
294.26 outdoor areas.

294.27 Subd. 4. **Meals and snacks.** (a) Well-balanced meals and snacks must be supplied by
294.28 the license holder or parents daily. Every meal and snack served to children in care must
294.29 meet the following requirements:

294.30 (1) breakfast must contain at least three of the following:

294.31 (i) pasteurized milk or milk alternatives;

294.32 (ii) vegetables;

- 295.1 (iii) fruit; or
- 295.2 (iv) grains;
- 295.3 (2) lunch and dinner must contain at least four of the following:
- 295.4 (i) pasteurized milk or milk alternatives;
- 295.5 (ii) meat or meat alternatives;
- 295.6 (iii) vegetables;
- 295.7 (iv) fruit; or
- 295.8 (v) grains; and
- 295.9 (3) snacks must contain at least two of the following:
- 295.10 (i) pasteurized milk or milk alternatives;
- 295.11 (ii) meat or meat alternatives;
- 295.12 (iii) vegetables;
- 295.13 (iv) fruit; or
- 295.14 (v) grains.
- 295.15 (b) Food, liquids, and bottles brought from home must be labeled with the first and last
- 295.16 name of each child.
- 295.17 (c) Flexible feeding schedules must be provided for infants.
- 295.18 (d) When special diets are required for cultural, religious, or medical reasons, the provider
- 295.19 must obtain written, dated, and signed instructions from the child's parent.
- 295.20 Subd. 5. **Food and liquid safety.** (a) Food and liquids must be handled and stored
- 295.21 properly to prevent contamination and spoilage. Foods and liquids requiring refrigeration
- 295.22 must be refrigerated and maintained at no more than 40 degrees Fahrenheit. Food requiring
- 295.23 heating must be maintained at no less than 140 degrees Fahrenheit until ready to serve.
- 295.24 Frozen foods must be kept frozen until use and cooked according to the manufacturer's
- 295.25 instructions.
- 295.26 (b) Appliances used in food and liquid storage and preparation must be safe and clean.
- 295.27 (c) All canned food provided by the license holder must be commercially processed.
- 295.28 Locally grown fresh and frozen fruits and vegetables may be served at the family child care
- 295.29 program. Food canned or preserved at home and home-butchered meats, poultry, and fish
- 295.30 may not be served to children in care.

Sec. 22. **[142I.21] CHILDREN WITH SPECIAL HEALTH CARE NEEDS OR DISABILITIES.**

(a) For children with disabilities who require therapy, additional behavior guidance, programming, or alternative accommodations, a parent or health care provider must provide written instructions for the license holder to follow.

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

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

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

(e) If a child has a known allergy, the primary provider of care must maintain current information about the allergy in the child's record, ensure that required medication is on hand, and follow the allergy plan signed by a treating medical professional. The child's plan must include:

(1) a description of the allergy;

(2) specific triggers and avoidance techniques;

(3) symptoms of an allergic reaction; and

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

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

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

Sec. 23. **[142I.22] COMMUNITY-BASED FAMILY CHILD CARE.**

(a) A family child care program located on a site other than the license holder's primary residence must be licensed under this section if:

297.1 (1) the family child care program is conducted in a dwelling on a residential lot or in a
297.2 commercial space other than the license holder's primary residence;

297.3 (2) the license holder is an organization, employer, church, or religious entity; or

297.4 (3) the license holder is a community collaborative child care provider. For purposes of
297.5 this clause, a "community collaborative child care provider" is a provider participating in
297.6 a cooperative agreement with a community action agency as defined in section 142F.301.

297.7 (b) Programs licensed under paragraph (a) must comply with local zoning regulations,
297.8 the applicable State Fire Code, and the State Building Code. Any age and capacity limitations
297.9 established by the fire code must be printed on the license.

297.10 (c) A license holder under this section must designate at least one primary provider of
297.11 care as follows:

297.12 (1) one individual for programs operating eight or fewer hours per day;

297.13 (2) up to two individuals for programs operating more than eight but no more than 16
297.14 hours per day; and

297.15 (3) up to three individuals for programs operating more than 16 hours per day.

297.16 (d) The license issued under this section must include the statement: "This
297.17 community-based family child care license holder is not licensed as a child care center."

297.18 (e) The commissioner may approve up to six licenses at the same location or under one
297.19 contiguous roof if each license holder independently meets all applicable requirements and
297.20 the program location site does not have an R-2 residential occupancy designation. Each
297.21 family child care program must operate as a distinct family child care program within its
297.22 licensed capacity, age, and ratio limits as determined by the state fire marshal. Only one
297.23 license may be issued per single-family residential home.

297.24 (f) The license holder must notify the commissioner in writing before any change in the
297.25 persons designated as primary providers of care. A primary provider of care is authorized
297.26 to communicate with the commissioner on licensing matters.

297.27 (g) Each license holder must complete the commissioner-developed community-based
297.28 family child care program plan at the time of initial application, review the plan each calendar
297.29 year, and update the plan before any change in program information occurs.

298.1 Sec. 24. **REVISOR INSTRUCTION.**

298.2 (a) The revisor of statutes must make any necessary changes to statutory cross-references
298.3 to reflect the changes in this article.

298.4 (b) The revisor of statutes must replicate the statutory history for all sections and
298.5 subdivisions repealed and reenacted in this article.

298.6 Sec. 25. **REPEALER.**

298.7 (a) Minnesota Statutes 2024, sections 142B.01, subdivision 13; 142B.41, subdivisions
298.8 4 and 8; 142B.62; 142B.70, subdivisions 1, 2, 3, 4, 5, 6, 9, 10, 11, and 12; 142B.71; 142B.72;
298.9 142B.74; 142B.75; 142B.76; and 142B.77, are repealed.

298.10 (b) Minnesota Statutes 2025 Supplement, sections 142B.41, subdivision 9; and 142B.70,
298.11 subdivisions 7 and 8, are repealed.

298.12 (c) Minnesota Rules, parts 9502.0300; 9502.0315; 9502.0325; 9502.0335; 9502.0341;
298.13 9502.0345; 9502.0355; 9502.0365; 9502.0367; 9502.0375; 9502.0395; 9502.0405;
298.14 9502.0415; 9502.0425; 9502.0435; and 9502.0445, are repealed.

298.15 Sec. 26. **EFFECTIVE DATE.**

298.16 This article is effective July 1, 2027.

298.17 **ARTICLE 14**

298.18 **MISCELLANEOUS**

298.19 Section 1. Minnesota Statutes 2024, section 62A.01, is amended by adding a subdivision
298.20 to read:

298.21 **Subd. 5. Direct primary care service agreements.** (a) A direct primary care service
298.22 agreement under section 62Q.20 is not insurance and is not subject to this chapter. Entering
298.23 into a direct primary care service agreement is not the business of insurance and is not
298.24 subject to this chapter or chapter 60A.

298.25 (b) A health care provider or agent of a health care provider is not required to obtain a
298.26 certificate of authority or license under this chapter or chapter 60A, 62C, 62D, or 62N to
298.27 market, sell, or offer to sell a direct primary care service agreement that meets the
298.28 requirements of section 62Q.20.

299.1 Sec. 2. Minnesota Statutes 2024, section 62A.011, subdivision 3, is amended to read:

299.2 Subd. 3. **Health plan.** "Health plan" means a policy or certificate of accident and sickness
299.3 insurance as defined in section 62A.01 offered by an insurance company licensed under
299.4 chapter 60A; a subscriber contract or certificate offered by a nonprofit health service plan
299.5 corporation operating under chapter 62C; a health maintenance contract or certificate offered
299.6 by a health maintenance organization operating under chapter 62D; a health benefit certificate
299.7 offered by a fraternal benefit society operating under chapter 64B; or health coverage offered
299.8 by a joint self-insurance employee health plan operating under chapter 62H. Health plan
299.9 means individual and group coverage, unless otherwise specified. Health plan does not
299.10 include coverage that is:

299.11 (1) limited to disability or income protection coverage;

299.12 (2) automobile medical payment coverage;

299.13 (3) liability insurance, including general liability insurance and automobile liability
299.14 insurance, or coverage issued as a supplement to liability insurance;

299.15 (4) designed solely to provide payments on a per diem, fixed indemnity, or
299.16 non-expense-incurred basis, including coverage only for a specified disease or illness or
299.17 hospital indemnity or other fixed indemnity insurance, if the benefits are provided under a
299.18 separate policy, certificate, or contract for insurance; there is no coordination between the
299.19 provision of benefits and any exclusion of benefits under any group health plan maintained
299.20 by the same plan sponsor; and the benefits are paid with respect to an event without regard
299.21 to whether benefits are provided with respect to such an event under any group health plan
299.22 maintained by the same plan sponsor;

299.23 (5) credit accident and health insurance as defined in section 62B.02;

299.24 (6) designed solely to provide hearing, dental, or vision care;

299.25 (7) blanket accident and sickness insurance as defined in section 62A.11;

299.26 (8) accident-only coverage;

299.27 (9) a long-term care policy as defined in section 62A.46 or 62S.01;

299.28 (10) issued as a supplement to Medicare, as defined in sections 62A.3099 to 62A.44, or
299.29 policies, contracts, or certificates that supplement Medicare issued by health maintenance
299.30 organizations or those policies, contracts, or certificates governed by section 1833 or 1876,
299.31 section 1851, et seq.; or section 1860D-1, et seq., of title XVIII of the federal Social Security
299.32 Act, et seq., as amended;

300.1 (11) workers' compensation insurance;

300.2 (12) issued solely as a companion to a health maintenance contract as described in section
300.3 62D.12, subdivision 1a, so long as the health maintenance contract meets the definition of
300.4 a health plan;

300.5 (13) coverage for on-site medical clinics; ~~or~~

300.6 (14) coverage supplemental to the coverage provided under United States Code, title
300.7 10, chapter 55, Civilian Health and Medical Program of the Uniformed Services
300.8 (CHAMPUS); or

300.9 (15) coverage provided under a direct primary care service agreement described under
300.10 section 62Q.20.

300.11 Sec. 3. **[62Q.20] DIRECT PRIMARY CARE SERVICE AGREEMENT.**

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

300.14 (b) "Direct fee" means a fee charged by a direct primary care practice as consideration
300.15 for being available to provide and for providing primary care services to a direct patient as
300.16 specified in the direct agreement.

300.17 (c) "Direct patient" means an individual who is party to a direct agreement and is entitled
300.18 to receive primary care services under the direct agreement from the direct primary care
300.19 practice.

300.20 (d) "Direct primary care practice" or "direct practice" means a primary care provider
300.21 who furnishes primary care services through a direct agreement.

300.22 (e) "Direct primary care service agreement" or "direct agreement" means a written
300.23 agreement entered into between a direct primary care practice and a direct patient, or the
300.24 direct patient's legal representative, in which the primary care direct practice charges a direct
300.25 fee as consideration for being available to provide and for providing direct primary care
300.26 services to the direct patient.

300.27 (f) "Primary care provider" means a physician who is licensed under chapter 147 or an
300.28 advanced practice registered nurse licensed under chapter 148, who is authorized to engage
300.29 in independent practice, and who is qualified to provide primary care services. This term
300.30 includes an individual primary care provider or a group of primary care providers.

300.31 (g) "Primary care services" means:

301.1 (1) routine health care services, including screening, assessment, diagnosis, and treatment
301.2 for the purpose of the promotion of health, and the detection and management of disease
301.3 or injury within the competency and training of the primary care provider;

301.4 (2) medical supplies and prescription drugs that are administered or dispensed in the
301.5 primary care provider's office or clinic; and

301.6 (3) laboratory work, including routine blood screening and routine pathology screening
301.7 performed by a laboratory that is either associated with the direct primary care practice or
301.8 is not associated with the direct primary care practice but has entered into a contract with
301.9 the practice to provide laboratory work without charging a fee to the patient for the laboratory
301.10 work.

301.11 Subd. 2. **Direct primary care services agreement requirements.** (a) To be considered
301.12 a direct primary care service agreement for purposes of this section, the direct agreement
301.13 must:

301.14 (1) be in writing;

301.15 (2) be signed by the primary care provider or agent of the primary care practice and the
301.16 direct patient or the patient's legal representative;

301.17 (3) allow either party to terminate the direct agreement upon written notice to the other
301.18 party according to subdivision 3;

301.19 (4) describe the scope of the primary care services that are to be covered under the direct
301.20 agreement;

301.21 (5) specify the fee to be paid on a monthly basis or as specified in the direct agreement;
301.22 and

301.23 (6) specify the duration of the direct agreement.

301.24 (b) The direct agreement must clearly state that a direct primary care service agreement:
301.25 is not considered health insurance; does not meet the requirements of federal law mandating
301.26 individuals to purchase health insurance; and the fees charged in the agreement may not be
301.27 reimbursed or applied toward a deductible under a health plan offered through a health plan
301.28 company.

301.29 Subd. 3. **Acceptance and discontinuance of patients.** (a) A direct practice may not
301.30 decline to accept a new patient or discontinue care to an existing patient solely on the basis
301.31 of the patient's health status. A direct practice may decline to accept a patient if:

301.32 (1) the practice has reached its maximum capacity;

(2) the patient's medical condition is such that the practice is unable to provide the level and type of primary care services the patient requires; or

(3) the patient has previously terminated a direct agreement with the direct practice within the preceding year.

(b) A direct patient or the patient's legal representative may terminate a direct agreement for any reason by providing written notice to the direct practice. Termination of the direct agreement is effective the first day of the month following the month the termination notice is provided to the direct practice. A direct practice may subsequently decline to accept the direct patient as a patient if the patient has terminated a previous direct agreement with the direct practice within the preceding year.

(c) A direct practice may terminate a direct agreement for any reason by providing written notice to the direct patient or the direct patient's representative. A direct practice must provide notice of termination at least 30 days prior to the effective date of termination.

(d) A direct practice may discontinue care to a direct patient if the direct practice discontinues operation as a direct primary care practice. Notice must be provided to the direct patient or the patient's legal representative specifying the effective date of termination. Notice must be sufficient to provide the patient with the opportunity to obtain care from another provider.

Subd. 4. **Direct fees.** (a) The direct fee charged must represent the total amount due for all primary care services specified in the direct agreement provided to the direct patient within the specified time period. The direct fee must not vary from patient to patient based on the patient's health status or sex. The direct fee may be paid by the direct patient, by the patient's legal representative, or on the patient's behalf by a third party. The direct fee may be billed at the end of each monthly period or may be paid in advance for a period not to exceed 12 months.

(b) Upon receipt of a written notice of termination of the direct agreement from a direct patient or the patient's legal representative, the direct practice must promptly refund the unearned amount of the direct fees. If the direct practice discontinues care for any reason described under subdivision 3, the direct practice must promptly refund to the direct patient the unearned amount of the direct fees at a prorated amount of the direct fee earned for the current month based on the date the notice for termination was sent to the direct patient or the direct patient's legal representative.

(c) A direct practice shall not increase the monthly fee that has been negotiated with an existing direct patient more frequently than on an annual basis. A direct practice must

303.1 provide advance notice of at least 60 days to existing patients of any change in the direct
303.2 fee.

303.3 Subd. 5. **Conduct of business.** (a) A direct practice must maintain appropriate accounts
303.4 regarding payments made and services received by a direct patient and upon request provide
303.5 any data requested to the direct patient or the patient's legal representative.

303.6 (b) A direct practice must not submit a claim for payment to a health plan company for
303.7 a primary care service provided to a direct patient that is covered by a direct agreement.

303.8 (c) No person shall make, publish, or disseminate any false, deceptive, or misleading
303.9 representation or advertising related to the business of a direct practice.

303.10 (d) No person shall make, issue, or circulate, or cause to be made, issued, or circulated,
303.11 a misrepresentation of the terms of a direct agreement or the benefits or advantages promised,
303.12 or use the name or title of a direct agreement misrepresenting the nature of the direct
303.13 agreement.

303.14 Subd. 6. **Other care not prohibited.** A direct primary care practice is not prohibited
303.15 from providing services to other patients under a separate contract with a health plan
303.16 company.

303.17 Subd. 7. **Enforcement.** A violation of this section shall constitute unprofessional conduct
303.18 and may be grounds for disciplinary action under chapters 147 and 148.

303.19 Sec. 4. Minnesota Statutes 2024, section 116.943, subdivision 2, is amended to read:

303.20 Subd. 2. **Information required.** (a) On or before January 1, 2026, a manufacturer of a
303.21 product manufactured after July 1, 2023; sold, offered for sale, or distributed in the state;
303.22 and that contains intentionally added PFAS must submit to the commissioner information
303.23 that includes:

303.24 (1) a brief description of the product, including a universal product code (UPC), stock
303.25 keeping unit (SKU), or other numeric code assigned to the product;

303.26 (2) the purpose for which PFAS are used in the product, including in any product
303.27 components;

303.28 (3) the amount of each PFAS, identified by its chemical abstracts service registry number,
303.29 in the product, reported as an exact quantity determined using commercially available
303.30 analytical methods or as falling within a range approved for reporting purposes by the
303.31 commissioner;

304.1 (4) the name and address of the manufacturer and the name, address, and phone number
304.2 of a contact person for the manufacturer; and

304.3 (5) any additional information requested by the commissioner as necessary to implement
304.4 the requirements of this section.

304.5 (b) With the approval of the commissioner, a manufacturer may supply the information
304.6 required in paragraph (a) for a category or type of product rather than for each individual
304.7 product.

304.8 (c) A manufacturer must submit the information required under this subdivision whenever
304.9 a new product that contains intentionally added PFAS is sold, offered for sale, or distributed
304.10 in the state and update and revise the information whenever there is significant change in
304.11 the information or when requested to do so by the commissioner.

304.12 (d) A person may not sell, offer for sale, or distribute for sale in the state a product
304.13 containing intentionally added PFAS if the manufacturer has failed to provide the information
304.14 required under this subdivision and the person has received notification under subdivision
304.15 4.

304.16 **EFFECTIVE DATE.** This section is effective the day following final enactment.

304.17 Sec. 5. Minnesota Statutes 2025 Supplement, section 145C.18, subdivision 3, is amended
304.18 to read:

304.19 Subd. 3. **Compliance with nonopioid directive; exception.** (a) Except as specified in
304.20 ~~paragraph~~ paragraphs (b) and (c), prescribers and health professionals must comply with a
304.21 nonopioid directive executed under this section.

304.22 (b) A prescriber or a health professional acting on the order of a prescriber may administer
304.23 an opioid to a patient with a nonopioid directive if:

304.24 (1) the patient is being treated, in emergency circumstances, in a hospital setting or in
304.25 a setting outside a hospital;

304.26 (2) in the prescriber's professional opinion, it is medically necessary to administer an
304.27 opioid to the patient in order to treat the patient, including but not limited to during a surgical
304.28 procedure when one or more complications arise; and

304.29 (3) it is not practical or feasible for the prescriber or health professional to access the
304.30 patient's health care record.

305.1 If an opioid is administered according to this paragraph to a patient with a nonopioid
305.2 directive, the prescriber must ensure that the patient is provided with information on substance
305.3 use disorder services.

305.4 (c) A prescriber or a health professional acting on the order of a prescriber may prescribe
305.5 or administer an opioid to a patient with a nonopioid directive if the opioid is prescribed or
305.6 administered to treat the patient for a substance use disorder.

305.7 Sec. 6. Minnesota Statutes 2025 Supplement, section 145C.18, subdivision 4, is amended
305.8 to read:

305.9 Subd. 4. **Immunities.** Except as otherwise provided by law, the following persons or
305.10 entities are not subject to criminal prosecution, civil liability, or professional disciplinary
305.11 action for failing to prescribe, administer, or dispense an opioid to a patient with a nonopioid
305.12 directive; for the administration of an opioid in the circumstances in subdivision 3, paragraph
305.13 (b), to a patient with a nonopioid directive; for the prescribing or administration of an opioid
305.14 in the circumstances in subdivision 3, paragraph (c), to a patient with a nonopioid directive;
305.15 or for the inadvertent administration of an opioid to a patient with a nonopioid directive, if
305.16 the act or failure to act was performed in good faith and in accordance with the applicable
305.17 standard of care:

305.18 (1) a health professional whose scope of practice includes prescribing, administering,
305.19 or dispensing a controlled substance;

305.20 (2) an employee of a health professional described in clause (1);

305.21 (3) a health care facility or an employee of a health care facility; or

305.22 (4) an emergency medical services provider.

305.23 Sec. 7. Minnesota Statutes 2024, section 471.6161, is amended by adding a subdivision
305.24 to read:

305.25 Subd. 9. **School districts and charter schools; reports.** (a) For purposes of this
305.26 subdivision, an entity offering or providing group health insurance includes both health
305.27 plan companies and third-party administrators of health plans.

305.28 (b) By July 15, 2026, and July 1 each year thereafter, the Legislative Budget Office must
305.29 send an annual survey regarding health insurance costs to all school districts and charter
305.30 schools in the state.

306.1 (c) The annual survey must be completed by the school district or charter school using
306.2 data from its most recent plan year, be returned to the Legislative Budget Office by September
306.3 1 each year, and provide the following information about school employees who meet the
306.4 definition of public employee under section 179A.03, subdivision 14:

306.5 (1) the total number of salaried employees;

306.6 (2) the total number of nonsalaried or hourly employees;

306.7 (3) for employees participating in the group health insurance offered by the school district
306.8 or charter school, the total number of people, as of May 1, in each of the following categories:

306.9 (i) salaried employees;

306.10 (ii) nonsalaried or hourly employees; and

306.11 (iii) retirees and any other persons who continue to receive coverage through the school
306.12 district's or charter school's health plan after separation from employment;

306.13 (4) the total number of employees not participating in the health plan;

306.14 (5) the total number of insured persons covered by the health plan;

306.15 (6) the total dollar amount the school district or charter school paid in health insurance
306.16 premiums on behalf of all employees, not including employee contributions transmitted to
306.17 an entity providing group health insurance coverage or payments made on behalf of former
306.18 employees;

306.19 (7) if a school district or charter school funds an individual coverage health reimbursement
306.20 arrangement, the total amount contributed by the school district or charter school;

306.21 (8) the total amount employees paid in health insurance premiums;

306.22 (9) an accounting of all forms of compensation, either direct or indirect, including but
306.23 not limited to fees, commissions, incentives, or rewards of any kind paid to a broker or
306.24 agent, regardless of whether it was billed as a flat fee or percentage of premium and whether
306.25 paid directly by the school district or charter school or through the entity offering group
306.26 health insurance;

306.27 (10) the name of any entity providing group health insurance the school district or charter
306.28 school has contracted with and the expiration date of the contract;

306.29 (11) the date range of the most recent plan year;

306.30 (12) for each type of health plan offered to employees of a school district or charter
306.31 school:

- 307.1 (i) the name of the plan and its actuarial value, using the minimum value calculator
307.2 information required in bid proposals under section 471.6161, subdivision 8, paragraph (d),
307.3 clause (2), and described in Code of Federal Regulations, title 45, section 156.145. The plan
307.4 data must also delineate amounts for single, family, and two-party plans, if offered;
- 307.5 (ii) the monthly contribution by the school district or charter school for each employee
307.6 group per plan, including contributions to individual coverage health reimbursement
307.7 arrangements;
- 307.8 (iii) the amount per month an employee must pay in health insurance premiums for the
307.9 plan; and
- 307.10 (iv) the plan design for each type of plan, including:
- 307.11 (A) in-network deductibles;
- 307.12 (B) in-network out-of-pocket limits;
- 307.13 (C) out-of-network limits;
- 307.14 (D) co-payments;
- 307.15 (E) the employee's share of coinsurance; and
- 307.16 (F) the prescription annual out-of-pocket maximum, if separate from subitem (B);
- 307.17 (13) the dollar or percentage cost for all prescription levels, commonly generic or tier
307.18 1, formulary or tier 2, and nonformulary or tier 3;
- 307.19 (14) the total amount of annual contributions, per employee, paid by the school district
307.20 or charter school to an individual coverage health reimbursement arrangement or health
307.21 savings account, excluding amounts contributed solely to a health care retirement account;
- 307.22 (15) the total amount assessed by the entity providing group health insurance as an
307.23 administrative fee and the rate of the fee assessed;
- 307.24 (16) if a school district is self-insured, the total amount that is in a district set-aside health
307.25 insurance reserve account; and
- 307.26 (17) any additional items as determined by the Legislative Budget Office.
- 307.27 (d) The Legislative Budget Office must compile information from the surveys described
307.28 above and provide a report by December 1 each year to the chairs and ranking minority
307.29 members of the legislative committees with jurisdiction over education and health insurance.
307.30 The Legislative Budget Office must post the report, including the executive summary and

308.1 all underlying data received from school districts and charter schools, on its public website.

308.2 Data posted on the Legislative Budget Office's website must be in a standardized format.

308.3 **EFFECTIVE DATE.** This section is effective the day following final enactment.

308.4 **Sec. 8. REPEALER.**

308.5 Minnesota Statutes 2024, sections 62U.10, subdivision 4; and 256B.69, subdivision 31a,
308.6 are repealed.

ARTICLE 15

DEPARTMENT OF HUMAN SERVICES FORECAST ADJUSTMENTS

308.9 Section 1. **HUMAN SERVICES FORECAST ADJUSTMENTS.**

308.10 The sums shown in the columns marked "Appropriations" are added to or, if shown in
308.11 parentheses, subtracted from the appropriations in Laws 2025, First Special Session chapter
308.12 3, article 20, and Laws 2025, First Special Session chapter 9, article 12, to the commissioner
308.13 of human services from the general fund or other named fund for the purposes specified in
308.14 section 2 and are available for the fiscal years indicated for each purpose. The figures "2026"
308.15 and "2027" used in this article mean that the addition to or subtraction from the appropriation
308.16 listed under them is available for the fiscal year ending June 30, 2026, or June 30, 2027,
308.17 respectively.

APPROPRIATIONS
Available for the Year
Ending June 30

308.22 **Sec. 2. COMMISSIONER OF HUMAN**
308.23 **SERVICES.**

308.24	Subdivision 1. Total Appropriation	\$	739,634,000	\$	775,035,000

308.25 Appropriations by Fund

308.26	General Fund	652,953,000	615,407,000

308.27	<u>Health Care Access</u>		
308.28	Fund	86,681,000	159,628,000

308.29 Subd. 2. Forecasted Programs

308.30	(a) General Assistance	7,909,000	9,653,000

308.31	(b) Minnesota Supplemental Aid	2,976,000	3,233,000

308.32	(c) Housing Support	29,593,000	44,727,000

308.33	(d) MinnesotaCare	86,681,000	159,628,000

309.1 These appropriations are from the health care
309.2 access fund.

309.3	<u>(e) Medical Assistance</u>	<u>589,777,000</u>	<u>525,140,000</u>

309.4	<u>(f) Behavioral Health Fund</u>	<u>22,698,000</u>	<u>32,654,000</u>

309.5 **Sec. 3. EFFECTIVE DATE.**

309.6 This article is effective the day following final enactment.

309.7 ARTICLE 16

309.8 **DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES FORECAST**
309.9 **ADJUSTMENTS**

309.10 Section 1. **CHILDREN, YOUTH, AND FAMILIES FORECAST ADJUSTMENTS.**

309.11 The sums shown in the columns marked "Appropriations" are added to or, if shown in
309.12 parentheses, subtracted from the appropriations in Laws 2025, First Special Session chapter
309.13 3, article 22, to the commissioner of children, youth, and families from the general fund or
309.14 other named fund for the purposes specified in section 2 and are available for the fiscal
309.15 years indicated for each purpose. The figures "2026" and "2027" used in this article mean
309.16 that the addition to or subtraction from the appropriation listed under them is available for
309.17 the fiscal year ending June 30, 2026, or June 30, 2027, respectively.

309.18	<u>APPROPRIATIONS</u>	
309.19	<u>Available for the Year</u>	
309.20	<u>Ending June 30</u>	
309.21	2026	2027

309.22 **Sec. 2. COMMISSIONER OF CHILDREN,**
309.23 **YOUTH, AND FAMILIES.**

309.24	Subdivision 1. Total Appropriation	\$	(45,161,000)	\$	(36,451,000)

309.25 Appropriations by Fund

309.26	General Fund	(22,395,000)	(10,320,000)

309.27	Federal TANF	(22,766,000)	(26,131,000)

309.28 Subd. 2. Forecasted Programs

309.29 (a) **MFIP/DWP**

309.30 Appropriations by Fund

309.31	General Fund	(7,245,000)	(3,125,000)

309.32	Federal TANF	(22,766,000)	(26,131,000)

309.33	(b) MFIP Child Care Assistance	(26,220,000)	(18,822,000)

310.1

(c) Northstar Care for Children

11,070,000

11,627,000

310.2

Sec. 3. EFFECTIVE DATE.

310.3

This article is effective the day following final enactment.

310.4

ARTICLE 17

310.5

DEPARTMENT OF HUMAN SERVICES APPROPRIATIONS

310.6

Section 1. DEPARTMENT OF HUMAN SERVICES APPROPRIATIONS.

310.7

The dollar amounts shown in the columns marked "Appropriations" are added to or, if

310.8

shown in parentheses, are subtracted from the appropriations in Laws 2025, First Special

310.9

Session chapter 3, article 20, from the general fund or any fund named for the purposes

310.10

specified in this article, to be available for the fiscal year indicated for each purpose. The

310.11

figures "2026" and "2027" used in this article mean that the appropriations listed under them

310.12

are available for the fiscal years ending June 30, 2026, or June 30, 2027, respectively. "The

310.13

first year" is fiscal year 2026. "The second year" is fiscal year 2027. "The biennium" is

310.14

fiscal years 2026 and 2027.

310.15

310.16

310.17

310.18

<u>APPROPRIATIONS</u>			
<u>Available for the Year</u>			
<u>Ending June 30</u>			
	<u>2026</u>		<u>2027</u>

310.19

Sec. 2. COMMISSIONER OF HUMAN

310.20

SERVICES \$ -0- \$ 132,522,000

310.21

The amounts that may be spent for each

310.22

purpose are specified in this article.

310.23

Sec. 3. CENTRAL OFFICE; OPERATIONS \$ -0- \$ 2,154,000

310.24

The general fund base is increased by

310.25

\$6,741,000 in fiscal year 2028 and increased

310.26

by \$7,577,000 in fiscal year 2029.

310.27

Sec. 4. CENTRAL OFFICE; HEALTH CARE \$ -0- \$ 19,403,000

310.28

The general fund base is increased by

310.29

\$59,838,000 in fiscal year 2028 and increased

310.30

by \$60,350,000 in fiscal year 2029.

310.31

Sec. 5. CENTRAL OFFICE; BEHAVIORAL

310.32

HEALTH \$ -0- \$ 896,000

311.1 This is a onetime appropriation.

311.2 Sec. 6. **CENTRAL OFFICE; OFFICE OF**
 311.3 **INSPECTOR GENERAL** \$ -0- \$ 330,000

311.4 Subdivision 1. **Crisis Nursery Licensing**
 311.5 **Framework**

311.6 \$304,000 in fiscal year 2027 is to develop a
 311.7 licensing framework for crisis nurseries. The
 311.8 base for this appropriation is \$358,000 in fiscal
 311.9 year 2028 and \$0 in fiscal year 2029.

311.10 Subd. 2. **Base Level Adjustments**

311.11 The general fund base is increased by
 311.12 \$384,000 in fiscal year 2028 and increased by
 311.13 \$26,000 in fiscal year 2029.

311.14 Sec. 7. **FORECASTED PROGRAMS;**
 311.15 **MEDICAL ASSISTANCE** \$ -0- \$ 94,505,000

311.16 \$100,000,000 in fiscal year 2027 is for the
 311.17 nonfederal share of the directed payment
 311.18 arrangement under Minnesota Statutes, section
 311.19 256B.1973. This is a onetime appropriation
 311.20 and is available until June 30, 2028. This
 311.21 appropriation is not effective until the day
 311.22 following final enactment of H.F. 2438 in the
 311.23 2026 regular legislative session.

311.24 Sec. 8. **GRANT PROGRAMS; CHILD AND**
 311.25 **ECONOMIC SUPPORT GRANTS** \$ -0- \$ (407,000)

311.26 Any unexpended amount in fiscal year 2027
 311.27 and any amounts in the planning estimate for
 311.28 fiscal year 2028 and fiscal year 2029 for the
 311.29 emergency shelter facility grant and
 311.30 emergency services grants must be transferred
 311.31 from child and economic support grants to
 311.32 housing support grants.

311.33 Sec. 9. **GRANT PROGRAMS; FRAUD**
 311.34 **PREVENTION GRANTS** \$ -0- \$ (425,000)

312.1	<u>Sec. 10. GRANT PROGRAMS; HEALTH</u>			
312.2	<u>CARE GRANTS</u>	<u>\$</u>	<u>-0-</u>	<u>\$ 1,500,000</u>
312.3	<u>Subdivision 1. Health Care Navigator Incentive</u>			
312.4	<u>Payment Grants</u>			
312.5	<u>\$250,000 in fiscal year 2027 is for application</u>			
312.6	<u>assistance bonuses to organizations and</u>			
312.7	<u>licensed insurance producers for applicants</u>			
312.8	<u>successfully enrolled in medical assistance</u>			
312.9	<u>under Minnesota Statutes, section 256.962,</u>			
312.10	<u>subdivision 5. The base for this appropriation</u>			
312.11	<u>is \$500,000 in fiscal year 2028 and \$500,000</u>			
312.12	<u>in fiscal year 2029.</u>			
312.13	<u>Subd. 2. Community Minigrant Program</u>			
312.14	<u>\$1,250,000 in fiscal year 2027 is for the</u>			
312.15	<u>community minigrant program under</u>			
312.16	<u>Minnesota Statutes, section 256.01,</u>			
312.17	<u>subdivision 2, paragraph (a), clause (6). Grants</u>			
312.18	<u>under this subdivision are subject to the grant</u>			
312.19	<u>requirements under Minnesota Statutes,</u>			
312.20	<u>chapter 16B. The base for this appropriation</u>			
312.21	<u>is \$1,250,000 in fiscal year 2028 and \$625,000</u>			
312.22	<u>in fiscal year 2029.</u>			
312.23	<u>Subd. 3. Base Level Adjustments</u>			
312.24	<u>The general fund base is increased by</u>			
312.25	<u>\$1,750,000 in fiscal year 2028 and \$1,125,000</u>			
312.26	<u>in fiscal year 2029.</u>			
312.27	<u>Sec. 11. GRANT PROGRAMS; HOUSING AND</u>			
312.28	<u>SUPPORT SERVICES GRANTS</u>	<u>\$</u>	<u>-0-</u>	<u>\$ 192,000</u>
312.29	<u>Sec. 12. GRANT PROGRAMS; ADULT</u>			
312.30	<u>MENTAL HEALTH GRANTS</u>	<u>\$</u>	<u>-0-</u>	<u>\$ 2,483,000</u>
312.31	<u>Subdivision 1. Mobile Crisis Grants</u>			
312.32	<u>\$3,800,000 in fiscal year 2027 is for the</u>			
312.33	<u>mobile crisis grants under Minnesota Statutes,</u>			
312.34	<u>sections 245.4661, subdivision 9, paragraph</u>			
312.35	<u>(b), clause (15), and 245.4889, subdivision 1,</u>			

313.1 paragraph (b), clause (4). This is a onetime
313.2 appropriation and is available until June 30,
313.3 2029.

313.4 **Subd. 2. Base Level Adjustments**

313.5 The general fund base is reduced by
313.6 \$1,317,000 in fiscal year 2028 and reduced
313.7 by \$1,317,000 in fiscal year 2029.

313.8	<u>Sec. 13. GRANT PROGRAMS; CHILD</u>			
313.9	<u>MENTAL HEALTH GRANTS</u>	<u>\$</u>	<u>-0-</u>	<u>\$</u>
				<u>12,252,000</u>

313.10 **Subdivision 1. School-Linked Behavioral Health**
313.11 **Grants**

313.12 \$11,891,000 in fiscal year 2027 is for
313.13 school-linked behavioral health grants under
313.14 Minnesota Statutes, section 245.4901. Grant
313.15 awards under this subdivision must allow a
313.16 grantee to use grant funds for a partnership
313.17 with a nonpublic school or a Tribal contract
313.18 school to provide services to students
313.19 attending a nonpublic or Tribal contract school
313.20 and to provide staff professional development
313.21 activities for school's licensed and unlicensed
313.22 staff. This is a onetime appropriation and is
313.23 available until June 30, 2029.

313.24 **Subd. 2. Base Level Adjustments**

313.25 The general fund base is increased by
313.26 \$361,000 in fiscal year 2028 and increased by
313.27 \$361,000 in fiscal year 2029.

313.28	<u>Sec. 14. GRANT PROGRAMS; CHEMICAL</u>			
313.29	<u>DEPENDENCY TREATMENT SUPPORT</u>			
313.30	<u>GRANTS</u>	<u>\$</u>	<u>-0-</u>	<u>\$</u>
				<u>(361,000)</u>

313.31 **Sec. 15. GRANT ADMINISTRATION COSTS.**

313.32 This article appropriates necessary administrative costs. The administrative costs retention
313.33 requirement under Minnesota Statutes, section 16B.98, subdivision 14, is inapplicable to
313.34 any appropriation in this article for a grant.

314.1 **Sec. 16. EXPIRATION OF UNCODIFIED LANGUAGE.**

315.1	<u>Appropriations by Fund</u>		
315.2	<u>General</u>	<u>50,000,000</u>	<u>86,330,000</u>
315.3	<u>State Government</u>		
315.4	<u>Special Revenue</u>	<u>440,000</u>	<u>627,000</u>

315.5 Subd. 2. **Helping Paws**

315.6 (a) **Helping Paws Grant.** \$200,000 in fiscal
315.7 year 2027 is from the general fund for a grant
315.8 to Helping Paws, Inc., to breed, train, and
315.9 place service or facility dogs with individuals
315.10 who have physical disabilities; veterans and
315.11 first responders living with service-related
315.12 post-traumatic stress disorder; and
315.13 professionals in courthouse, educational, and
315.14 mental health settings. This is a onetime
315.15 appropriation in memory of Speaker Emerita
315.16 Melissa Hortman. Up to \$10,000 in fiscal year
315.17 2027 may be used for administration.

315.18 (b) **Helping Paws; Private Donations.** The
315.19 commissioner of health may accept private
315.20 donations to supplement the state money
315.21 appropriated under paragraph (a). All
315.22 donations accepted by the commissioner under
315.23 this paragraph must be deposited in the gift
315.24 fund and are appropriated to the commissioner
315.25 for the purposes of paragraph (a).

315.26 Subd. 3. **Crisis Telephone Services**

315.27 \$1,125,000 in fiscal year 2027 is from the
315.28 general fund for regional coordination and
315.29 24-hour-a-day, seven-day-a-week statewide
315.30 crisis telephone services. Up to \$112,500 in
315.31 fiscal year 2027 is for administration.

315.32 Subd. 4. **Hospital Stabilization Program**

315.33 \$30,000,000 in fiscal year 2027 is from the
315.34 general fund for the hospital stabilization

316.1 program. This is a onetime appropriation. Of
316.2 this appropriation, \$600,000 in fiscal year
316.3 2027 is for the commissioner to administer
316.4 the program.

316.5 **Subd. 5. Hennepin Healthcare Stabilization**
316.6 **Payments**

316.7 \$50,000,000 in fiscal year 2026 and
316.8 \$54,950,000 in fiscal year 2027 are for direct
316.9 payments to Hennepin Healthcare System,
316.10 Inc., to avoid closure of the Hennepin County
316.11 Medical Center. The commissioner must make
316.12 a payment of the amount appropriated in fiscal
316.13 year 2026 by June 30, 2026. For the purposes
316.14 of these payments, the statewide grant-making
316.15 requirements, including but not limited to
316.16 those under Minnesota Statutes, sections
316.17 16A.15; 16B.97; 16C.05, subdivisions 1 to 4
316.18 and 6 to 8; and 16C.06, do not apply. The
316.19 commissioner may use up to \$350,000 in fiscal
316.20 year 2027 for administration. This is a onetime
316.21 appropriation. Notwithstanding section 8, this
316.22 appropriation is not effective until the day
316.23 following final enactment of House File No.
316.24 2438 from the 2026 regular session.

316.25 **Subd. 6. Licensing and Regulation of Health**
316.26 **Maintenance Organizations**

316.27 \$440,000 in fiscal year 2026 and \$440,000 in
316.28 fiscal year 2027 are from the state government
316.29 special revenue fund for licensing and
316.30 regulation of health maintenance organizations
316.31 under Minnesota Statutes, chapter 62D.

316.32 **Subd. 7. All-Payer Claims Database;**
316.33 **Administration**

316.34 \$187,000 in fiscal year 2027 is from the state
316.35 government special revenue fund for

317.1 administering the all-payer claims database
317.2 under Minnesota Statutes, section 62U.04. The
317.3 state government special revenue fund base
317.4 for this subdivision is increased by \$233,000
317.5 in fiscal year 2028 and increased by \$291,000
317.6 in fiscal year 2029.

317.7 **Subd. 8. All-Payer Claims Database; Data on**
317.8 **Fully Denied Claims**

317.9 \$55,000 in fiscal year 2027 is from the general
317.10 fund for the collection of data on fully denied
317.11 claims according to Minnesota Statutes,
317.12 section 62U.04, subdivision 4. This is a
317.13 onetime appropriation.

317.14 Subd. 9. Base Adjustment

317.15 The general fund base is increased by
317.16 \$1,125,000 in fiscal year 2028 and increased
317.17 by \$1,125,000 in fiscal year 2029. The state
317.18 government special revenue fund base is
317.19 increased by \$673,000 in fiscal year 2028 and
317.20 increased by \$731,000 in fiscal year 2029.

317.21	Sec. 4. <u>HEALTH PROTECTION</u>	<u>\$</u>	<u>-0-</u>	<u>\$</u>	<u>2,053,000</u>
317.22	<u>\$2,053,000 in fiscal year 2027 is for</u>				
317.23	<u>rulemaking and administrative activities under</u>				
317.24	<u>Minnesota Statutes, section 103I.706. This is</u>				
317.25	<u>a onetime appropriation and is available until</u>				
317.26	December 31, 2029.				

317.27 **Sec. 5. GRANT ADMINISTRATION COSTS.**

317.28 This article appropriates necessary administrative costs. The administrative costs retention
317.29 requirement under Minnesota Statutes, section 16B.98, subdivision 14, is inapplicable to
317.30 any appropriation in this article for a grant.

319.1 Subdivision 1. **Crisis Nursery Licensing**
 319.2 **Framework**

319.3 \$212,000 in fiscal year 2027 is to develop a
 319.4 licensing framework for crisis nurseries. The
 319.5 base for this appropriation is \$441,000 in fiscal
 319.6 year 2028 and \$0 in fiscal year 2029.

319.7 Subd. 2. **Base Adjustments**

319.8 The base is increased by \$6,260,000 in fiscal
 319.9 year 2028 and increased by \$5,819,000 in
 319.10 fiscal year 2029.

319.11 Sec. 4. **OPERATIONS AND**
 319.12 **ADMINISTRATION; EARLY CHILDHOOD** \$ -0- \$ 281,000

319.13 Sec. 5. **OPERATIONS AND**
 319.14 **ADMINISTRATION; ECONOMIC**
 319.15 **OPPORTUNITY AND YOUTH SERVICES** \$ -0- \$ 147,000

319.16 This is a onetime appropriation.

319.17 Sec. 6. **OPERATIONS AND**
 319.18 **ADMINISTRATION; FAMILY WELL-BEING** \$ -0- \$ 2,818,000

319.19 The general fund base is increased by
 319.20 \$3,308,000 in fiscal year 2028 and increased
 319.21 by \$3,308,000 in fiscal year 2029.

319.22 Sec. 7. **GRANT PROGRAMS; SUPPORT**
 319.23 **SERVICES GRANTS** \$ -0- \$ 10,728,000

319.24 **County allocation for SNAP administrative**
 319.25 **costs.** \$10,728,000 in fiscal year 2027 is for
 319.26 an allocation to counties for SNAP
 319.27 administrative costs. The commissioner must
 319.28 allocate money under this section to counties
 319.29 based on each county's proportional share of
 319.30 SNAP administrative costs in the most recent
 319.31 year for which data are available. This is a
 319.32 onetime appropriation.

319.33 Sec. 8. **GRANT PROGRAMS; CHILD CARE**
 319.34 **DEVELOPMENT GRANTS** \$ -0- \$ 450,000

320.1 Subdivision 1. **Child Care Licensing Basics**
320.2 **Training Contract**

320.3 \$450,000 in fiscal year 2027 is for a contract
320.4 with a vendor to provide child care licensing
320.5 basics training, including course content
320.6 creation, translation, marketing, promotion,
320.7 and underwriting. The base for this
320.8 appropriation is \$338,000 in fiscal year 2028
320.9 and \$338,000 in fiscal year 2029.

320.10 Subd. 2. **Base Adjustment**

320.11 The general fund base is increased by
320.12 \$338,000 in fiscal year 2028 and increased by
320.13 \$338,000 in fiscal year 2029.

320.14 Sec. 9. **GRANT PROGRAMS; CHILDREN'S**
320.15 **SERVICES GRANTS**

\$

-0- \$

250,000

320.16 **Forensic Interview Training Scholarships.**
320.17 \$250,000 in fiscal year 2027 is for grants to
320.18 provide training scholarships for recipients to
320.19 attend nationally recognized forensic interview
320.20 protocol training. Eligible grantees must award
320.21 scholarships for recipients to attend basic
320.22 forensic interview training, advanced forensic
320.23 interview training, and specialized interview
320.24 topics training. Scholarship recipients may
320.25 include individuals in law enforcement, child
320.26 protection, and prosecution; health
320.27 professionals investigating, treating, and
320.28 managing child maltreatment cases in
320.29 Minnesota; advocates working with a
320.30 multidisciplinary team; and forensic
320.31 interviewers at children's advocacy centers.
320.32 This is a onetime appropriation.

320.33 Sec. 10. **GRANT PROGRAMS; CHILD AND**
320.34 **COMMUNITY SERVICES GRANTS**

\$

-0- \$

15,000,000

321.1 **County Implementation of Minnesota**

321.2 **African American Family Preservation and**

321.3 **Child Welfare Disproportionality Act.**

321.4 \$15,000,000 in fiscal year 2027 is for initial

321.5 county implementation of the Minnesota

321.6 African American Family Preservation and

321.7 Child Welfare Disproportionality Act under

321.8 Minnesota Statutes, chapter 260. The

321.9 commissioner must distribute this

321.10 appropriation to counties under Minnesota

321.11 Statutes, section 260.694. This is a onetime

321.12 appropriation.

321.13 **Sec. 11. GRANT PROGRAMS; CHILD AND**

321.14 **ECONOMIC SUPPORT GRANTS**

\$

-0- **\$**

10,732,000

321.15 **Subdivision 1. Regional Food Bank Grants**

321.16 \$4,900,000 in fiscal year 2027 is for regional

321.17 food bank grants. This is a onetime

321.18 appropriation.

321.19 **Subd. 2. Minnesota Food Shelf Program**

321.20 \$5,000,000 in fiscal year 2027 is for food shelf

321.21 programs under Minnesota Statutes, section

321.22 142F.14. This is a onetime appropriation.

321.23 **Subd. 3. Base Adjustment**

321.24 The general fund base is increased by

321.25 \$832,000 in fiscal year 2028 and increased by

321.26 \$832,000 in fiscal year 2029.

321.27 Sec. 12. Minnesota Statutes 2025 Supplement, section 256.043, subdivision 3, is amended

321.28 to read:

321.29 Subd. 3. **Appropriations from registration and license fee account.** (a) The

321.30 appropriations in paragraphs (b) to (n) shall be made from the registration and license fee

321.31 account on a fiscal year basis in the order specified.

322.1 (b) The appropriations specified in Laws 2019, chapter 63, article 3, section 1, paragraphs
322.2 (b), (f), (g), and (h), as amended by Laws 2020, chapter 115, article 3, section 35, shall be
322.3 made accordingly.

322.4 (c) \$100,000 is appropriated to the commissioner of human services for grants for opiate
322.5 antagonist distribution. Grantees may utilize funds for opioid overdose prevention,
322.6 community asset mapping, education, and opiate antagonist distribution.

322.7 (d) \$2,000,000 is appropriated to the commissioner of human services for direct payments
322.8 to Tribal nations and five urban Indian communities for traditional healing practices for
322.9 American Indians and to increase the capacity of culturally specific providers in the
322.10 behavioral health workforce. Any evaluations of practices under this paragraph must be
322.11 designed cooperatively by the commissioner and Tribal nations or urban Indian communities.
322.12 The commissioner must not require recipients to provide the details of specific ceremonies
322.13 or identities of healers.

322.14 (e) \$400,000 is appropriated to the commissioner of human services for competitive
322.15 grants for opioid-focused Project ECHO programs.

322.16 (f) ~~\$277,000~~ \$321,000 in fiscal year ~~2024~~ 2027 and ~~\$321,000~~ each year thereafter is
322.17 appropriated to the commissioner of ~~human services~~ children, youth, and families to
322.18 administer the funding distribution and reporting requirements in paragraph ~~(o)~~ (m).

322.19 (g) \$3,000,000 in fiscal year 2025 and \$3,000,000 each year thereafter is appropriated
322.20 to the commissioner of human services for safe recovery sites start-up and capacity building
322.21 grants under section 254B.18.

322.22 (h) \$395,000 in fiscal year 2024 and \$415,000 each year thereafter is appropriated to
322.23 the commissioner of human services for the opioid overdose surge alert system under section
322.24 245.891.

322.25 (i) \$300,000 is appropriated to the commissioner of management and budget for
322.26 evaluation activities under section 256.042, subdivision 1, paragraph (c).

322.27 (j) \$261,000 is appropriated to the commissioner of human services for the provision of
322.28 administrative services to the Opiate Epidemic Response Advisory Council and for the
322.29 administration of the grants awarded under paragraph (n).

322.30 (k) \$126,000 is appropriated to the Board of Pharmacy for the collection of the registration
322.31 fees under section 151.066.

323.1 (l) \$672,000 is appropriated to the commissioner of public safety for the Bureau of
323.2 Criminal Apprehension. Of this amount, \$384,000 is for drug scientists and lab supplies
323.3 and \$288,000 is for special agent positions focused on drug interdiction and drug trafficking.

323.4 (m) After the appropriations in paragraphs (b) to (l) are made, 50 percent of the remaining
323.5 amount is appropriated to the commissioner of children, youth, and families for distribution
323.6 to county social service agencies and Tribal social service agency initiative projects
323.7 authorized under section 256.01, subdivision 14b, to provide prevention and child protection
323.8 services to children and families who are affected by addiction. The commissioner shall
323.9 distribute this money proportionally to county social service agencies and Tribal social
323.10 service agency initiative projects through a formula based on intake data from the previous
323.11 three calendar years related to substance use and out-of-home placement episodes where
323.12 parental drug abuse is a reason for the out-of-home placement. County social service agencies
323.13 and Tribal social service agency initiative projects receiving funds from the opiate epidemic
323.14 response fund must annually report to the commissioner on how the funds were used to
323.15 provide prevention and child protection services, including measurable outcomes, as
323.16 determined by the commissioner. County social service agencies and Tribal social service
323.17 agency initiative projects must not use funds received under this paragraph to supplant
323.18 current state or local funding received for child protection services for children and families
323.19 who are affected by addiction.

323.20 (n) After the appropriations in paragraphs (b) to (m) are made, the remaining amount in
323.21 the account is appropriated to the commissioner of human services to award grants as
323.22 specified by the Opiate Epidemic Response Advisory Council in accordance with section
323.23 256.042, unless otherwise appropriated by the legislature.

323.24 (o) Beginning in fiscal year 2022 and each year thereafter, funds for county social service
323.25 agencies and Tribal social service agency initiative projects under paragraph (m) and grant
323.26 funds specified by the Opiate Epidemic Response Advisory Council under paragraph (n)
323.27 may be distributed on a calendar year basis.

323.28 (p) Notwithstanding section 16A.28, subdivision 3, funds appropriated in paragraphs
323.29 (c), (d), (e), (g), (m), and (n) are available for three years after the funds are appropriated.

323.30 **EFFECTIVE DATE.** This section is effective July 1, 2026.

324.1 Sec. 13. Laws 2024, chapter 117, section 22, is amended to read:

324.2 Sec. 22. **APPROPRIATIONS; MINNESOTA AFRICAN AMERICAN FAMILY**
324.3 **PRESERVATION AND CHILD WELFARE DISPROPORTIONALITY ACT.**

324.4 (a) \$5,000,000 in fiscal year 2025 is appropriated from the general fund to the
324.5 commissioner of human services for grants to Hennepin and Ramsey Counties to implement
324.6 the Minnesota African American Family Preservation and Child Welfare Disproportionality
324.7 Act phase-in program. Of this amount, \$2,500,000 must be provided to Hennepin County
324.8 and \$2,500,000 must be provided to Ramsey County. This is a onetime appropriation and
324.9 is available until ~~June 30~~ December 31, 2026.

324.10 (b) \$1,000,000 in fiscal year 2025 is appropriated from the general fund to the
324.11 commissioner of human services for the African American and disproportionately represented
324.12 family preservation grant program under Minnesota Statutes, section 260.693.
324.13 Notwithstanding Minnesota Statutes, section 16B.98, subdivision 14, the amount for
324.14 administrative costs under this paragraph is \$0.

324.15 (c) \$2,367,000 in fiscal year 2025 is appropriated from the general fund to the
324.16 commissioner of human services to implement the African American Family Preservation
324.17 and Child Welfare Disproportionality Act. The base for this appropriation is \$3,251,000 in
324.18 fiscal year 2026 and \$3,110,000 in fiscal year 2027.

324.19 Sec. 14. **GRANT ADMINISTRATION COSTS.**

324.20 This article appropriates necessary administrative costs. The administrative costs retention
324.21 requirement under Minnesota Statutes, section 16B.98, subdivision 14, is inapplicable to
324.22 any appropriation in this article for a grant.

324.23 Sec. 15. **EXPIRATION OF UNCODIFIED LANGUAGE.**

324.24 All uncodified language contained in this article expires on June 30, 2027, unless a
324.25 different expiration date is explicit or an appropriation is made available beyond June 30,
324.26 2027.

324.27 Sec. 16. **APPROPRIATIONS GIVEN EFFECT ONCE.**

324.28 If an appropriation, transfer, or cancellation in this article is enacted more than once
324.29 during the 2026 legislative session, the appropriation, transfer, or cancellation must be given
324.30 effect once.

Sec. 17. EFFECTIVE DATE.

This article is effective the day following final enactment unless otherwise indicated.

ARTICLE 20
OTHER AGENCY APPROPRIATIONS

Section 1. OTHER AGENCY APPROPRIATIONS.

The dollar amounts shown in the columns marked "Appropriations" are added to or, if shown in parentheses, are subtracted from the appropriations in Laws 2025, First Special Session chapter 3, articles 23 and 24, from the general fund or any fund named for the purposes specified in this article, to be available for the fiscal year indicated for each purpose. The figures "2026" and "2027" used in this article mean that the appropriations listed under them are available for the fiscal years ending June 30, 2026, or June 30, 2027, respectively. "The first year" is fiscal year 2026. "The second year" is fiscal year 2027. "The biennium" is fiscal years 2026 and 2027.

<u>APPROPRIATIONS</u>	
<u>Available for the Year</u>	
<u>Ending June 30</u>	
<u>2026</u>	<u>2027</u>

Sec. 2. <u>LEGISLATIVE COORDINATING COMMISSION</u>	\$	<u>17,000</u>	\$	<u>74,000</u>

Subdivision 1. Education Group Insurance Program Report

\$17,000 in fiscal year 2026 and \$74,000 in fiscal year 2027 are for the Legislative Budget Office to complete the annual report under Minnesota Statutes, section 471.6161, subdivision 9. The base for this appropriation is \$36,000 in fiscal year 2028 and \$36,000 in fiscal year 2029.

Subd. 2. Base Adjustment

The general fund base is increased by \$36,000 in fiscal year 2028 and increased by \$36,000 in fiscal year 2029.

Sec. 3. <u>COMMISSIONER OF PUBLIC SAFETY</u>	\$	<u>-0-</u>	\$	<u>-0-</u>

326.1 Subdivision 1. **Child Care Licensing**
326.2 **Modernization**

326.3 The base in fiscal year 2029 must include
326.4 \$544,000 for child care licensing
326.5 modernization under Minnesota Statutes,
326.6 chapters 142H and 142I.

326.7 Subd. 2. **Base Adjustment**

326.8 The general fund base is increased by
326.9 \$544,000 in fiscal year 2029.

326.10 Sec. 4. **COMMISSIONER OF EDUCATION** \$ -0- \$ (281,000)

326.11 This reduction is for preschool assessment
326.12 funding.

326.13 Sec. 5. **COMMISSIONER OF MANAGEMENT**
326.14 **AND BUDGET** \$ -0- \$ 193,000

326.15 \$193,000 in fiscal year 2027 is for
326.16 administration of the advisory task force on
326.17 governance and financing of Hennepin
326.18 Healthcare System, Inc. This is a onetime
326.19 appropriation.

326.20 Sec. 6. **ATTORNEY GENERAL** \$ -0- \$ 1,230,000

326.21 Subdivision 1. **Medicaid Fraud Control Unit**

326.22 \$1,230,000 in fiscal year 2027 is for the
326.23 Medicaid fraud control unit. The base for this
326.24 appropriation is \$1,230,000 in fiscal year 2028
326.25 and \$1,230,000 in fiscal year 2029.

326.26 Subd. 2. **Base Adjustment**

326.27 The general fund base is increased by
326.28 \$1,230,000 in fiscal year 2028 and increased
326.29 by \$1,230,000 in fiscal year 2029.

326.30 Sec. 7. Laws 2024, chapter 127, article 67, section 7, is amended to read:

326.31 Sec. 7. **BOARD OF DIRECTORS OF MNSURE** \$ -0- \$ 2,330,000

327.1 (a) **Information Technology to Implement**
327.2 **Federal Deferred Action for Childhood**
327.3 **Arrivals Regulatory Requirements.**
327.4 \$2,330,000 in fiscal year 2025 is for
327.5 information technology to implement federal
327.6 Deferred Action for Childhood Arrivals
327.7 regulatory requirements for technology and
327.8 operational needs. This appropriation is for
327.9 information technology enhancements, system
327.10 readiness, consumer communications, and
327.11 operational changes to maintain service
327.12 continuity and improve the consumer
327.13 experience. This is a onetime appropriation
327.14 and is available until June 30, 2027.

327.15 (b) **Transfer to Enterprise Account.** The
327.16 Board of Directors of MNsure must transfer
327.17 \$2,330,000 in fiscal year 2025 from the
327.18 general fund to the enterprise account under
327.19 Minnesota Statutes, section 62V.07. This is a
327.20 onetime transfer.

327.21 Sec. 8. **GRANT ADMINISTRATION COSTS.**

327.22 This article appropriates necessary administrative costs. The administrative costs retention
327.23 requirement under Minnesota Statutes, section 16B.98, subdivision 14, is inapplicable to
327.24 any appropriation in this article for a grant.

327.25 Sec. 9. **EXPIRATION OF UNCODIFIED LANGUAGE.**

327.26 All uncodified language contained in this article expires on June 30, 2027, unless a
327.27 different expiration date is explicit or an appropriation is made available beyond June 30,
327.28 2027.

327.29 Sec. 10. **APPROPRIATIONS GIVEN EFFECT ONCE.**

327.30 If an appropriation, transfer, or cancellation in this article is enacted more than once
327.31 during the 2026 legislative session, the appropriation, transfer, or cancellation must be given
327.32 effect once.

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Article locations for S4612-4

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ARTICLE 4	HEALTH LICENSING BOARDS.....	Page.Ln 64.12
ARTICLE 5	HEALTH CARE.....	Page.Ln 84.19
ARTICLE 6	FEDERAL CONFORMITY.....	Page.Ln 104.25
ARTICLE 7	MEDICAL ASSISTANCE FRAUD PREVENTION.....	Page.Ln 123.20
ARTICLE 8	MEDICAL ASSISTANCE FRAUD PREVENTION CONFORMING CHANGES.....	Page.Ln 133.18
ARTICLE 9	CHILDREN, YOUTH, AND FAMILIES POLICY.....	Page.Ln 141.23
ARTICLE 10	CHILDREN, YOUTH, AND FAMILIES BUDGET.....	Page.Ln 165.4
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ARTICLE 12	CHILD CARE CENTER LICENSING MODERNIZATION.....	Page.Ln 178.19
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13D.08 OPEN MEETING LAW CODED ELSEWHERE.

Subd. 4. **Health Technology Advisory Committee.** Certain meetings of the Health Technology Advisory Committee are governed by section 62J.156.

62J.06 IMMUNITY FROM LIABILITY.

No member of the Health Technology Advisory Committee shall be held civilly or criminally liable for an act or omission by that person if the act or omission was in good faith and within the scope of the member's responsibilities under this chapter.

62J.156 CLOSED COMMITTEE HEARINGS.

Notwithstanding chapter 13D, the Health Technology Advisory Committee may meet in closed session to discuss a specific technology or procedure that involves data received that have been classified as nonpublic data, where disclosure of the data would cause harm to the competitive or economic position of the source of the data.

62J.2930 INFORMATION CLEARINGHOUSE.

Subd. 4. **Coordination.** To the extent possible, the commissioner shall coordinate the activities of the clearinghouse with the activities of the Minnesota Health Data Institute.

62J.57 MINNESOTA CENTER FOR HEALTH CARE ELECTRONIC DATA INTERCHANGE.

(a) It is the intention of the legislature to support, to the extent of funds appropriated for that purpose, the creation of the Minnesota Center for Health Care Electronic Data Interchange as a broad-based effort of public and private organizations representing group purchasers, health care providers, and government programs to advance the use of health care electronic data interchange in the state. The center shall attempt to obtain private sector funding to supplement legislative appropriations, and shall become self-supporting by the end of the second year.

(b) The Minnesota Center for Health Care Electronic Data Interchange shall facilitate the statewide implementation of electronic data interchange standards in the health care industry by:

(1) coordinating and ensuring the availability of quality electronic data interchange education and training in the state;

(2) developing an extensive, cohesive health care electronic data interchange education curriculum;

(3) developing a communications and marketing plan to publicize electronic data interchange education activities, and the products and services available to support the implementation of electronic data interchange in the state;

(4) administering a resource center that will serve as a clearinghouse for information relative to electronic data interchange, including the development and maintenance of a health care constituents database, health care directory and resource library, and a health care communications network through the use of electronic bulletin board services and other network communications applications; and

(5) providing technical assistance in the development of implementation guides, and in other issues including legislative, legal, and confidentiality requirements.

62U.10 HEALTH CARE TRANSFER, SAVINGS, AND REPAYMENT.

Subd. 4. **Repayment of transfer.** When accumulated savings accruing to state-administered health care programs, as calculated under subdivision 3, meet or exceed \$50,000,000, the commissioner of health shall certify that event to the commissioner of management and budget. In the next fiscal year following the certification, the commissioner of management and budget shall transfer \$50,000,000 from the general fund to the health care access fund. The amount necessary to make the transfer is appropriated from the general fund to the commissioner of management and budget.

142B.01 DEFINITIONS.

Subd. 11. **Drop-in child care program.** "Drop-in child care program" means a nonresidential program of child care in which children participate on a onetime only or occasional basis up to a maximum of 90 hours per child, per month. A drop-in child care program must be licensed under Minnesota Rules governing child care centers. A drop-in child care program must meet one of the

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following requirements to qualify for the rule exemptions specified in section 142B.41, subdivision 6:

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

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

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

Subd. 12. **Experience.** For purposes of child care centers, "experience" means paid or unpaid employment:

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

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

(ii) in a public or nonpublic school;

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

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

Subd. 13. **Family day care and group family day care child age classifications.** (a) For the purposes of family day care and group family day care licensing under this chapter, the following terms have the meanings given them in this subdivision.

(b) "Newborn" means a child between birth and six weeks old.

(c) "Infant" means a child who is at least six weeks old but less than 12 months old.

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

(e) "Preschooler" means a child who is at least 24 months old up to school age.

(f) "School age" means a child who is at least five years of age, but is younger than 11 years of age.

Subd. 25. **School-age child.** "School-age child," for programs licensed or required to be licensed as a child care center, means a child who is at least of sufficient age to have attended the first day of kindergarten, or is eligible to enter kindergarten within the next four months, but is younger than 13 years of age.

Subd. 26. **School-age child care program.** "School-age child care program" means a program licensed or required to be licensed as a child care center, serving more than ten children with the primary purpose of providing child care for school age children.

Subd. 27. **Supervision.** (a) For purposes of licensed child care centers, "supervision" means when a program staff person:

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

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

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

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

(c) When a single school-age child uses the restroom within the licensed space, supervision occurs when a program staff person has knowledge of the child's activity and location and checks on the child at least every five minutes. When a school-age child uses the restroom outside the

licensed space, including but not limited to field trips, supervision occurs when staff accompany children to the restroom.

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

(e) When a single preschooler uses an individual, private restroom within the classroom with the door closed, supervision occurs when a program staff person has knowledge of the child's activity and location, can hear the child, and checks on the child at least every five minutes.

142B.41 SPECIAL CONDITIONS FOR NONRESIDENTIAL PROGRAMS.

Subd. 4. **Special family child care homes.** (a) Nonresidential child care programs serving 14 or fewer children that are conducted at a location other than the license holder's own residence shall be licensed under this section and the rules governing family child care or group family child care if:

(1) the license holder is the primary provider of care and the nonresidential child care program is conducted in a dwelling that is located on a residential lot;

(2) the license holder is an employer who may or may not be the primary provider of care, and the purpose for the child care program is to provide child care services to children of the license holder's employees;

(3) the license holder is a church or religious organization;

(4) the license holder is a community collaborative child care provider. For purposes of this subdivision, a community collaborative child care provider is a provider participating in a cooperative agreement with a community action agency as defined in section 142F.301;

(5) the license holder is a not-for-profit agency that provides child care in a dwelling located on a residential lot and the license holder maintains two or more contracts with community employers or other community organizations to provide child care services. The county licensing agency may grant a capacity variance to a license holder licensed under this clause to exceed the licensed capacity of 14 children by no more than five children during transition periods related to the work schedules of parents, if the license holder meets the following requirements:

(i) the program does not exceed a capacity of 14 children more than a cumulative total of four hours per day;

(ii) the program meets a one to seven staff-to-child ratio during the variance period;

(iii) all employees receive at least an extra four hours of training per year than required in the rules governing family child care each year;

(iv) the facility has square footage required per child under Minnesota Rules, part 9502.0425;

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

(vi) the program is in compliance with the applicable fire code as follows:

(A) if the program serves more than five children older than 2-1/2 years of age, but no more than five children 2-1/2 years of age or less, the applicable fire code is educational occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2020, Section 202; or

(B) if the program serves more than five children 2-1/2 years of age or less, the applicable fire code is Group I-4 Occupancy, as provided in the Minnesota State Fire Code 2020, Section 202, unless the rooms in which the children 2-1/2 years of age or younger are cared for are located on a level of exit discharge and each of these child care rooms has an exit door directly to the exterior, then the applicable fire code is Group E Occupancy, as provided in the Minnesota State Fire Code 2020, Section 202; and

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

(6) the license holder is the primary provider of care and has located the licensed child care program in a commercial space, if the license holder meets the following requirements:

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

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(ii) the program is in compliance with the applicable fire code as follows:

(A) if the program serves more than five children older than 2-1/2 years of age, but no more than five children 2-1/2 years of age or less, the applicable fire code is educational occupancy, as provided in Group E Occupancy under the Minnesota State Fire Code 2020, Section 202; or

(B) if the program serves more than five children 2-1/2 years of age or less, the applicable fire code is Group I-4 Occupancy, as provided under the Minnesota State Fire Code 2020, Section 202, unless the rooms in which the children 2-1/2 years of age or younger are cared for are located on a level of exit discharge and each of these child care rooms has an exit door directly to the exterior, then the applicable fire code is Group E Occupancy, as provided in the Minnesota State Fire Code 2020, Section 202;

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

(iv) the license holder prominently displays the license issued by the commissioner which contains the statement "This special family child care provider is not licensed as a child care center."

(b) Notwithstanding Minnesota Rules, part 9502.0335, subpart 12, the commissioner may issue up to four licenses to an organization licensed under paragraph (a), clause (2), (3), or (5). Each license must have its own primary provider of care as required under paragraph (d). Each license must operate as a distinct and separate program in compliance with all applicable laws and regulations.

(c) For licenses issued under paragraph (a), clause (2), (3), (4), (5), or (6), the commissioner may approve up to four licenses at the same location or under one contiguous roof if each license holder is able to demonstrate compliance with all applicable rules and laws. Each licensed program must operate as a distinct program and within the capacity, age, and ratio distributions of each license.

(d) For a license issued under paragraph (a), clause (2), (3), or (5), the license holder must designate a person to be the primary provider of care at the licensed location on a form and in a manner prescribed by the commissioner. The license holder shall notify the commissioner in writing before there is a change of the person designated to be the primary provider of care. The primary provider of care:

(1) must be the person who will be the provider of care at the program and present during the hours of operation;

(2) must operate the program in compliance with applicable laws and regulations under this chapter and Minnesota Rules, chapter 9502;

(3) is considered a child care background study subject as defined in section 245C.02, subdivision 6a, and must comply with background study requirements in chapter 245C;

(4) must complete the training that is required of license holders in section 142B.70; and

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

(e) For any license issued under this subdivision, the license holder must ensure that any other caregiver, substitute, or helper who assists in the care of children meets the training requirements in section 142B.70 and background study requirements under chapter 245C.

Subd. 6. Drop-in and school age child care programs. (a) Except as expressly set forth in this subdivision, drop-in and school age child care programs must be licensed as a drop-in or school age program under the rules governing child care programs operated in a center.

(b) Drop-in and school age child care programs are exempt from the following Minnesota Rules:

(1) part 9503.0040;

(2) part 9503.0045, subpart 1, items F and G;

(3) part 9503.0050, subpart 6, except for children less than 2-1/2 years old;

(4) one-half the requirements of part 9503.0060, subpart 4, item A, subitems (2), (5), and (8), subpart 5, item A, subitems (2), (3), and (7), and subpart 6, item A, subitems (3) and (6);

(5) part 9503.0070; and

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(6) part 9503.0090, subpart 2.

(c) A drop-in and school age child care program must be operated under the supervision of a person qualified as a director and a teacher.

(d) A drop-in and school age child care program must have at least two persons on staff whenever the program is operating, except that the commissioner may permit variances from this requirement under specified circumstances for parent cooperative programs, as long as all other staff-to-child ratios are met.

(e) Whenever the total number of children present to be cared for at a drop-in child care center is more than 20, children that are younger than age 2-1/2 must be in a separate group. This group may contain children up to 60 months old. This group must be cared for in an area that is physically separated from older children.

(f) A drop-in child care program must maintain a minimum staff ratio for children age 2-1/2 or greater of one staff person for each ten children. A school age child care program must maintain a minimum staff ratio of one staff person for every 15 children.

(g) If the drop-in child care program has additional staff who are on call as a mandatory condition of their employment, the minimum child-to-staff ratio may be exceeded only for children age 2-1/2 or greater, by a maximum of four children, for no more than 20 minutes while additional staff are in transit.

(h) In a drop-in child care program, the minimum staff-to-child ratio for infants up to 16 months of age is one staff person for every four infants. The minimum staff-to-child ratio for children age 17 months to 30 months is one staff for every seven children.

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

(j) The minimum staff distribution pattern for a drop-in child care program serving children age 2-1/2 or greater and a school age child care program serving school age children is: the first staff member must be a teacher; the second, third, and fourth staff members must have at least the qualifications of a child care aide; the fifth staff member must have at least the qualifications of an assistant teacher; the sixth, seventh, and eighth staff members must have at least the qualifications of a child care aide; and the ninth staff person must have at least the qualifications of an assistant teacher.

(k) A drop-in child care program may care for siblings 16 months or older together in any group. For purposes of this subdivision, sibling is defined as sister or brother, half sister or half brother, or stepsister or stepbrother.

(l) The commissioner may grant a variance to any of the requirements in paragraphs (a) to (k), as long as the health and safety of the persons served by the program are not affected. The request for a variance shall comply with the provisions in section 142B.10, subdivision 16.

Subd. 7. Experienced aides; child care centers. (a) An individual employed as an aide at a child care center may work with children without being directly supervised for an amount of time that does not exceed 25 percent of the child care center's daily hours if:

(1) a teacher is in the facility;

(2) the individual is at least 20 years old; and

(3) the individual has at least 4,160 hours of child care experience as a staff member in a licensed child care center or as the license holder of a family day care home, 120 days of which must be in the employment of the current company.

(b) A child care center that uses experienced aides under this subdivision must notify parents or guardians by posting the notification in each classroom that uses experienced aides, identifying which staff member is the experienced aide. Records of experienced aide usage must be kept on site and given to the commissioner upon request.

(c) A child care center may not use the experienced aide provision for one year following two determined experienced aide violations within a one-year period.

(d) A child care center may use one experienced aide per every four full-time child care classroom staff.

Subd. 8. **Portable wading pools; family day care and group family day care providers.** A portable wading pool as defined in section 144.1222 may not be used by a child at a family day care or group family day care home or at a home at which child care services are provided under section 142B.05, subdivision 2, paragraph (a), clause (2), unless the parent or legal guardian of the child has provided written consent. The written consent shall include a statement that the parent or legal guardian has received and read material provided by the Department of Health to the Department of Children, Youth, and Families for distribution to all family day care or group family day care homes and the general public on the human services Internet website related to the risk of disease transmission as well as other health risks associated with the use of portable wading pools.

Subd. 9. **Swimming pools; family day care and group family day care providers.** (a) This subdivision governs swimming pools located at family day care or group family day care homes licensed under Minnesota Rules, chapter 9502. This subdivision does not apply to portable wading pools or whirlpools located at family day care or group family day care homes licensed under Minnesota Rules, chapter 9502. For a provider to be eligible to allow a child cared for at the family day care or group family day care home to use the swimming pool located at the home, the provider must not have had a licensing sanction under section 142B.18 or 245A.07 or a correction order or conditional license under section 142B.16 or 245A.06 relating to the supervision or health and safety of children during the prior 24 months, and must satisfy the following requirements:

- (1) notify the county agency before initial use of the swimming pool and annually, thereafter;
- (2) obtain written consent from a child's parent or legal guardian allowing the child to use the swimming pool and renew the parent or legal guardian's written consent at least annually. The written consent must include a statement that the parent or legal guardian has received and read materials provided by the Department of Health to the Department of Children, Youth, and Families for distribution to all family day care or group family day care homes and the general public on the human services Internet website related to the risk of disease transmission as well as other health risks associated with swimming pools. The written consent must also include a statement that the Department of Health, Department of Children, Youth, and Families, and county agency will not monitor or inspect the provider's swimming pool to ensure compliance with the requirements in this subdivision;
- (3) enter into a written contract with a child's parent or legal guardian and renew the written contract annually. The terms of the written contract must specify that the provider agrees to perform all of the requirements in this subdivision;
- (4) attend and successfully complete a swimming pool operator training course once every five years. Acceptable training courses are:
 - (i) the National Swimming Pool Foundation Certified Pool Operator course;
 - (ii) the National Spa and Pool Institute Tech I and Tech II courses (both required); or
 - (iii) the National Recreation and Park Association Aquatic Facility Operator course;
- (5) require a caregiver trained in first aid and adult and child cardiopulmonary resuscitation to supervise and be present at the swimming pool with any children in the pool;
- (6) toilet all potty-trained children before they enter the swimming pool;
- (7) require all children who are not potty-trained to wear swim diapers while in the swimming pool;
- (8) if fecal material enters the swimming pool water, add three times the normal shock treatment to the pool water to raise the chlorine level to at least 20 parts per million, and close the pool to swimming for the 24 hours following the entrance of fecal material into the water or until the water pH and disinfectant concentration levels have returned to the standards specified in clause (10), whichever is later;
- (9) prevent any person from entering the swimming pool who has an open wound or any person who has or is suspected of having a communicable disease;
- (10) maintain the swimming pool water at a pH of not less than 7.2 and not more than 8.0, maintain the disinfectant concentration between two and five parts per million for chlorine or between 2.3 and 4.5 parts per million for bromine, and maintain a daily record of the swimming pool's operation with pH and disinfectant concentration readings on days when children cared for at the family day care or group family day care home are present;

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- (11) have a disinfectant feeder or feeders;
- (12) have a recirculation system that will clarify and disinfect the swimming pool volume of water in ten hours or less;
- (13) maintain the swimming pool's water clarity so that an object on the pool floor at the pool's deepest point is easily visible;
- (14) comply with the provisions of the Abigail Taylor Pool Safety Act in section 144.1222, subdivisions 1c and 1d;
- (15) have in place and enforce written safety rules and swimming pool policies;
- (16) have in place at all times a safety rope that divides the shallow and deep portions of the swimming pool;
- (17) satisfy any existing local ordinances regarding swimming pool installation, decks, and fencing;
- (18) maintain a water temperature of not more than 104 degrees Fahrenheit and not less than 70 degrees Fahrenheit; and
- (19) for lifesaving equipment, have a United States Coast Guard-approved life ring attached to a rope, an exit ladder, and a shepherd's hook available at all times to the caregiver supervising the swimming pool.

The requirements of clauses (5), (16), and (18) only apply at times when children cared for at the family day care or group family day care home are present.

(b) A violation of paragraph (a), clauses (1) to (3), is grounds for a sanction under section 142B.18 or a correction order or conditional license under section 142B.16.

(c) If a provider under this subdivision receives a licensing sanction under section 142B.18 or 245A.07 or a correction order or a conditional license under section 142B.16 or 245A.06 relating to the supervision or health and safety of children, the provider is prohibited from allowing a child cared for at the family day care or group family day care home to continue to use the swimming pool located at the home.

Subd. 10. Attendance records for publicly funded services. (a) A child care center licensed under this chapter and according to Minnesota Rules, chapter 9503, must maintain documentation of actual attendance for each child receiving care for which the license holder is reimbursed by a governmental program. The records must be accessible to the commissioner during the program's hours of operation, they must be completed on the actual day of attendance, and they must include:

- (1) the first and last name of the child;
- (2) the time of day that the child was dropped off; and
- (3) the time of day that the child was picked up.

(b) A family child care provider licensed under this chapter and according to Minnesota Rules, chapter 9502, must maintain documentation of actual attendance for each child receiving care for which the license holder is reimbursed for the care of that child by a governmental program. The records must be accessible to the commissioner during the program's hours of operation, they must be completed on the actual day of attendance, and they must include:

- (1) the first and last name of the child;
- (2) the time of day that the child was dropped off; and
- (3) the time of day that the child was picked up.

Subd. 11. Parental access in child care programs. An enrolled child's parent or legal guardian must be allowed access to the parent's or legal guardian's child at any time while the child is in care.

Subd. 12. Valid driver's license. Notwithstanding any law to the contrary, when a licensed child care center provides transportation for children or contracts to provide transportation for children, a person who has a current, valid driver's license appropriate to the vehicle driven may transport the child.

Subd. 13. Reusable water bottles or cups. Notwithstanding any law to the contrary, a licensed child care center may provide drinking water to a child in a reusable water bottle or reusable cup

if the center develops and ensures implementation of a written policy that at a minimum includes the following procedures:

(1) each day the water bottle or cup is used, the child care center cleans and sanitizes the water bottle or cup using procedures that comply with the Food Code under Minnesota Rules, chapter 4626, or allows the child's parent or legal guardian to bring the water bottle or cup home to be cleaned and sanitized each day the water bottle or cup is used;

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

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

(4) a water bottle or cup is used only for water.

142B.54 REQUIREMENTS; MALTREATMENT OF MINORS OR VULNERABLE ADULTS.

Subdivision 1. **Maltreatment of minors internal review.** Except for family child care settings and foster care for children in the license holder's residence, license holders serving children shall:

(1) establish and maintain policies and procedures to ensure that an internal review is completed within 30 calendar days and that corrective action is taken if necessary to protect the health and safety of children in care when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made. The review must include an evaluation of whether:

(i) related policies and procedures were followed;

(ii) the policies and procedures were adequate;

(iii) there is a need for additional staff training;

(iv) the reported event is similar to past events with the children or the services involved; and

(v) there is a need for corrective action by the license holder to protect the health and safety of children in care.

Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any;

(2) identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed. The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment; and

(3) document and make internal reviews accessible to the commissioner immediately upon the commissioner's request. For the purposes of this section, the documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.

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

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

(1) an assessment of the risks presented by the physical plant where the licensed services are provided, including an evaluation of the following factors: the condition and design of the facility and its outdoor space, bathrooms, storage areas, and accessibility of medications and cleaning products that are harmful to children when children are not supervised and the existence of areas that are difficult to supervise; and

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

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(c) The risk reduction plan must include a statement of measures that will be taken to minimize the risk of harm presented to children for each risk identified in the assessment required under paragraph (b) related to the physical plant and environment. At a minimum, the stated measures must include the development and implementation of specific policies and procedures or reference to existing policies and procedures that minimize the risks identified.

(d) In addition to any program-specific risks identified in paragraph (b), the plan must include development and implementation of specific policies and procedures or refer to existing policies and procedures that minimize the risk of harm or injury to children, including:

- (1) closing children's fingers in doors, including cabinet doors;
- (2) leaving children in the community without supervision;
- (3) children leaving the facility without supervision;
- (4) caregiver dislocation of children's elbows;
- (5) burns from hot food or beverages, whether served to children or being consumed by caregivers, and the devices used to warm food and beverages;
- (6) injuries from equipment, such as scissors and glue guns;
- (7) sunburn;
- (8) feeding children foods to which they are allergic;
- (9) children falling from changing tables; and
- (10) children accessing dangerous items or chemicals or coming into contact with residue from harmful cleaning products.

(e) The plan shall prohibit the accessibility of hazardous items to children.

(f) The plan must include specific policies and procedures to ensure adequate supervision of children at all times as defined under section 142B.01, subdivision 27, with particular emphasis on:

- (1) times when children are transitioned from one area within the facility to another;
- (2) nap-time supervision, including infant crib rooms as specified under section 142B.01, subdivision 27, which requires that when an infant is placed in a crib to sleep, supervision occurs when a staff person is within sight or hearing of the infant. When supervision of a crib room is provided by sight or hearing, the center must have a plan to address the other supervision components;
- (3) child drop-off and pick-up times;
- (4) supervision during outdoor play and on community activities, including but not limited to field trips and neighborhood walks;
- (5) supervision of children in hallways;
- (6) supervision of school-age children when using the restroom and visiting the child's personal storage space; and
- (7) supervision of preschool children when using an individual, private restroom within the classroom.

Subd. 3. Yearly review of risk reduction plan. The license holder must review the risk reduction plan each calendar year and document the review. When conducting the review, the license holder must consider incidents that have occurred in the center since the last review, including:

- (1) the assessment factors in the plan;
- (2) the internal reviews conducted under this section, if any;
- (3) substantiated maltreatment findings, if any; and
- (4) incidents that caused injury or harm to a child, if any, that occurred since the last review.

Following any change to the risk reduction plan, the license holder must inform staff persons, under the control of the license holder, of the changes in the risk reduction plan, and document that the staff were informed of the changes.

142B.62 CHILD CARE LICENSE HOLDER INSURANCE.

(a) A license holder must provide a written notice to all parents or guardians of all children to be accepted for care prior to admission stating whether the license holder has liability insurance. This notice may be incorporated into and provided on the admission form used by the license holder.

(b) If the license holder has liability insurance:

(1) the license holder shall inform parents in writing that a current certificate of coverage for insurance is available for inspection to all parents or guardians of children receiving services and to all parents seeking services from the family child care program;

(2) the notice must provide the parent or guardian with the date of expiration or next renewal of the policy; and

(3) upon the expiration of the policy or a change in coverage, the license holder must provide a new written notice informing all parents or guardians of children receiving services of the change and indicating whether the insurance policy has lapsed.

If a license holder has a continuous insurance policy that renews each year, the license holder may indicate the policy's renewal date in the initial written notice to parents and guardians. This initial written notice shall remain valid and no further notices are required until the insurance coverage changes or the policy lapses.

(c) If the license holder does not have liability insurance, the license holder must provide an annual notice, on a form developed and made available by the commissioner, to the parents or guardians of children in care indicating that the license holder does not carry liability insurance.

(d) The license holder must notify all parents and guardians in writing immediately of any change in insurance status.

(e) The license holder must make available upon request the certificate of liability insurance to the parents of children in care, to the commissioner, and to county licensing agents.

(f) The license holder must document, with the signature of the parent or guardian, that the parent or guardian received the notices required by this section.

142B.65 CHILD CARE CENTER TRAINING REQUIREMENTS.

Subdivision 1. **Orientation.** (a) The child care center license holder must ensure that the director, staff persons, substitutes, and unsupervised volunteers are given orientation training and successfully complete the training before starting assigned duties. The orientation training must include information about:

(1) the center's philosophy, child care program, and procedures for maintaining health and safety according to section 142B.66 and Minnesota Rules, part 9503.0140, and handling emergencies and accidents according to Minnesota Rules, part 9503.0110;

(2) specific job responsibilities;

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

(4) the reporting responsibilities in chapter 260E and Minnesota Rules, part 9503.0130;

(5) the center's drug and alcohol policy under section 142B.10, subdivision 1, paragraph (c);

(6) the center's risk reduction plan as required under section 142B.54, subdivision 2;

(7) at least one-half hour of training on the standards under section 142B.46 and on reducing the risk of sudden unexpected infant death as required in subdivision 6, if applicable;

(8) at least one-half hour of training on the risk of abusive head trauma as required for the director and staff under subdivision 7, if applicable; and

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

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

(1) pediatric first aid, in accordance with subdivision 4; and

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(2) pediatric cardiopulmonary resuscitation, in accordance with subdivision 5.

(c) In addition to paragraph (b), the director and staff persons within the first 90 days of employment, and substitutes and unsupervised volunteers within 90 days from the first date of direct contact with a child, must complete training in child development, in accordance with subdivision 3.

(d) The license holder must ensure that documentation, as required in subdivision 10, identifies the number of hours completed for each topic with a minimum training time identified, if applicable, and that all required content is included.

(e) Training in this subdivision must not be used to meet in-service training requirements in subdivision 9.

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

Subd. 2. **Definitions.** (a) For the purposes of this section, the following terms have the meanings given.

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

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

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

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

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

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

Subd. 3. **Child development and learning training.** (a) The director and all staff persons, substitutes, and unsupervised volunteers shall complete child development and learning training within the first 90 days of employment. The director and staff persons, not including substitutes, must complete at least two hours of training on child development and learning. The training for substitutes and unsupervised volunteers is not required to be of a minimum length. For purposes of this subdivision, "child development and learning training" means any training in Knowledge and Competency Area I: Child Development and Learning, which is training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community.

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

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

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

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

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

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

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

(e) Except for training required under paragraph (a), training completed under this subdivision may be used to meet the in-service training requirements under subdivision 9.

Subd. 4. **First aid.** (a) Unless training has been completed within the previous two years, the director, staff persons, substitutes, and unsupervised volunteers must satisfactorily complete pediatric first aid training prior to having unsupervised direct contact with a child, but not to exceed the first 90 days of employment.

(b) Pediatric first aid training must be repeated at least every second calendar year. First aid training under this subdivision must be provided by an individual approved as a first aid instructor and must not be used to meet in-service training requirements under subdivision 9.

Subd. 5. **Cardiopulmonary resuscitation.** (a) Unless training has been completed within the previous two years, the director, staff persons, substitutes, and unsupervised volunteers must satisfactorily complete pediatric cardiopulmonary resuscitation (CPR) training that meets the requirements of this subdivision. Pediatric CPR training must be completed prior to having unsupervised direct contact with a child, but not to exceed the first 90 days of employment.

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

(c) The pediatric CPR training must:

(1) cover CPR techniques for infants and children and the treatment of obstructed airways;

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

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

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

(e) Pediatric CPR training in this subdivision must not be used to meet in-service training requirements under subdivision 9.

Subd. 6. **Sudden unexpected infant death training.** (a) Before caring for infants, the director, staff persons, substitutes, unsupervised volunteers, and any other volunteers must receive training on the standards under section 142B.46 and on reducing the risk of sudden unexpected infant death during orientation and each calendar year thereafter.

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

(c) Except if completed during orientation, training taken under this subdivision may be used to meet the in-service training requirements under subdivision 9.

Subd. 7. **Abusive head trauma training.** (a) Before caring for children under school age, the director, staff persons, substitutes, and unsupervised volunteers must receive training on the risk of abusive head trauma during orientation and each calendar year thereafter.

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

(c) Except if completed during orientation, training taken under this subdivision may be used to meet the in-service training requirements under subdivision 9.

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

Subd. 8. **Child passenger restraint systems; training requirement.** (a) Before a license holder transports a child or children under age nine in a motor vehicle, the person placing the child or children in a passenger restraint must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles.

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

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

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obtain a list of certified and approved trainers through the Department of Public Safety website or by contacting the agency.

(d) Child care providers that only transport school-age children as defined in section 142B.01, subdivision 25, in child care buses as defined in section 169.448, subdivision 1, paragraph (e), are exempt from this subdivision.

(e) Training completed under this subdivision may be used to meet in-service training requirements under subdivision 9. Training completed within the previous five years is transferable upon a staff person's change in employment to another child care center.

Subd. 9. **In-service training.** (a) A license holder must ensure that the center director, staff persons, substitutes, and unsupervised volunteers complete in-service training each calendar year.

(b) The center director and staff persons who work more than 20 hours per week must complete 24 hours of in-service training each calendar year. Staff persons who work 20 hours or less per week must complete 12 hours of in-service training each calendar year. Substitutes and unsupervised volunteers must complete at least two hours of training each year, and the training must include the requirements of paragraphs (d) to (g).

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

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

(1) the center's procedures for maintaining health and safety according to section 142B.66 and Minnesota Rules, part 9503.0140, and handling emergencies and accidents according to Minnesota Rules, part 9503.0110;

(2) the reporting responsibilities under chapter 260E and Minnesota Rules, part 9503.0130;

(3) at least one-half hour of training on the standards under section 142B.46 and on reducing the risk of sudden unexpected infant death as required under subdivision 6, if applicable; and

(4) at least one-half hour of training on the risk of abusive head trauma from shaking infants and young children as required under subdivision 7, if applicable.

(e) Each year, or when a change is made, whichever is more frequent, in-service training must be provided on: (1) the center's risk reduction plan under section 142B.54, subdivision 2; and (2) a child's individual child care program plan as required under Minnesota Rules, part 9503.0065, subpart 3.

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

(1) child development and learning training under subdivision 3;

(2) pediatric first aid that meets the requirements of subdivision 4;

(3) pediatric cardiopulmonary resuscitation training that meets the requirements of subdivision 5;

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

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

(g) At least once every five years, in-service training must include child passenger restraint training that meets the requirements of subdivision 8, if applicable.

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

(1) Content area I: child development and learning;

(2) Content area II: developmentally appropriate learning experiences;

(3) Content area III: relationships with families;

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

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

(6) Content area VI: professionalism;

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

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

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

(1) "Child development and learning training" means training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community.

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

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

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

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

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

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

(8) "Application through clinical experiences" means clinical experiences in which a person applies effective teaching practices using a range of educational programming models.

(j) The license holder must ensure that documentation, as required in subdivision 10, includes the number of total training hours required to be completed, name of the training, the Minnesota Knowledge and Competency Framework content area, number of hours completed, and the director's approval of the training.

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

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

142B.66 CHILD CARE CENTER HEALTH AND SAFETY REQUIREMENTS.

Subdivision 1. **Allergy prevention and response.** (a) Before admitting a child for care, the license holder must obtain documentation of any known allergy from the child's parent or legal guardian or the child's source of medical care. If a child has a known allergy, the license holder must maintain current information about the allergy in the child's record and develop an individual child care program plan as specified in Minnesota Rules, part 9503.0065, subpart 3. The individual child care program plan must include but not be limited to a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information.

(b) The license holder must ensure that each staff person who is responsible for carrying out the individual child care program plan review and follow the plan. Documentation of a staff person's review must be kept on site.

(c) At least once each calendar year or following any changes made to allergy-related information in the child's record, the license holder must update the child's individual child care program plan and inform each staff person who is responsible for carrying out the individual child care program plan of the change. The license holder must keep on site documentation that a staff person was informed of a change.

(d) A child's allergy information must be available at all times including on site, when on field trips, or during transportation. A child's food allergy information must be readily available to a staff person in the area where food is prepared and served to the child.

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(e) The license holder must contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical intervention. The license holder must call emergency medical services when epinephrine is administered to a child in the license holder's care.

Subd. 2. **Handling and disposal of bodily fluids.** The licensed child care center must comply with the following procedures for safely handling and disposing of bodily fluids:

(1) surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, must be cleaned and disinfected according to Minnesota Rules, part 9503.0005, subpart 11;

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

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

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

(5) the license holder must ensure that each staff person follows universal precautions to reduce the risk of spreading infectious disease.

Subd. 3. **Emergency preparedness.** (a) A licensed child care center must have a written emergency plan for emergencies that require evacuation, sheltering, or other protection of a child, such as fire, natural disaster, intruder, or other threatening situation that may pose a health or safety hazard to a child. The plan must be written on a form developed by the commissioner and must include:

(1) procedures for an evacuation, relocation, shelter-in-place, or lockdown;

(2) a designated relocation site and evacuation route;

(3) procedures for notifying a child's parent or legal guardian of the evacuation, relocation, shelter-in-place, or lockdown, including procedures for reunification with families;

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

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

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

(7) procedures for communicating with local emergency management officials, law enforcement officials, or other appropriate state or local authorities; and

(8) accommodations for infants and toddlers.

(b) The license holder must train staff persons on the emergency plan at orientation, when changes are made to the plan, and at least once each calendar year. Training must be documented in each staff person's personnel file.

(c) The license holder must conduct drills according to the requirements in Minnesota Rules, part 9503.0110, subpart 3. The date and time of the drills must be documented.

(d) The license holder must review and update the emergency plan each calendar year. Documentation of the yearly emergency plan review shall be maintained in the program's administrative records.

(e) The license holder must include the emergency plan in the program's policies and procedures as specified under section 142B.10, subdivision 21. The license holder must provide a physical or electronic copy of the emergency plan to the child's parent or legal guardian upon enrollment.

(f) The relocation site and evacuation route must be posted in a visible place as part of the written procedures for emergencies and accidents in Minnesota Rules, part 9503.0140, subpart 21.

Subd. 4. **Child passenger restraint requirements.** A license holder must comply with all seat belt and child passenger restraint system requirements under section 169.685.

Subd. 5. **Telephone requirement in licensed child care centers.** (a) A working telephone which is capable of making outgoing calls and receiving incoming calls must be located within the licensed child care center at all times. Staff must have access to a working telephone while providing

care and supervision to children in care, even if the care occurs outside of the child care facility. A license holder may use a cellular telephone to meet the requirements of this subdivision.

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

142B.70 FAMILY CHILD CARE TRAINING REQUIREMENTS.

Subdivision 1. **Initial training.** (a) License holders, second adult caregivers, and substitutes must comply with the training requirements in this section.

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

(c) Training requirements established under this section that must be completed prior to initial licensure must be satisfied only by a newly licensed child care provider or by a child care provider who has not held an active child care license in Minnesota in the previous 12 months. A child care provider who voluntarily cancels a license or allows the license to lapse for a period of less than 12 months and who seeks reinstatement of the lapsed or canceled license within 12 months of the lapse or cancellation must satisfy the annual, ongoing training requirements, and is not required to satisfy the training requirements that must be completed prior to initial licensure. A child care provider who relocates within the state must (1) satisfy the annual, ongoing training requirements according to the schedules established in this section and (2) not be required to satisfy the training requirements under this section that the child care provider completed prior to initial licensure. If a licensed provider moves to a new county, the new county is prohibited from requiring the provider to complete any orientation class or training for new providers.

(d) Before a second adult caregiver or substitute cares for a child or assists in the care of a child, the license holder must train the second adult caregiver or substitute on:

- (1) the emergency preparedness plan required under section 142B.71, subdivision 3; and
- (2) allergy prevention and response required under section 142B.71, subdivision 1.

Subd. 2. **Definitions and general provisions.** For the purposes of this section, the following terms have the meanings given:

(1) "second adult caregiver" means an adult who cares for children in the licensed program along with the license holder for a cumulative total of more than 500 hours annually;

(2) "helper" means a minor, ages 13 to 17, who assists in caring for children; and

(3) "substitute" means an adult who assumes responsibility for a license holder for a cumulative total of not more than 500 hours annually.

An adult who cares for children in the licensed program along with the license holder for a cumulative total of not more than 500 hours annually has the same training requirements as a substitute.

Subd. 3. **Child development and learning and behavior guidance training.** (a) For purposes of family and group family child care, the license holder and each second adult caregiver shall complete and document at least four hours of child development and learning and behavior guidance training prior to initial licensure, and before caring for children. For purposes of this subdivision, "child development and learning training" means training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community. "Behavior guidance training" means training in the understanding of the functions of child behavior and strategies for managing challenging situations. The training shall be developed or approved by the commissioner of children, youth, and families.

(b) Notwithstanding initial child development and learning and behavior guidance training requirements in paragraph (a), individuals are exempt from this requirement if they:

- (1) have taken a three-credit course on early childhood development within the past five years;
- (2) have received a baccalaureate or master's degree in early childhood education or school-age child care within the past five years;
- (3) are licensed in Minnesota as a prekindergarten teacher, an early childhood educator, a kindergarten to grade 6 teacher with a prekindergarten specialty, an early childhood special education teacher, or an elementary teacher with a kindergarten endorsement; or

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

(c) The license holder and each second adult caregiver must annually take at least two hours of child development and learning or behavior guidance training. A three-credit course about early childhood development meets the requirements of this paragraph.

Subd. 4. **First aid.** (a) Before initial licensure and before caring for a child, license holders, second adult caregivers, and substitutes must be trained in pediatric first aid. The first aid training must have been provided by an individual approved to provide first aid instruction. First aid training may be less than eight hours and persons qualified to provide first aid training include individuals approved as first aid instructors. License holders, second adult caregivers, and substitutes must repeat pediatric first aid training every two years within 90 days of the date the training was previously taken.

(b) Video training reviewed and approved by the county licensing agency satisfies the training requirement of this subdivision.

Subd. 5. **Cardiopulmonary resuscitation.** (a) Before initial licensure and before caring for a child, license holders, second adult caregivers, and substitutes must be trained in pediatric cardiopulmonary resuscitation (CPR), including CPR techniques for infants and children, and in the treatment of obstructed airways. The CPR training must have been provided by an individual approved to provide CPR instruction. License holders, second adult caregivers, and substitutes must repeat pediatric CPR training at least once every two years within 90 days of the date the training was previously taken, and the training must be documented in the license holder's records.

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

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

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

Subd. 6. **Sudden unexpected infant death and abusive head trauma training.** (a) License holders must ensure and document that before the license holder, second adult caregivers, substitutes, and helpers assist in the care of infants, they are instructed on the standards in section 142B.46 and receive training on reducing the risk of sudden unexpected infant death. In addition, license holders must ensure and document that before the license holder, second adult caregivers, substitutes, and helpers assist in the care of infants and children under school age, they receive training on reducing the risk of abusive head trauma from shaking infants and young children. The training in this subdivision may be provided as initial training under subdivision 1 or ongoing annual training under subdivision 8.

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

(c) Abusive head trauma training required under this subdivision must, at a minimum, address the risk factors related to shaking infants and young children, means of reducing the risk of abusive head trauma in child care, and license holder communication with parents regarding reducing the risk of abusive head trauma.

(d) Training for family and group family child care providers must be developed by the commissioner in conjunction with the Minnesota Sudden Infant Death Center and approved by the Minnesota Center for Professional Development. Sudden unexpected infant death reduction training and abusive head trauma training may be provided in a single course of no more than two hours in length.

(e) Sudden unexpected infant death reduction training and abusive head trauma training required under this subdivision must be completed in person or as allowed under subdivision 11, clause (1) or (2), at least once every two years. On the years when the individual receiving training is not receiving training in person or as allowed under subdivision 11, clause (1) or (2), the individual receiving training in accordance with this subdivision must receive sudden unexpected infant death reduction training and abusive head trauma training through a video of no more than one hour in length. The video must be developed or approved by the commissioner.

(f) An individual who is related to the license holder as defined in section 142B.01, subdivision 15, and who is involved only in the care of the license holder's own infant or child under school

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age and who is not designated to be a second adult caregiver, helper, or substitute for the licensed program, is exempt from the sudden unexpected infant death and abusive head trauma training.

Subd. 7. **Child passenger restraint systems; training requirement.** (a) A license holder must comply with all seat belt and child passenger restraint system requirements under section 169.685.

(b) Family and group family child care programs licensed by the Department of Children, Youth, and Families that serve a child or children under nine years of age must document training that fulfills the requirements in this subdivision.

(1) Before a license holder, second adult caregiver, substitute, or helper transports a child or children under age nine in a motor vehicle, the person placing the child or children in a passenger restraint must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles. Training completed under this subdivision may be used to meet initial training under subdivision 1 or ongoing training under subdivision 8.

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

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

(c) Child care providers that only transport school-age children as defined in section 142B.01, subdivision 13, paragraph (f), in child care buses as defined in section 169.448, subdivision 1, paragraph (e), are exempt from this subdivision.

Subd. 8. **Training requirements for family and group family child care.** (a) For purposes of family and group family child care, the license holder and each second adult caregiver must complete 16 hours of ongoing training each year. Repeat of topical training requirements in subdivisions 3 to 9 shall count toward the annual 16-hour training requirement. Additional ongoing training subjects to meet the annual 16-hour training requirement must be selected from the following areas:

(1) child development and learning training in understanding how a child develops physically, cognitively, emotionally, and socially, and how a child learns as part of the child's family, culture, and community;

(2) developmentally appropriate learning experiences, including training in creating positive learning experiences, promoting cognitive development, promoting social and emotional development, promoting physical development, promoting creative development; and behavior guidance;

(3) relationships with families, including training in building a positive, respectful relationship with the child's family;

(4) assessment, evaluation, and individualization, including training in observing, recording, and assessing development; assessing and using information to plan; and assessing and using information to enhance and maintain program quality;

(5) historical and contemporary development of early childhood education, including training in past and current practices in early childhood education and how current events and issues affect children, families, and programs;

(6) professionalism, including training in knowledge, skills, and abilities that promote ongoing professional development; and

(7) health, safety, and nutrition, including training in establishing healthy practices; ensuring safety; and providing healthy nutrition.

(b) A provider who is approved as a trainer through the Develop data system may count up to two hours of training instruction toward the annual 16-hour training requirement in paragraph (a). The provider may only count training instruction hours for the first instance in which they deliver a particular content-specific training during each licensing year. Hours counted as training instruction must be approved through the Develop data system with attendance verified on the trainer's individual

learning record and must be in Knowledge and Competency Framework content area VII A (Establishing Healthy Practices) or B (Ensuring Safety).

(c) Substitutes and adult caregivers who provide care for 500 or fewer hours per year must complete a minimum of one hour of training each calendar year, and the training must include the requirements in subdivisions 3, 4, 5, 6, and 9.

Subd. 9. **Other required training requirements.** (a) The training required of family and group family child care providers and staff must include training in the cultural dynamics of early childhood development and child care. The cultural dynamics and disabilities training and skills development of child care providers must be designed to achieve outcomes for providers of child care that include, but are not limited to:

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

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

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

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

(5) developing skills in culturally appropriate caregiving; and

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

The commissioner shall approve the curriculum for cultural dynamics and disability training.

(b) The provider must meet the training requirement in section 142B.41, subdivision 9, paragraph (a), clause (4), to be eligible to allow a child cared for at the family child care or group family child care home to use the swimming pool located at the home.

Subd. 10. **Supervising for safety; training requirement.** (a) Courses required by this subdivision must include the following health and safety topics:

(1) preventing and controlling infectious diseases;

(2) administering medication;

(3) preventing and responding to allergies;

(4) ensuring building and physical premises safety;

(5) handling and storing biological contaminants;

(6) preventing and reporting child abuse and maltreatment; and

(7) emergency preparedness.

(b) Before initial licensure and before caring for a child, all family child care license holders and each second adult caregiver shall complete and document the completion of the six-hour Supervising for Safety for Family Child Care course developed by the commissioner.

(c) The license holder must ensure and document that, before caring for a child, all substitutes have completed the four-hour Basics of Licensed Family Child Care for Substitutes course developed by the commissioner, which must include health and safety topics as well as child development and learning.

(d) The family child care license holder and each second adult caregiver shall complete and document:

(1) the annual completion of either:

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

(ii) any courses in the ensuring safety competency area under the health, safety, and nutrition standard of the Knowledge and Competency Framework that the commissioner has identified as an active supervision training course; and

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(2) the completion at least once every five years of the two-hour courses Health and Safety I and Health and Safety II. A license holder's or second adult caregiver's completion of either training in a given year meets the annual active supervision training requirement in clause (1).

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

Subd. 11. **Approved training.** (a) The commissioner of children, youth, and families must post information on the department's website indicating the specific category within the Knowledge and Competency Framework that will satisfy training requirements for child development and learning, behavior guidance, and active supervision. County licensing staff must accept trainings designated as satisfying training requirements by the commissioner under this paragraph.

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

(c) County licensing staff must accept training approved by the Minnesota Center for Professional Development, including:

- (1) face-to-face or classroom training;
- (2) online training; and
- (3) relationship-based professional development, such as mentoring, coaching, and consulting.

Subd. 12. **Provider training.** New and increased training requirements under this section must not be imposed on providers until the commissioner establishes statewide accessibility to the required provider training.

142B.71 FAMILY CHILD CARE HEALTH AND SAFETY REQUIREMENTS.

Subdivision 1. **Allergy prevention and response.** (a) Before admitting a child for care, the license holder must obtain information about any known allergy from the child's parent or legal guardian. The license holder must maintain current allergy information in each child's record. The allergy information must include a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information.

(b) The child's allergy information must be documented on a form approved by the commissioner, readily available to all caregivers, and reviewed annually by the license holder and each caregiver.

Subd. 2. **Handling and disposal of bodily fluids.** The licensed family child care provider must comply with the following procedures for safely handling and disposing of bodily fluids:

- (1) surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, must be cleaned and disinfected as described in section 142B.76;
- (2) blood-contaminated material must be disposed of in a plastic bag with a secure tie;
- (3) sharp items used for a child with special care needs must be disposed of in a "sharps container." The sharps container must be stored out of reach of a child; and
- (4) the license holder must have the following bodily fluid disposal supplies available: disposable gloves, disposal bags, and eye protection.

Subd. 3. **Emergency preparedness plan.** (a) A licensed family child care provider must have a written emergency preparedness plan for emergencies that require evacuation, sheltering, or other protection of children, such as fire, natural disaster, intruder, or other threatening situation that may pose a health or safety hazard to children. The plan must be written on a form developed by the commissioner and updated at least annually. The plan must include:

- (1) procedures for an evacuation, relocation, shelter-in-place, or lockdown;
- (2) a designated relocation site and evacuation route;
- (3) procedures for notifying a child's parent or legal guardian of the evacuation, shelter-in-place, or lockdown, including procedures for reunification with families;
- (4) accommodations for a child with a disability or a chronic medical condition;

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- (5) procedures for storing a child's medically necessary medicine that facilitate easy removal during an evacuation or relocation;
 - (6) procedures for continuing operations in the period during and after a crisis;
 - (7) procedures for communicating with local emergency management officials, law enforcement officials, or other appropriate state or local authorities; and
 - (8) accommodations for infants and toddlers.
- (b) The license holder must train caregivers before the caregiver provides care and at least annually on the emergency preparedness plan and document completion of this training.
 - (c) The license holder must conduct drills according to the requirements in Minnesota Rules, part 9502.0435, subpart 8. The date and time of the drills must be documented.
 - (d) The license holder must have the emergency preparedness plan available for review.

Subd. 4. **Transporting children.** A license holder must ensure compliance with all seat belt and child passenger restraint system requirements under section 169.685.

Subd. 5. **Telephone requirement.** Notwithstanding Minnesota Rules, part 9502.0435, subpart 8, item B, a license holder is not required to post a list of emergency numbers. A license holder may use a cellular telephone to meet the requirements of Minnesota Rules, part 9502.0435, subpart 8, if the cellular telephone is sufficiently charged for use at all times.

142B.72 FAMILY CHILD CARE PHYSICAL SPACE REQUIREMENTS.

Subdivision 1. **Means of escape.** (a) At least one emergency escape route separate from the main exit from the space must be available in: (1) each room used for sleeping by anyone receiving licensed care; and (2) a basement used for child care. One means of escape must be a stairway or door leading to the floor of exit discharge. The other must be a door or window leading directly outside. A window used as an emergency escape route must be openable without special knowledge.

(b) In homes with construction that began before March 31, 2020, the interior of the window leading directly outside must have a net clear opening area of not less than 4.5 square feet or 648 square inches and have minimum clear opening dimensions of 20 inches wide and 20 inches high. The net clear opening dimensions shall be the result of normal operation of the opening. The opening must be no higher than 48 inches from the floor. The height to the window may be measured from a platform if a platform is located below the window.

(c) In homes with construction that began on or after March 31, 2020, the interior of the window leading directly outside must have minimum clear opening dimensions of 20 inches wide and 24 inches high. The net clear opening dimensions shall be the result of normal operation of the opening. The opening must be no higher than 44 inches from the floor.

Additional requirements are dependent on the distance of the openings from the ground outside the window: (1) windows or other openings with a sill height not more than 44 inches above or below the finished ground level adjacent to the opening (grade-floor emergency escape and rescue openings) must have a minimum opening of five square feet; and (2) non-grade-floor emergency escape and rescue openings must have a minimum opening of 5.7 square feet.

Subd. 2. **Door to attached garage.** (a) If there is an opening between an attached garage and a day care residence, there must be a door that is:

- (1) a solid wood bonded-core door at least 1-3/8 inches thick;
- (2) a steel insulated door at least 1-3/8 inches thick; or
- (3) a door with a fire protection rating of 20 minutes.

(b) The separation wall on the garage side between the residence and garage must consist of 1/2-inch-thick gypsum wallboard or its equivalent.

Subd. 3. **Heating and venting systems.** (a) Notwithstanding Minnesota Rules, part 9502.0425, subpart 7, item C, items that can be ignited and support combustion, including but not limited to plastic, fabric, and wood products must not be located within:

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

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

Subd. 4. **Fire extinguisher.** A portable, operational, multipurpose, dry chemical fire extinguisher with a minimum 2 A 10 BC rating must be located in or near the kitchen and cooking areas of the residence at all times. The fire extinguisher must be serviced annually by a qualified inspector. All caregivers must know how to properly use the fire extinguisher.

Subd. 5. **Carbon monoxide and smoke alarms.** (a) All homes must have an approved and operational carbon monoxide alarm installed within ten feet of each room used for sleeping children in care.

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

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

Subd. 6. **Updates.** After readoption of the Minnesota State Fire Code, the fire marshal must notify the commissioner of any changes that conflict with this section and Minnesota Rules, chapter 9502. The state fire marshal must identify necessary statutory changes to align statutes with the revised code. The commissioner must recommend updates to sections of this chapter that are derived from the Minnesota State Fire Code in the legislative session following readoption of the code.

Subd. 7. **Fire code variances.** When a variance is requested of the standards contained in subdivision 1, 2, 3, 4, or 5, an applicant or provider must submit written approval from the state fire marshal of the variance requested and the alternative measures identified to ensure the safety of children in care.

Subd. 8. **Stairways.** (a) All stairways must meet the requirements in this subdivision.

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

(c) Any open area between the handrail and stair tread must be enclosed with a protective guardrail as specified in the State Building Code. At open risers, openings located more than 30 inches or 762 millimeters as measured vertically to the floor or grade below must not permit the passage of a sphere four inches or 102 millimeters in diameter.

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

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

142B.74 SUBSTITUTE CAREGIVERS AND REPLACEMENTS IN FAMILY CHILD CARE.

Subdivision 1. **Total hours allowed.** Notwithstanding Minnesota Rules, part 9502.0365, subpart 5, the use of a substitute caregiver in a licensed family child care program must be limited to a cumulative total of not more than 500 hours annually. The license holder must document the name, dates, and number of hours of the substitute who provided care.

Subd. 2. **Emergency replacement supervision.** (a) A license holder may allow an adult who has not completed the training requirements under this chapter or the background study requirements under chapter 245C to supervise children in a family child care program in an emergency. For purposes of this subdivision, an emergency is a situation in which:

(1) the license holder has begun operating the family child care program for the day and for reasons beyond the license holder's control, including, but not limited to a serious illness or injury, accident, or situation requiring the license holder's immediate attention, the license holder needs to leave the licensed space and close the program for the day; and

(2) the parents or guardians of the children attending the program are contacted to pick up their children as soon as is practicable.

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

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

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

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

(f) Notwithstanding the requirements in Minnesota Rules, part 9502.0405, a license holder is not required to provide the names of persons who may be used as replacements in emergencies to parents or the county licensing agency.

142B.75 FAMILY CHILD CARE INFANT SLEEP SUPERVISION REQUIREMENTS.

Subdivision 1. **In-person checks on infants.** (a) License holders of family child care programs that serve infants are encouraged to monitor sleeping infants by conducting in-person checks on each infant in their care every 30 minutes.

(b) Upon enrollment of an infant in a family child care program, the license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes, during the first four months of care.

(c) When an infant has an upper respiratory infection, the license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes throughout the hours of sleep.

Subd. 2. **Use of audio or visual monitoring devices.** In addition to conducting the in-person checks encouraged under subdivision 1, license holders serving infants are encouraged to use and maintain an audio or visual monitoring device to monitor each sleeping infant in care during all hours of sleep.

142B.76 FAMILY CHILD CARE DIAPERING AREA DISINFECTION.

Notwithstanding Minnesota Rules, part 9502.0435, a family child care provider may disinfect the diaper changing surface with chlorine bleach in a manner consistent with label directions for disinfection or with a surface disinfectant that meets the following criteria:

(1) the manufacturer's label or instructions state that the product is registered with the United States Environmental Protection Agency;

(2) the manufacturer's label or instructions state that the disinfectant is effective against *Staphylococcus aureus*, *Salmonella enterica*, and *Pseudomonas aeruginosa*;

(3) the manufacturer's label or instructions state that the disinfectant is effective with a ten minute or less contact time;

(4) the disinfectant is clearly labeled by the manufacturer with directions for mixing and use;

(5) the disinfectant is used only in accordance with the manufacturer's directions; and

(6) the product does not include triclosan or derivatives of triclosan.

142B.77 SUPERVISION OF FAMILY CHILD CARE LICENSE HOLDER'S OWN CHILD.

(a) Notwithstanding Minnesota Rules, part 9502.0365, subpart 5, and with the license holder's consent, an individual may be present in the licensed space, may supervise the family child care license holder's own child both inside and outside of the licensed space, and is exempt from the training and supervision requirements of this chapter and Minnesota Rules, chapter 9502, if the individual:

(1) is related to the license holder or to the license holder's child, as defined in section 142B.01, subdivision 15, or is a household member who the license holder has reported to the county agency;

(2) is not a designated caregiver, helper, or substitute for the licensed program;

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

(4) does not have direct, unsupervised contact with any nonrelative children receiving services.

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

144.9821 ADVANCING HEALTH EQUITY THROUGH CAPACITY BUILDING AND RESOURCE ALLOCATION.

Subdivision 1. **Establishment of grant program.** (a) The commissioner of health shall establish an annual grant program to award infrastructure capacity building grants to help metro and rural community and faith-based organizations serving people of color, American Indians, LGBTQIA+ communities, and people living with disabilities in Minnesota who have been disproportionately impacted by health and other inequities to be better equipped and prepared for success in procuring grants and contracts at the department and addressing inequities.

(b) The commissioner of health shall create a framework at the department to maintain equitable practices in grantmaking to ensure that internal grantmaking and procurement policies and practices prioritize equity, transparency, and accessibility to include:

(1) a tracking system for the department to better monitor and evaluate equitable procurement and grantmaking processes and their impacts; and

(2) technical assistance and coaching to department leadership in grantmaking and procurement processes and programs and providing tools and guidance to ensure equitable and transparent competitive grantmaking processes and award distribution across communities most impacted by inequities and develop measures to track progress over time.

Subd. 2. **Commissioner's duties.** The commissioner of health shall:

(1) in consultation with community stakeholders, community health boards and Tribal nations, develop a request for proposals for an infrastructure capacity building grant program to help community-based organizations, including faith-based organizations, to be better equipped and prepared for success in procuring grants and contracts at the department and beyond;

(2) provide outreach, technical assistance, and program development support to increase capacity for new and existing community-based organizations and other service providers in order to better meet statewide needs particularly in greater Minnesota and areas where services to reduce health disparities have not been established;

(3) in consultation with community stakeholders, review responses to requests for proposals and award grants under this section;

(4) ensure communication with the ethnic councils, Minnesota Indian Affairs Council, Minnesota Council on Disability, Minnesota Commission of the Deaf, DeafBlind, and Hard of Hearing, and the governor's office on the request for proposal process;

(5) in consultation with community stakeholders, establish a transparent and objective accountability process focused on outcomes that grantees agree to achieve;

(6) maintain data on outcomes reported by grantees; and

(7) establish a process or mechanism to evaluate the success of the capacity building grant program and to build the evidence base for effective community-based organizational capacity building in reducing disparities.

Subd. 3. **Eligible grantees.** Organizations eligible to receive grant funding under this section include: organizations or entities that work with diverse communities such as people of color, American Indians, LGBTQIA+ communities, and people with disabilities in metro and rural communities.

Subd. 4. **Strategic consideration and priority of proposals; eligible populations; grant awards.** (a) The commissioner, in consultation with community stakeholders, shall develop a request for proposals for equity in procurement and grantmaking capacity building grant program to help community-based organizations, including faith-based organizations to be better equipped and prepared for success in procuring grants and contracts at the department and addressing inequities.

(b) In awarding the grants, the commissioner shall provide strategic consideration and give priority to proposals from organizations or entities led by populations of color or American Indians, and those serving communities of color, American Indians, LGBTQIA+ communities, and disability communities.

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Subd. 5. **Geographic distribution of grants.** The commissioner shall ensure that grant funds are prioritized and awarded to organizations and entities that are within counties that have a higher proportion of Black or African American, nonwhite Latino(a), LGBTQIA+, and disability communities to the extent possible.

Subd. 6. **Report.** Grantees must report grant program outcomes to the commissioner on the forms and according to the timelines established by the commissioner.

151.741 INSULIN MANUFACTURER REGISTRATION FEE.

Subd. 2. **Assessment of registration fee.** (a) The board shall assess each manufacturer an annual registration fee of \$100,000, except as provided in paragraph (b). The board shall notify each manufacturer of this requirement beginning November 1, 2024, and each November 1 thereafter.

(b) A manufacturer may request an exemption from the annual registration fee. The board shall exempt a manufacturer from the annual registration fee if the manufacturer can demonstrate to the board, in the form and manner specified by the board, that gross revenue from sales of prescription insulin produced by that manufacturer and sold or delivered within or into Minnesota was less than five percent of the total gross revenue from sales of prescription insulin produced by all manufacturers and sold or delivered within or into Minnesota in the previous calendar year.

Subd. 3. **Payment of the registration fee; deposit of fee.** (a) Each manufacturer must pay the registration fee by March 1, 2025, and by each March 1 thereafter. In the event of a change in ownership of the manufacturer, the new owner must pay the registration fee that the original owner would have been assessed had the original owner retained ownership. The board may assess a late fee of ten percent per month or any portion of a month that the registration fee is paid after the due date.

(b) The registration fee, including any late fees, must be deposited in the insulin safety net program account.

Subd. 6. **Contingent transfer by commissioner.** If subdivisions 2 and 3, or the application of subdivisions 2 and 3 to any person or circumstance, are held invalid for any reason in a court of competent jurisdiction, the invalidity of subdivisions 2 and 3 does not affect other provisions of this act, and the commissioner of management and budget shall annually transfer from the health care access fund to the insulin safety net program account an amount sufficient to implement subdivision 4.

256B.198 PAYMENTS FOR NON-HOSPITAL-BASED GOVERNMENTAL HEALTH CENTERS.

(a) The commissioner may make payments to non-hospital-based health centers operated by a governmental entity for the difference between the expenditures incurred by the health center for patients eligible for medical assistance, and the payments to the health center for medical assistance permitted elsewhere under this chapter.

(b) The nonfederal share of payments authorized under paragraph (a) shall be provided through certified public expenditures authorized under section 256B.199, paragraph (b).

(c) Effective July 1, 2013, or no earlier than 12 months after implementation of a total cost of care demonstration project, Hennepin County may receive federal matching funds for certified public expenditures under paragraph (a), if the county participates in a total cost of care demonstration project under sections 256B.0755 and 256B.0756, or another total cost of care demonstration project approved by the commissioner, and the county exceeds the minimum performance threshold established by the commissioner for the demonstration project. The value of the federal matching funds for the certified public expenditures allocated to Hennepin County shall be equal to the value of savings achieved above the minimum performance threshold. The same proportion of federal matching funds for certified public expenditure allocated to Hennepin County based on savings achieved under the demonstration project shall continue after the demonstration project and must continue to be paid to Hennepin County each year thereafter.

(d) Beginning July 1, 2014, or no earlier than 12 months after the initial allocation under paragraph (c) if a portion of the federal matching funds for certified public expenditure remains with the state, the commissioner shall annually determine if the savings from county's total cost of care demonstration project exceeded the savings from the previous year and allocate federal matching funds for certified public expenditures to Hennepin County equal to the amount of savings achieved above the amount achieved in the previous year. The proportion of federal matching funds for certified public expenditure allocated to Hennepin County shall be paid to Hennepin County each

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year thereafter, until no federal matching funds for certified public expenditures under paragraph (a) remain with the state.

(e) Nothing under this section precludes Hennepin County from receiving an additional gain-sharing payment or relieves the county from paying a downside risk-sharing payment to the state under the demonstration project under section 256B.0755.

256B.69 PREPAID HEALTH PLANS.

Subd. 31a. **Trend limit; calculation.** (a) Beginning January 1, 2020, and ending June 30, 2024, the commissioner of human services may, to the extent practicable, limit the year over year increase in rates paid to managed care plans and county-based purchasing plans under this section and section 256B.692 by an amount equal to the value of a 0.8 percent reduction in rates in medical assistance across all products. Managed care rates must meet actuarial soundness and rate development requirements under Code of Federal Regulations, title 42, part 438, subpart A. Forecast expenditure growth assumptions cannot be part of the rate-setting process.

(b) In the November 2019 forecast, the commissioner of human services, in consultation with the commissioner of management and budget, shall determine the extent to which the year over year change in managed care and county-based purchasing plan rates are forecasted to reduce medical assistance expenditures in fiscal years 2020 through 2024, relative to projected expenditures from the end of the 2019 legislative session that establish a budget for the Department of Human Services. To the extent the total value of the reduction is less than \$145,150,000, the commissioner of management and budget shall transfer the difference from the premium security account established in section 62E.25, subdivision 1, to the general fund.

260.63 DEFINITIONS.

Subd. 9. **Disproportionality.** "Disproportionality" means the overrepresentation of African American children and other disproportionately represented children in Minnesota's child welfare system population as compared to the representation of those children in Minnesota's total child population.

609.466 MEDICAL ASSISTANCE FRAUD.

Any person who, with the intent to defraud, presents a claim for reimbursement, a cost report or a rate application, relating to the payment of medical assistance funds pursuant to chapter 256B, to the state agency, which is false in whole or in part, is guilty of an attempt to commit theft of public funds and may be sentenced accordingly.

2500.0100 DEFINITIONS.

Subp. 5b. **Good standing.** "Good standing" means any license which is not the subject of current disciplinary action as identified in Minnesota Statutes, section 148.10, subdivisions 1, 3, and 4. The pendency of a complaint shall not cause a license to lose good standing unless and until the complaint results in disciplinary action under Minnesota Statutes, section 148.10 or pursuant to a stipulation and order. A license shall be restored to good standing upon the satisfactory completion, expiration, or other agreed upon termination of all terms of a stipulation and order. An agreement for corrective action as described under Minnesota Statutes, section 214.103, subdivision 6, shall not cause a license to lose good standing.

Subp. 6. **Inactive license.** "Inactive license" means a restricted license that allows the licensee to maintain a license but does not allow the licensee to actively practice in Minnesota.

Subp. 12. **Voluntarily retired license.** "Voluntarily retired license" means a license which has been voluntarily surrendered by a chiropractor. It relinquishes all rights to practice chiropractic in Minnesota.

2500.1900 LICENSE REINSTATEMENT.

A license terminated by reason of the licensee's failure to comply with the continuing education requirements of parts 2500.1200 to 2500.2000, or failure to submit a completed application for license renewal as prescribed by the board, may be reinstated or restored to full status by following one of the applicable procedures in items A to E.

A. An applicant whose license has been terminated for a period of less than five years, and who can verify continual practice elsewhere during that time, shall be reinstated by completing all interim continuing education and paying all interim licensure fees that would have been required for continual licensure, paying any accrued penalty fees established in part 2500.1100, subpart 3, and repairing any other deficiencies that led to the termination.

B. An applicant whose license has been terminated for a period of greater than five years and who can verify continual practice elsewhere during that time must, in addition to following the procedures in item A, complete the board's jurisprudence examination.

C. An applicant whose license has been terminated for a period of less than five years, and who cannot verify continual practice during that time, shall be reinstated by completing all interim continuing education that would have been required for continual licensure, completing an additional ten units of approved continuing education for each intervening renewal year, paying all accrued penalty fees and interim licensure fees required for continual licensure, and repairing any other deficiencies that led to the termination.

D. An applicant whose license has been terminated for a period of greater than five years, and who cannot verify continual practice during that time, shall be reinstated by paying all accrued penalty fees and interim licensure fees that would have been required for continual licensure, repairing any other deficiencies that led to the termination, taking the board's jurisprudence examination, and completing the Special Purposes Examination in Chiropractic administered by the National Board of Chiropractic Examiners, or other examination approved by the board.

E. At the election of the applicant, the board shall waive any of the continuing education requirements in items A to C upon successful completion of the Special Purposes Examination in Chiropractic administered by the National Board of Chiropractic Examiners, or any other examination approved by the board, within 12 months preceding the application.

Any continuing education units acquired in another jurisdiction for the purposes of license renewal may be applied to item A, B, or C. None of the continuing education units obtained for the purpose of reinstating a terminated license apply to the current annual requirement. Applicants must complete a board-approved application for reinstatement.

2500.2020 INACTIVE LICENSE.

A Minnesota licensed chiropractor may apply to the board for an inactive license according to items A to C. An inactive license is intended for those chiropractors who will be in active practice elsewhere.

A. Applicants must complete a board-approved application which must include a signed affidavit stating that the applicant will no longer be actively practicing chiropractic in the state of Minnesota.

B. Upon approval of an application, the board will modify the annual license certificate to indicate inactive licensure.

C. The board may refuse to approve an application if:

(1) a pending or final disciplinary action exists against an applicant's Minnesota license;

(2) a pending or final disciplinary action exists against an applicant's license in another state where the applicant has been licensed to practice chiropractic; or

(3) the applicant's Minnesota license is not current in fees and penalties paid, or in continuing education units obtained for annual license renewal.

2500.2040 REINSTATEMENT OF INACTIVE LICENSE.

An inactive license may be reinstated to an active license according to items A to E:

A. completion of a board-approved application of reinstatement;

B. payment of a reinstatement fee in the amount of \$100;

C. submission of a certification of good standing from each state the doctor was granted a license;

D. submission of a notarized statement from the doctor stating:

(1) that the doctor has remained in active practice in another state or country during the period of inactive license status in Minnesota;

(2) that the doctor has met the continuing education requirements as approved by Minnesota or the states or countries in which the doctor practiced chiropractic, or has taken at least 12 units of continuing education each year of inactive license status, whichever is greater; and

(3) the specific addresses of where the doctor has been in active practice; and

E. completion of 20 units of continuing education as approved by the board the year prior to application for reinstatement.

If any of the requirements of items A to E are not met by the doctor, the board will deny approval of the application for reinstatement.

2500.2100 VOLUNTARILY RETIRED LICENSE.

Upon request of a Minnesota licensed chiropractor, the board may place a license in voluntary retirement unless:

A. a pending or final disciplinary action exists against an applicant's Minnesota license;

B. a pending or final disciplinary action exists against an applicant's license in another state where the applicant has been licensed to practice chiropractic; or

C. the applicant's Minnesota license is not current in fees and penalties paid or in continuing education units obtained for annual license renewal.

2500.2110 REINSTATEMENT OF VOLUNTARILY RETIRED LICENSE.

A. An applicant who has voluntarily retired a license may be reinstated or restored to full status by:

- (1) completing a board-approved application of reinstatement;
- (2) paying a reinstatement fee in the amount of \$100;
- (3) submitting a certification of good standing from each state the doctor was granted a license; and
- (4) following one of the applicable procedures in items B to F.

B. An applicant who has been voluntarily retired for a period of less than five years, and who can verify continual practice elsewhere during that time, shall be reinstated by completing all interim continuing education and paying all accrued penalty fees and interim licensure fees which would have been required for continual licensure, and repairing any deficiencies that occurred prior to retirement.

C. An applicant who has been voluntarily retired for a period of greater than five years who can verify continual practice elsewhere during that time must, in addition to following the procedures in items A and B, complete the board's jurisprudence examination.

D. An applicant who has been voluntarily retired for a period of less than five years, and who cannot verify continual practice during that time, shall be reinstated by completing all interim continuing education that would have been required for continual licensure, completing an additional ten units of approved continuing education for each intervening renewal year, paying all accrued penalty fees and interim licensure fees that would have been required for continual licensure, and repairing any deficiencies that occurred prior to retirement.

E. An applicant who has been voluntarily retired for a period of greater than five years, and who cannot verify continual practice during that time, shall be reinstated by paying all accrued penalty fees and interim licensure fees that would have been required for continual licensure, repairing any other deficiencies that may have occurred prior to retirement, taking the board's jurisprudence examination, and completing the Special Purposes Examination in Chiropractic administered by the National Board of Chiropractic Examiners, or any other examination the board may deem appropriate.

F. At the election of the applicant, the board shall waive any of the continuing education requirements in items B to D, upon successful completion of the Special Purposes Examination in Chiropractic administered by the National Board of Chiropractic Examiners, or other examination the board may deem appropriate, within the 12 months preceding the application.

Any continuing education units acquired in another jurisdiction, for the purposes of license renewal, may be applied to items B, C, and D. None of the continuing education units obtained for the purpose of reinstating a voluntarily retired license apply to the current annual requirement. Applicants must complete a board-approved application of reinstatement.

6800.0400 ANNUAL LICENSE RENEWAL DATE AND FEES.

Each pharmacy license shall expire on June 30 of each year and shall be renewed annually by filing an application for license renewal, on or before June 1 of each year, together with a fee established in Minnesota Statutes, chapter 151. Renewal applications received on or after July 1 are subject to a late filing fee of an amount equal to 50 percent of the renewal fee in addition to the renewal fee.

6800.1150 ANNUAL RENEWAL, FEES, AND POSTING.

A pharmacist license expires on March 1 of each year and shall be renewed annually by filing an application for license renewal on or before February 1 of each year, together

with a fee of \$105. A pharmacist license renewal application received after March 1 is subject to a late filing fee of an amount equal to 50 percent of the renewal fee in addition to the renewal fee.

A pharmacist shall post the license or renewal most recently issued by the board or a copy of it in a conspicuous place within the pharmacy in which the pharmacist is practicing. For community pharmacies, this place shall be a place which is readily visible to the public.

9502.0300 REPEALER AND EFFECTIVE DATE.

Subpart 1. **Repealer.** Minnesota Rules, parts 9545.0310, 9545.0320, 9545.0330, 9545.0340, 9545.0350, 9545.0360, 9545.0370, 9545.0380, 9545.0390, 9545.0400, 9545.0410, 9545.0420, 9545.0430, 9545.0440, and 9545.0450, are repealed, except for providers who are licensed under those parts. As to those providers, parts 9545.0310, 9545.0320, 9545.0330, 9545.0340, 9545.0350, 9545.0360, 9545.0370, 9545.0380, 9545.0390, 9545.0400, 9545.0410, 9545.0420, 9545.0430, 9545.0440, and 9545.0450 are repealed March 25, 1986.

Subp. 2. **Effective date.** Parts 9502.0315 to 9502.0445 take effect April 1, 1985, except for providers who are licensed on April 1, 1985 under parts 9545.0310 to 9545.0440. As to those providers, parts 9502.0315 to 9502.0445 take effect October 1, 1985, or on the first date the provider's license is renewed after March 25, 1985, whichever is later, except that parts 9502.0365 and 9502.0367 shall be construed not to require the exclusion from the day care facility of any child who is receiving care on March 25, 1985.

Any provider who is licensed under parts 9545.0310 to 9545.0440 April 1, 1985, and who is not providing care in a residence as defined by part 9502.0315, subpart 27, may be licensed under parts 9502.0315 to 9502.0445 until the provider ceases to give care in that facility or obtains a license to operate a day care center.

9502.0315 DEFINITIONS.

Subpart 1. **Applicability.** As used in parts 9502.0315 to 9502.0445, the following terms have the meanings given them.

Subp. 2. **Adult.** "Adult" means a person at least 18 years of age.

Subp. 3. **Agency.** "Agency" means the county or multicounty social or human service agency governed by the county board or multicounty human services board.

Subp. 4. **Applicant.** "Applicant" means the person seeking a license to be the primary provider of day care in the residence.

Subp. 5. **Building official.** "Building official" means the person appointed in accordance with Minnesota Statutes, section 326B.133, to administer the State Building Code, or the building official's authorized representative.

Subp. 6. **Caregiver.** "Caregiver" means the provider, substitute, helper, or another adult giving care in the residence.

Subp. 7. **Child.** "Child" means a person ten years of age or younger.

Subp. 8. **Commissioner.** "Commissioner" means the Minnesota commissioner of the Department of Human Services or the commissioner's authorized representative.

Subp. 9. **Day care.** "Day care" means the care of a child in a residence outside the child's own home for gain or otherwise, on a regular basis, for any part of a 24 hour day.

Subp. 10. **Department.** "Department" means the Minnesota Department of Human Services.

Subp. 11. **Family day care.** "Family day care" means day care for no more than ten children at one time of which no more than six are under school age. The licensed capacity must include all children of any caregiver when the children are present in the residence.

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Subp. 12. **Fire marshal.** "Fire marshal" means the person designated by Minnesota Statutes, section 299F.011 to administer and enforce the State Fire Code, or the fire marshal's authorized representative.

Subp. 13. **Group family day care.** "Group family day care" means day care for no more than 14 children at any one time. The total number of children includes all children of any caregiver when the children are present in the residence.

Subp. 14. **Helper.** "Helper" means a person at least 13 years of age and less than 18 years of age who assists the provider with the care of children.

Subp. 15. **Agent of a community health board.** "Agent of a community health board" as authorized under Minnesota Statutes, section 145A.04, means the designated representative of the state or community health board authorized to enforce state and local health codes.

Subp. 16. **Infant.** "Infant" means a child who is at least six weeks of age but less than 12 months of age.

Subp. 17. **License.** "License" means a certificate issued by the commissioner authorizing the provider to give specified services for a specified period of time in accordance with the terms in parts 9502.0315 to 9502.0445; Minnesota Statutes, chapter 245A; and the rules of the department.

Subp. 18. **Licensed capacity.** "Licensed capacity" means the total number of children ten years of age or younger permitted at any one time in the residence. The licensed capacity includes all children of any caregiver when the children are present in the residence.

Subp. 19. **Medicine.** "Medicine" means a prescription or nonprescription substance taken internally or applied externally to prevent or cure disease, heal, or relieve pain.

Subp. 19a. **Mental illness.** "Mental illness" means the inability to interpret reality realistically and the impaired functioning in primary aspects of daily living, such as personal relations, living arrangements, work, and recreation; which is listed in the International Classification of Diseases (ICD-9-CM) Ninth Revision (1980), code range 290.0-299.9, or the corresponding code in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III) Third Edition (1980), Axes I, II, or III. These publications are incorporated by reference and are not subject to frequent change. They are available in the State Law Library.

Subp. 19b. **State Fire Code.** "State Fire Code" means those codes and regulations adopted by the state fire marshal in accordance with Minnesota Statutes, section 299F.011 and contained in chapter 7511.

Subp. 20. **Newborn.** "Newborn" means a child between birth and six weeks of age.

Subp. 21. **Parent.** "Parent" means a person who has the legal responsibility for a child such as the child's mother, father, or legally appointed guardian.

Subp. 22. **Preschooler.** "Preschooler" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 19, paragraph (e).

Subp. 23. [Repealed, 10 SR 2617]

Subp. 24. **Provider.** "Provider" means the license holder and primary caregiver.

Subp. 25. **Related.** "Related" means any of the following relationships by marriage, blood, or adoption: parent, grandparent, brother, sister, stepparent, stepsister, stepbrother, uncle, aunt, child, niece, nephew. Related also includes a legally appointed guardian.

Subp. 26. **Regularly or regular basis.** "Regularly" or "regular basis" means a cumulative total of more than 30 days within any 12 month period.

Subp. 27. **Residence.** "Residence" means the dwelling unit, as defined by section 405 of the State Building Code, in which day care is provided and which is occupied as a home.

Subp. 28. **School age.** "School age" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 19, paragraph (f).

Subp. 28a. **State Building Code.** "State Building Code" means those codes and regulations adopted by the commissioner of administration in accordance with Minnesota Statutes, section 326B.101 and contained in chapter 1300.

Subp. 29. **Substitute.** "Substitute" means an adult at least 18 years of age who assumes the responsibility of the provider as specified in part 9502.0365, subpart 5.

Subp. 29a. **Supervision.** "Supervision" means a caregiver being within sight or hearing of an infant, toddler, or preschooler at all times so that the caregiver is capable of intervening to protect the health and safety of the child. For the school age child, it means a caregiver being available for assistance and care so that the child's health and safety is protected.

Subp. 30. **Toddler.** "Toddler" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 19, paragraph (d).

Subp. 31. **Variance.** "Variance" means written permission by the commissioner for a provider or applicant to depart from the provisions of parts 9502.0315 to 9502.0445.

9502.0325 LICENSING OF FACILITIES FOR CHILDREN FAMILY DAY CARE AND GROUP FAMILY DAY CARE HOMES.

Subpart 1. **Purpose.** The purpose of parts 9502.0315 to 9502.0445 is to establish procedures and standards for licensing family day care and group family day care homes to ensure that minimum levels of care and service are given and the protection, proper care, health, safety, and development of the children are assured.

Subp. 2. **Applicability.** Parts 9502.0315 to 9502.0445 as authorized by Minnesota Statutes, chapter 245A, govern the licensing of family day care homes and group family day care homes.

Subp. 3. **Exclusion from licensure.** Under Minnesota Statutes, section 245A.03, the following day care situations are excluded from licensure under parts 9502.0315 to 9502.0445:

- A. day care provided by a relative to only related children; or
- B. day care provided to children from a single, unrelated family, for any length of time; or
- C. day care provided for a cumulative total of less than 30 days in any 12-month period; or
- D. the exclusions contained in items A and B are mutually exclusive.

9502.0335 LICENSING PROCESS.

Subpart 1. **License application.** A license to operate a family or group family day care residence must be obtained from the department.

A. Application for a license must be made on the application form issued by the department. The application must be made in the county where the applicant resides.

B. The applicant shall be the person who will be the provider of care in the residence, present during the hours of operation, and who shall be legally responsible for the operation of the residence.

C. An application for licensure is complete when the applicant completes, signs, and submits all department forms and documentation needed for licensure to the agency and the agency receives all inspection, zoning, evaluation, and investigative reports, documentation, and information required to verify compliance with parts 9502.0315 to 9502.0445 and Minnesota Statutes.

Subp. 2. **Licensing study.** The applicant shall give the agency access to the residence for a licensing study to determine compliance with parts 9502.0315 to 9502.0445.

A. If, in the judgment of the agency representative, a potentially hazardous condition may be present, due to a violation of parts 9502.0315 to 9502.0445, the applicant shall obtain an inspection from a fire marshal, building official, or agent of a community health board as authorized under Minnesota Statutes, section 145A.04 to verify the absence of hazard and report to the agency.

B. The residence must comply with any applicable local ordinances. If the commissioner or the agency has reasonable cause to believe a hazardous condition may be present and requests an inspection by a fire marshal, building official, or authorized agent, then any condition cited by a fire marshal, building official, or authorized agent as hazardous and creating an immediate danger of fire, or threat to human life and safety, must be corrected or a variance approved in accordance with subparts 8, 8a, and 8b prior to issuance of a license.

C. An initial inspection of the residence by a fire marshal to determine compliance with the State Fire Code and compliance with orders issued are conditions of licensure for all residences with freestanding solid fuel heating appliances; manufactured (mobile) homes; new applicants for licensure with a licensed capacity of more than ten; day care residences which use the basement for child care; and residences in mixed or multiple occupancy buildings. "Multiple occupancy building" means a structure with two or more residential dwelling units such as a duplex, apartment building, or townhome. "Mixed occupancy building" means a residence in a structure that contains nonresidential occupancies or an attached garage.

D. The commissioner or agency may require, prior to licensure, or anytime during the licensed term of day care, a physical, mental illness, or chemical dependency or abuse evaluation of any caregiver or person living in the residence or present during the hours children are in care if the agency has reasonable cause to believe that any of the disqualification factors in subpart 6, item A, exist, or that the provider is not physically able to care for the children. These evaluations, conducted by a licensed physician, psychiatrist, psychologist, consulting psychologist, or certified chemical dependency practitioner or counselor may be used to verify physical or mental illness, chemical dependency or chemical abuse, or behavior that would reflect on the ability of the provider to give day care.

Subp. 3. [Repealed, 15 SR 2105]

Subp. 4. **Period of licensure; nontransfer.** A license must be issued by the department when the provider fully complies with parts 9502.0315 to 9502.0445. The period of licensure may be up to two years. The license must not be transferred to another provider.

Subp. 5. **Initial license.** An applicant for initial licensure may be granted a license by the department for up to two years if all laws and rules cannot be met immediately, the deviations from parts 9502.0315 to 9502.0445 do not threaten the health, rights, or safety of the children, and which will be corrected within the time specified by the commissioner but not to exceed two years. Failure to correct deviations within the stated time shall be cause for revocation, suspension, or nonrenewal.

Subp. 6. **Disqualification factors.** An applicant or provider shall not be issued a license or the license shall be revoked, not renewed, or suspended if the applicant, provider, or any other person living in the day care residence or present during the hours children are in care, or working with children:

A. Abuses prescription drugs or uses controlled substances as specified in Minnesota Statutes, chapter 152, or alcohol, to the extent that the use or abuse has or may have a negative effect on the ability of the provider to give care or is apparent during the hours children are in care. Caregivers who have abused prescription drugs or have been dependent on controlled substances as specified in Minnesota Statutes, chapter 152, or alcohol, such that the use, abuse, or dependency has had a negative effect on the ability to

give care, was apparent during the hours children are in care, or required treatment or therapy, must have 12 months of verified abstinence before licensure.

B. [Repealed, L 1991 c 38 s 2]

C. Refuses to give written consent for the disclosure of criminal history records as specified in Minnesota Statutes, section 245C.09.

D. Has a disqualification under Minnesota Statutes, section 245C.15, that is not set aside under Minnesota Statutes, section 245C.22, or for which a variance has not been granted under Minnesota Statutes, section 245C.30.

E. Has had a child placed in foster care within the past 12 months and the agency determines the reasons for placement reflect on the ability of the provider to give care. A license may not be denied if the primary reason for the placement was due to a physical illness of the parent, developmental disability of the child, a disability of the child, or for the temporary care of an infant being relinquished for adoption.

F. Has had a child placed in residential treatment within the past 12 months for emotional disturbance or antisocial behavior and the agency determines that the reasons for the placement reflect on the ability of the provider to give care.

Subp. 7. [Repealed, 15 SR 2043]

Subp. 8. **Variance standard.** An applicant or provider may request a variance from compliance with parts 9502.0315 to 9502.0445. When reviewing a variance request of parts 9502.0315 and 9502.0445, the department shall assess whether alternative methods are identified by the applicant or provider to ensure the health, safety, and protection of children in care. A variance may be granted only if:

A. the applicant complies with all applicable laws, ordinances, and regulations;

B. specific equivalent measures are identified by the applicant or provider to ensure the health, safety, and protection of the children in care;

C. any variance to the safety provisions in part 9502.0425, subparts 4, 5, 6, 7, 12, 15, 16, 17, and 18 which relate to the State Fire Code is approved by a fire marshal and alternative measures are identified to ensure the safety of children in care;

D. any variance of the provisions in part 9502.0435 relating to sanitation and health and part 9502.0445 on water, food, and nutrition are approved by an authorized agent and alternative measures are identified to ensure the health of children in care;

E. any variance of the provisions in part 9502.0425 relating to subparts 10, stairways; 11, decks; and 13, sewage disposal which relate to the State Building Code, are approved by a building official and alternative measures are identified to ensure the health and safety of children in care; and

F. any variance to subpart 6, item F must have clear and convincing evidence presented by the applicant or provider that no threat or harm whatsoever will result to the children in care due to the granting of the variance. The department shall consider the nature of the crime committed and the amount of time which has elapsed without a repeat of the crime.

Subp. 8a. **Variance procedure.** Request for a variance must comply with and be handled according to the following procedures.

A. An applicant or provider must submit to the agency a written request for a variance. The request must include the following information:

(1) the sections of parts 9502.0315 to 9502.0445 with which the applicant or provider cannot comply;

(2) the reasons why the applicant or provider needs to depart from the specified sections;

(3) the period of time for which the applicant or provider requests a variance;
and

(4) the specific equivalent alternative measures which the applicant or provider will provide so the health, safety, and protection of children in care are ensured if the variance is granted.

B. An applicant or provider must submit to the agency written approval from a fire marshal of a variance request and the alternative measures identified to ensure the safety of children in care when a variance of the fire safety provisions in part 9502.0425 on physical environment is requested. These are part 9502.0425, subpart 4, means of escape; subpart 5, occupancy separations; subpart 6, vertical separations; subpart 7, heating and venting systems; subpart 12, locks and latches; subpart 15, interior walls and ceilings; subpart 16, extinguishers; subpart 17, smoke detection systems; and subpart 18, electrical services.

C. An applicant or provider must submit to the agency written approval from an authorized agent of a variance request and the alternative measures identified to ensure the safety of children in care when a variance of the health provisions in parts 9502.0435 on sanitation and health, and 9502.0445 on water, food, and nutrition is requested.

D. An applicant or provider must submit to the agency written approval from a building official of a variance request and alternative measures identified to ensure the health and safety of children in care when a variance is requested of the standards contained in part 9502.0425 relating to subparts 10, stairways; 11, decks; and 13, sewage disposal.

Subp. 8b. [Repealed, 30 SR 585]

Subp. 9. **License terms.** The license must indicate:

A. the number and age groupings of children who may receive care at any one time;

B. the expiration date of the license and location of the residence;

C. the name and address of the provider; and

D. that the provider is licensed under parts 9502.0315 to 9502.0445 of Minnesota Rules.

Subp. 10. **Posting license.** The provider shall post the license in the residence in a prominent place.

Subp. 11. **Change in license terms.** The following shall apply to changes in the terms of a license.

A. A new department application form must be submitted by the provider and a full licensing study as specified in part 9502.0335, subpart 2, must be completed when the provider wants to move the day care operation to a new residence or the provider wants to change to group family day care from family day care.

B. A new department application form indicating the changes in the ages and numbers of children in care must be completed when the provider wants to change to family day care from group family day care.

C. A background study must be initiated and completed as required under Minnesota Statutes, chapter 245C.

Subp. 12. **Number of licenses.** No provider shall be issued a license to operate more than one day care residence.

Subp. 13. **Access to residence.** The provider shall give authorized representatives of the commissioner or agency access to the residence during the hours of operation to determine whether the residence complies with the standards of parts 9502.0315 to 9502.0445. Access shall include:

- A. the residence to be occupied by children in care;
- B. any adjoining land or buildings owned or operated by the applicant or provider in conjunction with the provision of day care and designed for use by the children in care;
- C. noninterference in interviewing all caregivers and household members present in the residence on a regular basis and present during the hours of operation; and
- D. the right to view and photocopy the records and documents specified in part 9502.0405.

Subp. 14. [Repealed, 15 SR 2105]

Subp. 15. **Return of license to commissioner.** When a provider stops giving care, or if a license is revoked, suspended, or not renewed, the provider shall return the license to the commissioner, stop all advertising and refrain from providing care to children in excess of the exclusions specified in part 9502.0325, subpart 3.

Subp. 16. [Repealed, 15 SR 2105]

9502.0341 NEGATIVE LICENSING ACTIONS.

Subpart 1. [Repealed, 15 SR 2105]

Subp. 2. **Definitions.** For the purposes of this subpart, negative licensing actions shall mean denial of application for licensure, issuance of a fine, revocation, suspension, or temporary immediate suspension of an existing license.

Subp. 3. **Procedures.** In accordance with Minnesota Statutes, section 245A.06 or 245A.07, failure to comply with parts 9502.0315 to 9502.0445 or the terms of licensure is grounds for a negative licensing action. If the agency recommends a negative licensing action, the agency shall notify the department and the department shall determine if the standards in parts 9502.0315 to 9502.0445 or the terms of licensure have been violated. If the grounds are sufficient, the commissioner shall notify the applicant or provider by certified mail unless personal service is required by subpart 9. The notice must be addressed to the name and location shown on the application or license and contain a statement of, and the reasons for, the proposed action. The notice must inform the applicant or provider of the right to appeal the decision within the specified time period. The applicant or provider shall be notified of the specific appeal rights provided under chapter 245A.

Subp. 3a. **Fine.** If the commissioner issues a fine, the provider must be informed of the reason for the fine and the right to a contested case hearing under Minnesota Statutes, chapter 14, and parts 1400.8505 to 1400.8612 as provided in Minnesota Statutes, section 245A.07, subdivision 3.

Subp. 4. **Denial.** If the commissioner denies an application for licensure, the applicant must be informed of the reason the application was denied and the right to a contested case hearing under Minnesota Statutes, chapter 14, and parts 1400.8505 to 1400.8612 as provided in Minnesota Statutes, section 245A.05.

Subp. 5. **Revocation.** If the commissioner revokes a license, the provider must be informed of the reason for the revocation and the right to a contested case hearing under Minnesota Statutes, chapter 14, and parts 1400.8505 to 1400.8612 as provided in Minnesota Statutes, section 245A.07, subdivision 3.

Subp. 6. [Repealed, 30 SR 585]

Subp. 7. [Repealed, 30 SR 585]

Subp. 8. **Suspension.** If the commissioner suspends a license, the provider must be informed of the reason for the suspension and the right to a contested case hearing under Minnesota Statutes, chapter 14, and parts 1400.8505 to 1400.8612 as provided in Minnesota Statutes, section 245A.07, subdivision 3.

Subp. 9. **Temporary immediate suspension.** If the provider's actions or failure to comply with applicable law or rule poses an imminent risk of harm to the health, safety, or rights of the children in care, the commissioner shall act immediately to temporarily suspend the license. The provider shall be informed by personal service and informed of the right to an expedited hearing under Minnesota Statutes, chapter 14, and parts 1400.8505 to 1400.8612 as provided in Minnesota Statutes, section 245A.07, subdivisions 2 and 2a.

Subp. 9a. [Repealed, 15 SR 2105]

Subp. 10. **Notice to parents of recommended action.** As soon as the county recommends revocation, suspension, a conditional license, or temporary immediate suspension action, a notice of the circumstances for the action, but not the identity of a child, other than the parent's own, shall be sent by the agency to the parents of children in care. If the provider remains in operation and exercises a right to a hearing, the provider must give a copy of the Notice of and Order for Hearing on the appeal to the parents of any child currently enrolled or seeking admission to the residence.

Subp. 11. **Reapplication after revocation or denial.** A provider whose license has been revoked because of noncompliance with applicable laws or rules, shall not be granted a new license for five years following revocation. When the commissioner initiates an action to revoke a license, the provider may not voluntarily withdraw his or her license without written assurance from the provider that he or she is voluntarily accepting revocation and will not reapply for five years. An applicant whose application was denied shall not be granted a new license for two years following a denial, unless the applicant's subsequent application contains new information which constitutes a substantial change in the condition that caused the previous denial.

9502.0345 AGENCY RECORDS.

Subpart 1. **Agency records.** The agency shall maintain the following records for each provider:

- A. A copy of the completed licensing application form signed by the applicant and the agency.
- B. The physical health reports on any adult giving care in the residence on a regular basis.
- C. Any written reports from the fire marshal, agent of a community health board as authorized under Minnesota Statutes, section 145A.04, or building official.
- D. The agency's initial and any renewal licensing studies.
- E. If the applicant has been licensed through another jurisdiction, the agency shall request and keep a reference from the licensing authority in that jurisdiction.
- F. The annual relicensing evaluation by the agency of the provider. Any comments of the provider about the evaluation by the agency shall also be noted in the agency record.
- G. Documentation of any variances of parts 9502.0315 to 9502.0445.
- H. Arrest, conviction, or criminal history information and substantiated maltreatment information used to disqualify an individual required to have a background study under Minnesota Statutes, chapter 245C.

Subp. 2. **Data privacy.** The agency, department, and the authorized agent shall have access to provider records on children in care to determine compliance with parts 9502.0315 to 9502.0445. The provider shall not disclose any records on children in care to any persons other than the parents of the child, the agency, the department, the persons required by part 9502.0375, subpart 1, and medical or public safety persons if information is necessary to protect the health and safety of the child.

9502.0355 CAREGIVER QUALIFICATIONS.

Subpart 1. **Age.** An applicant for family day care or group family day care shall be an adult at the time of licensure.

Subp. 2. **Health.** An adult caregiver shall be physically able to care for children.

A. The applicant shall supply documentation to the agency with the license application that the applicant has had a physical examination from a licensed physician within 12 months prior to initial licensure and is physically able to care for children.

B. The applicant shall supply documentation to the agency with the license application that all adult caregivers who are assisting with care on a regular basis have had a physical examination from a licensed physician within 12 months prior to employment within the residence and are physically able to care for children.

Subp. 3. **Group family day care.** A group family day care applicant shall meet all the requirements listed in subparts 1 and 2 for family day care. A group family day care applicant shall also meet the qualifications in item A, B, or C.

A. A minimum of one years' substantial compliance with parts 9502.0315 to 9502.0445 as a licensed family day care provider; or

B. A minimum of six months' substantial compliance with parts 9502.0315 to 9502.0445 as a licensed family day care provider; and

(1) completion of an accredited competency based family day care training and assessment program offered by an accredited institute; or

(2) thirty hours of child care, health, and nutrition training as specified in part 9502.0385, and a minimum of 520 hours of experience as an assistant teacher, student teacher, or intern in an elementary school or licensed child care center, or as an assistant adult caregiver in a licensed group family day care home; or

(3) thirty hours of child development or early childhood education training, as specified in part 9502.0385, and a minimum of 520 hours of experience as a licensed practical or registered nurse; or

C. Certification or licensure indicating:

(1) completion of a two year child development or early childhood education associate or certificate program at an accredited college or university;

(2) completion of a nine month child development assistant program at an accredited technical college;

(3) a current Level I or Level II prekindergarten license from the Department of Education;

(4) a kindergarten through sixth grade teaching degree from an accredited university or college that includes a minimum of 30 hours of child development training; or

(5) documentation of a minimum of six months satisfactory experience as a full-time teacher at a state licensed group day care center.

Subp. 3a. **Accredited.** For the purposes of this part, "accredited" means a postsecondary institution or technical college recognized and listed by a regional, state, or national group approved by the department. To be approved, a group must meet the following criteria:

A. it must be capable of conducting site visits to evaluate the facilities used by the program;

B. it must be capable of evaluating the quality of the program and its faculty;

- C. it must have standards which ensure that persons who complete the program have the knowledge and training to work as group family day care providers; and
- D. it must not be affiliated with any individual program, postsecondary institution, or technical college.

Subp. 4. **Day care insurance coverage.** A provider shall have:

- A. a certificate of insurance for the residence for general liability coverage for bodily injury in the amount of at least \$100,000 per person and \$250,000 per occurrence; or
- B. if the provider has liability coverage of lesser limits or no liability coverage, the provider shall give a written notice of the level of liability coverage to parents of all children in care prior to admission or when there is a change in the amount of insurance coverage; and
- C. the provider shall maintain copies of the notice, signed by the parents to indicate they have read and understood it, in the provider's records on the residence as specified in part 9502.0405.

9502.0365 LICENSED CAPACITY, CHILD/ADULT RATIOS, AGE DISTRIBUTION RESTRICTIONS.

Subpart 1. **Capacity limits.** Family day care and group family day care providers shall comply with part 9502.0367, which limits the total number of children and the number of preschoolers, toddlers, and infants who may be in care at any one time, and provides for the number of adults who are required to be present.

- A. Providers shall be licensed for the total number of children, ten years of age or younger, who are present in the residence at any one time. The licensed capacity must include all children of any caregiver when the children are present in the residence.
- B. Within the licensed capacity, the age distribution restrictions specify the maximum number of children under school age, infants, and toddlers who are in care at any one time.

Subp. 2. **Specialized infant and toddler group family day care.** In specialized infant and toddler group family day care, the caregivers must be adults.

Subp. 3. **Newborn care.** When a newborn is in care and only one adult caregiver is present, the newborn shall be the only child under 12 months of age and the provider shall not care for more than two other children at the same time unless another adult caregiver is also present or the newborn is the provider's own.

Subp. 4. **Helpers.** A helper may be used in place of a second adult caregiver when there is no more than one infant or toddler present.

Subp. 5. **Supervision and use of substitutes.** A licensed provider must be the primary provider of care in the residence. Children in care must be supervised by a caregiver. The use of a substitute caregiver must be limited to a cumulative total of not more than 30 days in any 12-month period.

9502.0367 CHILD/ADULT RATIOS; AGE DISTRIBUTION RESTRICTIONS.

A. Family Day Care:

Child/Adult Ratio		Age Restrictions	
Licensed Capacity	Adults	Total children under school age	Total infants and toddlers

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10	1	6	Of the total children under school age, a combined total of no more than 3 shall be infants and toddlers. Of this total, no more than 2 shall be infants.

B. Specialized Infant and Toddler Family Day Care:

(1) 5	1	3	No more than 3 shall be infants.
(2) 6	1	4	No more than 2 shall be infants.

C. Group Family Day Care:

(1) 10	1	8	Of the total children under school age, a combined total of no more than 3 shall be infants and toddlers. Of this total, no more than 2 shall be infants.
(2) 12	1	10	Of the total children under school age, a combined total of no more than 2 shall be infants and toddlers. Of this total, no more than 1 shall be an infant.
(3) 14	2	10	Of the total children under school age, a combined total of no more than 4 shall be infants and toddlers. Of this total, no more than 3 shall be infants.

A helper may be used in place of a second adult caregiver when there is no more than 1 infant or toddler present.

D. Specialized Infant and Toddler Group Family Day Care:

9	2	7	Of the total children, no more than 4 shall be infants.

Both caregivers shall be adults.

9502.0375 REPORTING TO AGENCY.

Subpart 1. **Abuse, neglect reporting.** All caregivers shall report any suspected physical abuse, sexual abuse, or neglect of a child to the agency or police as required by Minnesota Statutes, chapter 260E. If a caregiver has reasonable cause to believe a child has died as a result of physical or sexual abuse or neglect, the caregiver shall report this information to the county medical examiner or coroner.

Subp. 2. **Other reporting.** The provider shall inform the agency:

A. within 30 days of any change in the regular membership of the household within the day care residence or the addition of an employee who will regularly be providing care;

B. immediately of any suspected case of physical or sexual abuse or neglect;

C. within 48 hours after the occurrence of a fire that requires the service of a fire department so the agency may determine continued substantial compliance with parts 9502.0315 to 9502.0445; and

D. immediately after the occurrence of any serious injury or death of a child within the day care residence. A serious injury is one that is treated by a physician.

9502.0395 BEHAVIOR GUIDANCE.

Subpart 1. **Methods.** Caregivers shall give each child guidance which helps the child acquire a positive self-concept, self-control, and teaches acceptable behavior.

A. The provider shall discuss methods of behavior guidance with parents at the time of admission and the parent's standards shall be considered by the provider within the context of this part when guiding the behavior of a child.

B. Behavior guidance used by caregivers must be constructive, positive, and suited to the age of the child. Methods of intervention, guidance, and redirection must be used.

Subp. 2. **Standards.** The following shall apply to all caregivers when guiding behavior in children.

A. No child shall be subject to corporal punishment or emotional abuse. "Corporal punishment" means the nonaccidental infliction of physical pain on a child by a caregiver. Corporal punishment includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking. "Emotional abuse" means the infliction of verbal or psychological abuse on a child by a caregiver. Emotional abuse includes, but is not limited to, name calling, ostracism, shaming, derogatory remarks about the child or child's family, and threats which threaten, humiliate, or frighten the child.

B. Food, light, warmth, clothing, and medical care shall not be withheld from the child.

C. Discipline and punishment shall not be delegated to another child.

D. The separation of a child from a group to guide behavior must be appropriate to the age of the child and circumstances requiring the separation.

E. An infant shall not be separated from the group for disciplinary reasons.

F. A child shall not be separated from the group for a period longer than ten minutes.

G. A child separated from the group must be placed in an area or separate room that is well-lighted, free from hazards, ventilated, and open to the view of caregivers.

H. No child shall be placed in a locked room to separate the child from the group.

Subp. 3. **Toilet training.** If toilet training is undertaken, the provider and parent shall cooperatively develop a plan for the timing and method of training.

A. No child shall be punished for toileting accidents.

B. A child shall be offered opportunity for toileting.

9502.0405 ADMISSIONS; PROVIDER RECORDS; REPORTING.

Subpart 1. **Cooperating with parents.** When admitting a child to day care, the provider and parents shall discuss child rearing, sleeping, feeding, and behavior guidance practices essential for the care of the child.

Subp. 2. **Rule summary for parents.** A descriptive summary of parts 9502.0315 to 9502.0445 shall be distributed to the parent by the provider at the time a child is admitted to care. The summary shall be provided by the department to the agency for distribution to the provider. The summary shall be written in language that is understandable to the general public and:

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A. state that parts 9502.0315 to 9502.0445 govern the licensing of day care residences;

B. specify the rule part headings contained in parts 9502.0315 to 9502.0445; and

C. state that a complete copy of parts 9502.0315 to 9502.0445 may be seen at the day care residence, the agency, department, or State Law Library, or purchased from the Print Communications Division, Department of Administration, State of Minnesota, 117 University Avenue, Saint Paul, Minnesota 55155.

Subp. 3. **Provider policies.** The provider shall have the following written information available for discussion with parents or the agency:

A. the ages and numbers of children in care in the residence;

B. the hours and days of operation;

C. meals and snacks to be served;

D. labeling requirements for food brought from the child's home;

E. sleeping and rest arrangements;

F. nondiscrimination practices to comply with subpart 6;

G. policies for the care of ill children, disease notification procedures, immunizations, and medicine permission policies;

H. emergency, fire, and storm plans and the monthly fire drill log;

I. seat belt and transportation plans and field trip and transportation permission requirements;

J. fees;

K. termination and notice procedures;

L. plans for a helper and substitute for emergencies, vacations, or holidays;

M. the presence of pets in the residence;

N. a complete copy of parts 9502.0315 to 9502.0445;

O. insurance coverage; and

P. whether or not smoking is permitted in the residence during the hours children are in care.

Subp. 4. **Records for each child.** The provider shall obtain the information required by items A to C from parents prior to admission of a child. The provider shall keep this information up-to-date and on file for each child.

A. The signed and completed admission and arrangements form of the department must be on file in the provider's home and contain the following information:

(1) Name and birthdate of the child.

(2) Full name of parents.

(3) Home address, work address, and telephone numbers where parents may be reached.

(4) Name, address, and telephone number of physician, dentist, and hospital to be used for emergencies when parents cannot be reached.

(5) Name, address, and telephone number of persons to be notified in case of emergency, when parents cannot be reached.

(6) Names of all persons authorized to remove the child from the residence.

- (7) Enrollment dates.
- (8) Financial arrangements.
- (9) Insurance notification specified in part 9502.0355, subpart 4.

B. Special instructions from the parent shall be obtained in writing and followed about toilet training, eating, sleeping or napping, allergies, and any health problems.

C. Immunization records must be kept in accordance with Minnesota Statutes, section 121A.15. The provider shall request, update, and keep on file the dates of immunizations received by a child in regular attendance at the residence as follows:

- (1) for an infant, every six months;
- (2) for a toddler, annually;
- (3) for a preschool child, every 18 months; and
- (4) for a school-age child, every three years.

D. Signed written consent must be obtained in advance from the parent so the provider can obtain emergency medical care or treatment. The consent may be used if the parent cannot be reached or is delayed in arriving.

E. Written permission to transport children must be obtained from parents if the provider will be transporting a child.

F. A provider shall release a child from care only to a parent or a person authorized by the parent.

Subp. 5. **Children with disabilities.** For children with disabilities requiring special therapy, program, or behavior guidance, the parents, physician, or therapist shall provide and the provider shall follow written instructions for any special needs. "Child with a disability" means a child who has been determined by a physician, a school district multidisciplinary team, or other person licensed to identify disabling conditions, to have a hearing, mental, neurological, developmental, serious emotional, social, learning, speech or language, physical, or visual impairment.

Subp. 6. **Nondiscrimination.** No caregiver shall discriminate in relation to admissions on the basis of race, creed, color, national origin, religion, or sex.

9502.0415 ACTIVITIES AND EQUIPMENT.

Subpart 1. **General activities.** Day care activities must provide for the physical, intellectual, emotional, and social development of the child. The environment must facilitate the implementation of the activities. Activities must:

- A. be scheduled indoors and outdoors, weather permitting;
- B. be appropriate to the developmental stage and age of the child;
- C. include active and quiet activity; and
- D. contain provider-directed and child-initiated activity.

Subp. 2. [Repealed, 10 SR 2617]

Subp. 3. **Equipment.** The provider must have the equipment specified in this part in adequate quantities for the number and ages of children in care and to carry out the activities specified in this part. Equipment may be new, used, commercial, or homemade, as long as it is appropriate for the ages of the children and activities for which it will be used, safe, and in good repair.

Subp. 4. **Newborn or infant activities.** The provider shall:

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A. Hold the infant or newborn during bottle feedings until the child can hold its own bottle. Bottles must not be propped.

B. Respond to the infant or newborn's attempts to communicate.

C. Provide freedom of movement to the infant or newborn during a large part of the waking day to the extent that safety and weather permits. The noncreeping child shall spend part of each day out of a crib or infant seat. The creeping infant or newborn shall have freedom to explore outside of the crib or infant seat.

D. Give the infant or newborn opportunity to stimulate the senses by providing a variety of activities and objects to see, touch, feel, smell, hear, and taste.

E. Provide activities for the infant or newborn that develop the child's manipulative and fine motor skills, self-awareness, and social responsiveness.

Subp. 5. **Newborn or infant equipment.** The following minimum equipment is required for each infant or newborn:

A. an infant seat or high chair; and

B. a crib, portable crib, or playpen with waterproof mattress or pad which meets the requirements in part 9502.0425, subpart 9.

Subp. 6. **Toddler activities.** The provider shall:

A. Provide the toddler with freedom of movement and freedom to explore outside the crib or playpen.

B. Talk to, listen to, and interact with the toddler to encourage language development.

C. Provide the toddler with large muscle activities and activities which develop the child's small muscles and manipulative skills.

D. Develop and stimulate learning by reading stories to the child or looking at picture books together.

E. Give the toddler opportunities to stimulate the senses by providing a variety of age-appropriate activities and objects to see, touch, feel, smell, hear, and taste.

Subp. 7. **Toddler equipment.** Each toddler shall be provided with a mat, crib, cot, bed, sofa, or sleeping bag.

Subp. 8. **Preschooler activities.** The provider shall:

A. Encourage conversation between the child and other children and adults.

B. Provide opportunity to play near and with other children; provide time and space for individual and group play; allow for quiet times to talk or rest; allow for unplanned time and individual play time.

C. Foster understanding of personal and peer feelings and actions and allow for the constructive release of feelings and anger through discussion or play.

D. Give assistance in toileting and provide time to carry out self-help skills and provide opportunity to be responsible for activities like putting away play equipment and helping around the house.

E. Provide opportunity for each child to make decisions about daily activities and to take credit for the consequences of decisions.

F. Provide time and areas for age appropriate large muscle play.

G. Provide learning, small muscle, manipulative, creative or sensory activities.

H. Read stories, look at books together, and talk about new words and ideas with the child.

Subp. 9. **Preschooler equipment.** Each preschooler shall be provided with a mat, bed, cot, sofa, or sleeping bag.

Subp. 10. **School-age activities.** The provider shall:

A. provide opportunities for individual discussion about the happenings of the day and planning for activities;

B. provide space and opportunity for games, activities, or sports using the whole body, outdoors, weather permitting;

C. provide space and opportunity for individual rest and quiet time;

D. allow increased freedom as the child demonstrates increased responsibility;

E. provide opportunities for group experiences with other children;

F. provide opportunities to develop or expand self-help skills or real-life experiences; and

G. provide opportunities for creative and dramatic activity, arts and crafts, or field trips.

Subp. 11. [Repealed, 10 SR 2617]

Subp. 12. **Written permission.** Written permission must be obtained from the parent to allow a school-age child in care to participate in activities away from the residence.

9502.0425 PHYSICAL ENVIRONMENT.

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

A. Bathrooms, closets, space occupied by major appliances, and other space not used by children may not be counted as usable space. Space occupied by adult furniture, if it is used by children, may be counted as usable indoor space.

B. Usable indoor space may include a basement if it has been inspected by a fire marshal, is free of hazard, and meets the minimum exiting standards specified in subpart 4.

Subp. 2. **Outdoor play space.** There must be an outdoor play space of at least 50 square feet per child in attendance, adjacent to the residence, for regular use, or a park, playground, or play space within 1,500 feet of the residence. On-site supervision must be provided by a caregiver for children of less than school age when play space is not adjacent to the residence. Enclosure may be required by the agency to provide protection from rail, traffic, water, or machinery hazard. The area must be free of litter, rubbish, toxic materials, water hazards, machinery, unlocked vehicles, human or animal wastes, and sewage contaminants.

Subp. 3. **Water hazards.** Swimming and wading pools, beaches, or other bodies of water on or adjacent to the site of the residence must be inaccessible to children except during periods of supervised use. Wading pools, as defined in chapter 4717, must be kept clean. When children use a swimming pool, as defined in chapter 4717, or beach, an attendant trained in first aid and resuscitation shall be present. Any public swimming pool, as defined in chapter 4717, used by children must meet the requirements of chapter 4717.

Subp. 4. [Repealed, L 2019 1Sp9 art 2 s 134]

Subp. 5. [Repealed, L 2024 c 115 art 19 s 30]

Subp. 6. **Vertical separations.** For group family day care homes with a licensed capacity of more than ten children, a 1-3/4 inch solid wood core door or a door and frame with at least a 20-minute fire protection rating, must be provided whenever more than two

floors of the residence are connected. These doors must be equipped with self-closing devices.

Subp. 7. **Heating and venting systems.** The following heating and venting guidelines must be met:

A. Stove and heater locations must not block escape in case of a fire.

B. Gas, coal, wood, kerosene, or oil heaters must be vented to the outside in accordance with the State Building Code.

C. Combustible items must not be located within 36 inches of the furnace or other heating sources.

D. Whenever in use, fireplaces, wood-burning stoves, solid fuel appliances, space heaters, steam radiators, and other potentially hot surfaces, such as steam pipes, must be protected by guards to prevent burns. All fireplaces, wood-burning stoves, space heaters, steam radiators, and furnaces must be installed according to the State Building Code.

E. The furnace, hot water heater, and workshop area must be inaccessible to children. Separation may be by a door, partition, or gate. There must be allowance for air circulation to the furnace.

F. Ventilation of usable space must meet the requirements of the State Building Code. Outside doors and windows used for ventilation in summer months must be screened when biting insects are prevalent.

Subp. 8. **Temperature.** A minimum temperature of 62 degrees Fahrenheit must be maintained in indoor areas used by children.

Subp. 9. **Infant and newborn sleeping space.** There must be a safe, comfortable sleeping space for each infant and newborn. A crib, portable crib, or playpen with waterproof mattress or pad must be provided for each infant or newborn in care. The equipment must be of safe and sturdy construction that conforms to volume 16, parts 1508 to 1508.7 and parts 1509 to 1509.9 of the Code of Federal Regulations, its successor, or have a bar or rail pattern such that a 2-3/8 inch diameter sphere cannot pass through. Playpens with mesh sidings must not be used for the care or sleeping of infants or newborns.

Subp. 10. [Repealed, L 2024 c 115 art 19 s 30]

Subp. 11. **Decks.** Decks, balconies, or lofts used by children more than 30 inches above the ground or floor must be surrounded by a protective guardrail and be constructed in accordance with the State Building Code. Wooden decks must be free of splinters and coated with wood preservative, paint, or constructed with treated wood.

Subp. 12. **Locks and latches.** Door locks and latches must meet the following guidelines:

A. a closet door latch must be made so that children can open the door from inside the closet;

B. every bathroom door lock must permit opening of the locked door from the outside and the opening device must be readily accessible to all caregivers; and

C. double cylinder (key required both sides) locks on exit doors are prohibited.

Subp. 13. **Sewage disposal.** Day care residences must have toilet facilities and sewage disposal systems that conform to the State Building Code or local septic system ordinances. The toilets must flush thoroughly. Outdoor toilets are permissible when local ordinances allow.

Subp. 14. **Construction, remodeling.** During construction or remodeling, children shall not have access to dangerous construction or remodeling areas within or around the residence.

Subp. 15. **Interior walls and ceilings.** The interior walls and ceilings within the residence, as well as corridors, stairways, and lobbies must have a flame spread rating of 200 or less.

Subp. 16. [Repealed, L 2019 1Sp9 art 2 s 134]

Subp. 17. [Repealed, L 2019 1Sp9 art 2 s 134]

Subp. 18. **Electrical services.** The following electrical guidelines must be met:

A. all electric receptacles accessible to children under first grade must be tamper-proof or shielded when not in use;

B. all major electrical appliances must be properly installed, grounded in accordance with the state electric code, and in good working order;

C. extension cords shall not be used as a substitute for permanent wiring; extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings, floors, under doors or floor coverings, nor be subject to environmental damage or physical impact; and

D. electrical wiring must be sized to provide for the load and be in good repair.

Subp. 19. **Smoking prohibited in group family child care home.** Pursuant to Minnesota Statutes, section 144.414, subdivision 2, smoking is prohibited in a group family child care provider's home during hours of operation.

9502.0435 SANITATION AND HEALTH.

Subpart 1. **Sanitation and cleanliness.** The residence must be free from accumulations of dirt, rubbish, or peeling paint.

Subp. 2. **Pest control.** Effective measures must be taken to protect the home against vermin and insects. Chemicals for insect and rodent control must not be applied in areas accessible to children when children are present.

Subp. 3. **Rubbish.** Indoor and outdoor garbage and rubbish containers must not be accessible to infants and toddlers.

Subp. 4. **Toxic substances.** All medicines, chemicals, detergents, poisonous plants, alcoholic beverages, and other toxic substances must be inaccessible to children. They must be stored away from food products. Equipment or toys which are mouthed or may be chewed must be free of lead-based paint. Toys and equipment with chipped, cracked, or peeling paint must be tested to verify the absence of lead or be replaced.

Subp. 5. **Firearms.** All firearms must be unloaded and inaccessible to children. Ammunition and firearms must be stored in separate locked areas.

Subp. 6. **Hazardous activity materials.** Knives, matches, plastic bags, and other potential hazards must be kept out of the reach of infants, toddlers, and preschoolers. The use of potentially hazardous materials and tools must be supervised.

Subp. 7. **First aid kit.** The provider shall have a first aid kit that contains bandages, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap, and adhesive tape. A first aid manual must be included. The kit and manual must be accessible and taken on field trips.

Subp. 8. **Emergencies.** The provider shall be prepared for emergencies.

A. An operable telephone must be located within the residence.

B. Emergency phone numbers must be posted by the telephone. The numbers must be those of the local fire department, police department, emergency transportation, and poison control center.

C. The emergency phone numbers of the parents and child's physician and dentist must be readily available within the residence and taken on field trips.

D. Prior arrangements must be made for a substitute to provide care during emergencies.

E. For severe storms and tornadoes, the provider shall have a designated area within the residence that children shall go to for cover, and an operable battery flashlight, and portable radio or TV available.

F. The provider shall have a written fire escape plan and a log of monthly fire and storm drills on file in the residence. The plan must be approved by the agency and specify:

- (1) emergency phone numbers;
- (2) a place to meet outdoors for roll call;
- (3) smoke detector and fire extinguisher locations;
- (4) plans for monthly fire and tornado drill sessions; and

(5) escape routes to the outside from all levels used by children. In buildings with three or more dwelling units, enclosed exit stairs must be indicated.

Subp. 9. **Transportation of children.** When transportation is given to children in a motor vehicle other than a bus or school bus operated by a common carrier, the following provisions for their safety must be made.

A. A child may be transported only if the child is fastened in a safety seat, seat belt, or harness appropriate to the child's weight and the restraint is installed and used in accordance with the manufacturer's instructions.

B. A child under the age of four may be transported only if the child is securely fastened in a child passenger restraint system which meets the federal motor vehicle safety standards contained in Code of Federal Regulations, title 49, section 571.213 or its successor.

C. Any vehicle operated by the provider for the transportation of children must be licensed in accordance with the laws of the state and the driver shall hold a current, valid driver's license.

D. Written permission to transport children must be obtained from parents.

E. No child is permitted to remain unattended in any vehicle.

Subp. 10. **Separation of personal articles.** Separate towels, wash cloths, drinking cups, combs, and other personal articles must be used for each child.

Subp. 11. **Bedding.** Clean, separate bedding must be provided for each child in care.

Subp. 12. **Pets.** All pets housed within the residence shall be maintained in good health and limited to dogs, cats, fish, guinea pigs, gerbils, rabbits, hamsters, rats, mice, and birds if the birds are clear of chlamydia psittaci. The provider shall ensure that:

- A. parents are notified prior to admission of the presence of pets in the residence;
- B. children handle animals only with supervision;
- C. rabies shots and tags are current for all dogs and cats;

D. pet cages are located and cleaned away from any food preparation, storage, or serving areas;

E. play areas are free of animal excrement not confined to pet cages;

F. parents of a child whose skin is broken by an animal bite or scratch, are notified of the injury on the day the injury occurs; and

G. the agent of a community health board as authorized under Minnesota Statutes, section 145A.04 is immediately notified whenever a child in care is bitten by an animal, the notification shall be given before any steps are taken to destroy the animal, and the provider shall take reasonable steps to confine the animal.

Subp. 13. **Diapers.** Children in diapers shall be kept clean and dry. The following sanitary procedures must be used to reduce the spread of communicable disease.

A. An adequate supply of clean diapers must be available for each child and stored in a clean place inaccessible to children. If cloth diapers are used, parents must provide a change of the outer plastic pants for each fecally soiled diaper change. Cloth diapers, except those supplied by a commercial diaper service, and plastic pants, if supplied by parents, must be labeled with the child's name.

B. Diapers and clothing must be changed when wet or soiled.

C. For disposable diapers, a covered diaper disposal container must be located in the diaper changing area and lined with a disposable plastic bag. The container must be emptied when full, and at least daily.

D. Diapering must not take place in a food preparation area. The diaper changing area must be covered with a smooth, nonabsorbent surface. If the surface is not disposable and is wet or soiled, it must be washed with soap and water to remove debris and then disinfected with a solution of at least two teaspoons of chlorine bleach to one quart of water. If the surface is not soiled with feces or urine, then it must be disinfected with the solution of chlorine bleach and water after each diapering.

E. Single service disposable wipes or freshly laundered cloths must be used for washing a soiled child. A child who has soiled or wet must be washed with a disposable wipe or a freshly laundered cloth before rediapering.

F. Cloth diapers, except those supplied by a commercial diaper service, plastic pants, and soiled clothing must be placed in the plastic bag after removal and sent home with the parent daily.

Subp. 14. **Toilet training chairs.** Toilet training chairs, chairs, stools, and seats must be washed with soap and water when soiled, and at least daily.

Subp. 15. **Hand washing.** A child's hands must be washed with soap and water when soiled, after the use of a toilet or toilet training chair, and before eating a meal or snack. The provider shall monitor and assist the child who needs help.

A. In sinks and tubs accessible to children, the water temperature must not exceed 120 degrees Fahrenheit to prevent children from scalding themselves while washing.

B. Caregivers shall wash their hands with soap and water after each diaper change, after assisting a child on the toilet, after washing the diapering surface, and before food preparation. Hands must be dried on a single use towel.

Subp. 16. **Care of ill children, medicine administration.** The following provisions must be followed for the care of ill children and the administration of medicine.

A. The provider shall notify the parent immediately when a child in care develops any of the following symptoms:

(1) underarm temperature of 100 degrees Fahrenheit or over, or an oral temperature of 101 degrees Fahrenheit or over;

(2) vomiting;

(3) diarrhea; or

(4) rash, other than mild diaper or heat-related rash.

B. The provider shall follow written instructions from an authorized agent or the physician of an ill child placed in the provider's care if the child has any of the illnesses specified in item E.

C. The provider shall require that a child's parent notify the provider within 24 hours of the diagnosis of a serious contagious illness or parasitic infestation listed in item E so the provider may notify the parents of other children in care.

D. The provider shall inform a parent of each exposed child the same day the provider is notified a positive diagnosis has been made for any of the illnesses or parasitic infestations in item E.

E. The provider shall notify the authorized agent or Minnesota Department of Health of any suspected case of reportable disease as specified in part 4605.7040. The agency shall provide the provider with a copy of part 4605.7040 at the time of initial licensure.

F. The following govern the administration of medicine by the provider to children in care:

(1) The provider shall obtain written permission from the child's parent prior to administering medicine, diapering products, sunscreen lotions, and insect repellents. Nonprescription medicines, diapering products, sunscreen lotions, and insect repellents must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.

(2) The provider shall obtain and follow written instructions from a licensed physician or dentist prior to administering each prescription medicine. Medicine with the child's name and current prescription information on the label constitutes instructions.

9502.0445 WATER, FOOD, AND NUTRITION.

Subpart 1. **Water.** There must be a safe water supply in the residence.

A. Water from privately owned wells, must be tested annually by a Minnesota Health Department certified laboratory for coliform bacteria and nitrate nitrogens to verify safety. The provider shall file a record of the test results with the agency. Retesting and corrective measures may be required by the agency if results exceed state drinking water standards or where the supply may be subject to off-site contamination.

B. Drinking water must be available to the children and offered at frequent intervals in separate or single service drinking cups or bottles.

Subp. 2. **Milk.** Milk served to children in care must be pasteurized.

Subp. 3. **Meals and snacks.** Well-balanced meals and snacks must be offered daily.

A. Food served during the day must include servings from each of the basic food groups as defined by the United States Department of Agriculture's Code of Federal Regulations, title 7, section 226.20.

B. The provider shall follow written instructions obtained from the parents, at the time of enrollment, on each child's special diet or food needs. Parents shall be consulted about special food preferences.

C. Flexible feeding schedules must be provided for infants and toddlers, and the infant or toddler's usual diet and feeding schedule must be followed.

D. Food, lunches, and bottles brought from home must be labeled with the child's name and refrigerated when necessary. Bottles must be washed after use.

Subp. 4. **Food safety.** Food must be handled and stored properly to prevent contamination and spoilage.

A. All food and cooking utensils must be stored to protect them from dust, vermin, pipe leakage, or other contamination.

B. Food requiring refrigeration must be maintained at no more than 40 degrees Fahrenheit. Food requiring heating must be maintained at no less than 150 degrees Fahrenheit until ready to serve. Frozen food must be maintained in a solid state until used.

C. Appliances used in food storage and preparation must be safe and clean.

D. No hermetically sealed (canned), nonacid or low-acid food which has been processed in a place other than a commercial food-processing establishment shall be served to children in care. Low-acid food includes meats, fish, and poultry and most vegetables and is required to be steam-pressure canned by the United States Department of Agriculture in Bulletin number 8, "Home Canning of Fruits and Vegetables," 1983 Edition. Fresh and frozen foods, properly canned tomatoes, pickled foods, and canned fruits such as apples, berries, peaches, apricots, jams, and jellies may be served to children in care. The USDA "Home Canning of Fruits and Vegetables," Home and Garden Bulletin number 8, 1983 Edition, is incorporated by reference. It is not subject to frequent change and is available through Minitex interlibrary loan system, or by writing the Superintendent of Documents, U.S. Government Printing Office, Washington D.C., 20402.

9503.0005 DEFINITIONS.

Subpart 1. **Scope.** The definitions in this part apply to parts 9503.0005 to 9503.0170.

Subp. 2. **Age category.** "Age category" means the designation given a child according to the child's age. The age categories are as follows:

A. "Infant" means a child who is at least six weeks old but less than 16 months old.

B. "Toddler" means a child at least 16 months old but less than 33 months old.

C. "Preschooler" means a child who is at least 33 months old but who has not yet attended the first day of kindergarten.

D. "School-age child" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 16.

The age designation given a child may be further modified in accordance with part 9503.0040, subpart 4.

Subp. 3. **Applicant.** "Applicant" means a person, corporation, partnership, voluntary association, or other organization that has applied for licensure under Minnesota Statutes, chapter 245A, and parts 9503.0005 to 9503.0170. The term includes license holders that have applied for a new license to continue operating a child care program after the expiration date of their current license.

Subp. 4. **Building official.** "Building official" means a person appointed according to Minnesota Statutes, section 326B.133, to administer the State Building Code. The term includes the appointee's authorized representative.

Subp. 5. **Center.** "Center" means a facility in which a child care program is operated when the facility is not excluded by Minnesota Statutes, section 245A.03, subdivision 2, and is not required to be licensed under parts 9502.0315 to 9502.0445 as a family or group family day care home.

Subp. 6. **Child.** "Child" means a person 12 years old or younger.

Subp. 7. **Child care program.** "Child care program" means the systematic organization or arrangement of activities, personnel, materials, and equipment in a facility to promote the physical, intellectual, social, and emotional development of a child in the absence of the parent for a period of less than 24 hours a day.

Subp. 8. **Child care program plan.** "Child care program plan" means the written document that states the specific activities that will be provided by the license holder to

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

Subp. 9. **Clean.** "Clean" means free from dirt or other contaminants that can be detected by sight, smell, or touch.

Subp. 10. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designated representative.

Subp. 11. **Disinfected.** "Disinfected" means treated to reduce microorganism contamination after an object has been cleaned. Disinfection must be done by rinsing or wiping with a solution of one-fourth cup chlorine bleach plus water to equal one gallon, or an equivalent product or process approved by the community health board as defined in Minnesota Statutes, section 145A.02, or its designee.

Subp. 12. **Facility.** "Facility" means the indoor and outdoor space in which the child care program is provided.

Subp. 13. **Fire marshal.** "Fire marshal" means the person designated by Minnesota Statutes, section 299F.011, to administer and enforce the Minnesota Uniform Fire Code. The term includes the fire marshal's authorized representative.

Subp. 14. **Health consultant.** "Health consultant" means a physician licensed to practice medicine under Minnesota Statutes, chapter 147; a public health nurse or registered nurse licensed under Minnesota Statutes, section 148.171; or the community health board as defined in Minnesota Statutes, section 145A.02, or its designee.

Subp. 15. **License.** "License" means a certificate issued by the commissioner authorizing the license holder to operate a child care program in a center for a specified period of time in accordance with the terms of the license, rules of the commissioner, and provisions of Minnesota Statutes, chapter 245A.

Subp. 16. **License holder.** "License holder" means the individual, corporation, partnership, voluntary association, or other organization legally responsible for the operation of the child care program in a center that has been granted a license by the commissioner under Minnesota Statutes, chapter 245A, and parts 9503.0005 to 9503.0170.

Subp. 17. **Licensed capacity.** "Licensed capacity" means the maximum number of children for which the license holder is licensed to operate a child care program in a center at any one time.

Subp. 18. **Medicine.** "Medicine" means a substance used to treat disease or injuries, maintain health, heal, or relieve pain. The term applies to prescription and nonprescription substances taken internally or applied externally.

Subp. 19. **Minnesota Uniform Fire Code.** "Minnesota Uniform Fire Code" means those codes and regulations adopted by the state fire marshal according to Minnesota Statutes, section 299F.011.

Subp. 20. **Parent.** "Parent" means the person or persons with legal custody of the child.

Subp. 21. **Program staff person.** "Program staff person" means a teacher, assistant teacher, or aide, whether paid or unpaid, who carries out the child care program plan in the center and has direct contact with children.

Subp. 21a. **School-age child care program.** "School-age child care program" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 17.

Subp. 22. **Sick child.** "Sick child" means a child with a condition or illness as specified in part 9503.0080.

Subp. 23. **Staff person.** "Staff person" means a person, whether paid or unpaid, who works in the center.

Subp. 24. **State Building Code.** "State Building Code" means those codes and regulations adopted by the commissioner of the Department of Administration according to Minnesota Statutes, section 326B.101, and contained in chapter 1300.

Subp. 25. **Supervision.** "Supervision" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 18.

Subp. 26. **Variance.** "Variance" means time limited written permission by the commissioner for an applicant or license holder to depart from the provisions of parts 9503.0005 to 9503.0170 if equivalent alternative measures are taken to ensure the health, safety, and rights of the children in care.

9503.0010 APPLICABILITY.

Parts 9503.0005 to 9503.0170 govern the licensure of the applicants for and license holders operating a child care program in a center.

9503.0015 OPTIONS FOR CHILD CARE PROGRAMS.

A license holder must provide one or more of the following child care programs:

A. A "day program" means a child care program operated during normal waking hours (approximately 6 a.m. to 6 p.m.). The program:

(1) operates for more than 30 days in any 12 month period and is not excluded by Minnesota Statutes, section 245A.03, subdivision 2; and

(2) provides care to any child for more than 30 days in any 12 month period and 45 hours in any calendar month.

B. A "drop-in child care program" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 6a.

C. A "night care program" means a child care program operated during normal sleeping hours (approximately 6 p.m. to 6 a.m.).

D. A "sick care program" means a child care program that provides care to a sick child.

E. A "school-age child care program" has the meaning given in Minnesota Statutes, section 245A.02, subdivision 17.

9503.0030 QUALIFICATIONS OF APPLICANT AND STAFF.

Subpart 1. **Definitions.** In parts 9503.0030 to 9503.0034:

A. "Accredited course" means a course that is offered for credit by or through an accredited postsecondary institution.

B. [Repealed, L 2025 1Sp3 art 14 s 22]

C. "Experience" means paid or unpaid employment serving children as a teacher, assistant teacher, or aide, in a licensed child care center, or work as a student intern in a licensed center, a school operated by the commissioner of education or by a legally constituted local school board, or a private school approved under rules administered by the commissioner of education.

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

E. "Staff supervision" means responsibility to hire, train, assign duties, and direct staff in day to day activities and evaluate staff performance. A "supervisor" is a person with staff supervision responsibility.

Subp. 2. [Repealed, 18 SR 2748]

Subp. 3. [Repealed, 18 SR 2748]

Subp. 4. [Repealed, 18 SR 2748]

9503.0031 DIRECTORS.

Subpart 1. **General requirements for a director.** A director must:

A. be at least 18 years old;

B. be a graduate of a high school or hold an equivalent diploma attained through successful completion of the commissioner of education-selected high school equivalency test;

C. have at least 1,040 hours of paid or unpaid staff supervision experience; and

D. have at least nine quarter credits or 90 hours earned in any combination of accredited courses in staff supervision, human relations, and child development.

Subp. 2. **Additional requirements.** If a director functions as a teacher or develops or revises the child care program plan, the director must meet the qualifications of a teacher specified in part 9503.0032.

9503.0032 TEACHERS.

Subpart 1. **Teacher qualifications, general.** A teacher must be at least 18 years old and meet the qualifications in subpart 2 with the following exceptions:

A. A registered nurse or licensed practical nurse is qualified as a teacher for infants only.

B. A registered nurse may be used to meet the staff-to-child ratios for a teacher for sick care in a center licensed to operate a sick care program.

Subp. 2. **Teacher education and experience requirements.** A teacher with the credential listed in column A must have the education and experience listed in column B.

Column A	Column B
(1) A high school diploma or commissioner of education-selected high school equivalency certification	Experience: 4,160 hours as assistant teacher Education: 24 quarter credits
(2) Diploma from Association Montessori Internationale; preprimary credential, primary diploma, or provisional certificate from the American Montessori Society, without a baccalaureate degree	Experience: 2,080 hours as assistant teacher, aide, or student intern Education: 12 quarter credits
(3) Preprimary credential, primary diploma, or provisional certificate from the American Montessori Society; or diploma from the Association Montessori Internationale with a baccalaureate degree	Experience: 1,040 hours as assistant teacher, aide, or student intern Education: no additional required

(4) Minnesota technical institute certificate as a Child Development Assistant	Experience: 2,080 hours as an assistant teacher Education: six quarter credits
(5) Child Development Associate credential (center based or family day care) for preschool or for infants and toddlers from the Council for Early Childhood Professional Recognition	Experience: 1,560 hours as assistant teacher, aide, or student intern Education: no additional required
(6) License from the Minnesota Department of Education for Prekindergarten Associate; or a certificate or credential for a two-year program from an accredited community college or technical college in child development or early childhood education	Experience: 1,040 hours as assistant teacher, aide, or student intern Education: six quarter credits
(7) Baccalaureate degree from an accredited college or university in any field	Experience: 1,040 hours as assistant teacher, aide, or student intern Education: 18 quarter credits
(8) License from the Minnesota Department of Education for elementary education without kindergarten endorsement	Experience: 520 hours as assistant teacher, aide, or student intern if teaching children under school age Education: six quarter credits within one year of initial employment if teaching children under school age
(9) License from the Minnesota Department of Education for prekindergarten/nursery, or a license from the Minnesota Department of Education for elementary education with a kindergarten endorsement	Experience: no additional required Education: no additional required

9503.0033 ASSISTANT TEACHERS.

Subpart 1. **Assistant teacher qualifications, general.** An assistant teacher must work under the supervision of a teacher. An assistant teacher must be at least 18 years old and meet the qualifications in subpart 2 with the following exceptions:

- A. A registered nurse or licensed practical nurse is qualified as an assistant teacher for infants only.
- B. A registered nurse may be used to meet the staff-to-child ratios for an assistant teacher for sick care in a center licensed to operate a sick care program.

APPENDIX
Repealed Minnesota Rules: S4612-4

Subp. 2. **Assistant teacher education and experience requirements.** An assistant teacher with the credential listed in column A must have the education and experience listed in column B.

Column A	Column B
(1) High school diploma or commissioner of education-selected high school equivalency certification	Experience: 2,080 hours as an aide or student intern Education: 12 quarter credits
(2) Minnesota license as a family day care or group family day care provider	Experience: 2,080 hours as a licensed family day care or group family day care provider Education: 12 quarter credits
(3) Diploma from Association Montessori Internationale or preprimary credential, primary diploma, or provisional certificate from the American Montessori Society	Experience: 520 hours as an aide or student intern Education: three quarter credits
(4) Minnesota technical institute certificate as a Child Development Assistant	Experience: 520 hours as an aide or student intern Education: no additional required
(5) Two years full-time postsecondary education from a college or university	Experience: 1,040 hours as an aide or student intern Education: nine quarter credits
(6) Child Development Associate credential, center based or for family day care, from the Council for Early Childhood Professional Recognition	Experience: no additional required Education: no additional required
(7) Baccalaureate degree in any field from an accredited college or university	Experience: no additional required Education: nine quarter credits
(8) Certificate or credential for a two year program in child development or early childhood education at a Minnesota community college or technical college	Experience: no additional required Education: no additional required
(9) License from the Minnesota Department of Children, Families, and Learning for Prekindergarten Associate	Experience: no additional required Education: no additional required

9503.0034 AIDES, VOLUNTEERS, SUBSTITUTES.

Subpart 1. **Aide qualifications.** In this part, "aide" means a staff person who carries out child care program activities under the supervision of a teacher or assistant teacher. An aide who is under 18 years old must be directly supervised by a teacher or assistant teacher at all times except when the aide is assisting with the supervision of sleeping children or assisting children with washing, toileting, and diapering. An aide must be at least 16 years old.

Subp. 2. **Volunteers used as staff.** A volunteer who is included in the staff-to-child ratio must meet the requirements for the assigned staff position as specified in parts 9503.0030 to 9503.0034. Volunteers who have direct contact with or access to children must be supervised by a staff person who meets the qualifications for director, teacher, or assistant teacher.

Subp. 3. **Substitute staff.** A person designated as a substitute must meet the qualifications for the assigned staff position as specified in parts 9503.0030 to 9503.0034, except that the license holder may use substitutes who do not meet the qualifications for teacher in part 9503.0032, subpart 2, or assistant teacher in part 9503.0033, subpart 2, only if:

A. the amount of unqualified substitute hours per center per calendar year does not exceed 40 hours multiplied by the number of the center's full-time teacher and assistant teacher positions;

B. unqualified substitutes are not used as teachers or assistant teachers for more than ten consecutive working days for the same group of children per calendar year; and

C. there is always a person qualified as a teacher present within the center except as qualified in part 9503.0040, subpart 2, item B.

9503.0040 STAFF RATIOS AND GROUP SIZE.

Subpart 1. **Staff-to-child ratios and maximum group size.** Except as provided in subpart 2, the minimally acceptable staff-to-child ratios and the maximum group size within each age category are:

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

Subp. 2. **Staff distribution.** The license holder must ensure that the following requirements for staff distribution are met and a written staff distribution record is kept in the administrative record.

A. Only a staff person who is qualified as a teacher, assistant teacher, or aide and who works directly with children can be counted in meeting the staff-to-child ratios.

B. An assistant teacher may be substituted for a teacher during morning arrival and afternoon departure times if the total arrival and departure time does not exceed 25 percent of the center's daily hours of operation.

C. The maximum group size applies at all times except during meals, outdoor activities, field trips, naps and rest, and special activities such as films, guest speakers, and holiday programs.

D. Except as provided in item B, staff distribution within each age category must follow the pattern in subitems (1) to (4).

(1) The first staff member needed to meet the required staff-to-child ratio must be a teacher.

(2) The second staff member must have at least the qualifications of a child care aide.

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

(4) The fourth staff member must have at least the qualifications of a child care aide.

The pattern in subitems (1) to (4) must be repeated until the number of staff needed to meet the staff-to-child ratio for each age category has been achieved.

Subp. 3. **Age category grouping.** Children in different age categories may be grouped as follows:

A. During morning arrival and afternoon departure times, children in different age categories may be grouped together if:

(1) the total arrival and departure time does not exceed 25 percent of the daily hours of operation;

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

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

B. During the center's regular hours of operation, children in different age categories may be mixed within a group if:

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

(2) there is no more than a 36-month range in age among children in a group;

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

(4) program staff are qualified to teach the ages of all children present within the group.

The restriction in subitem (2) may be waived if all children in the group are school age.

Subp. 4. **Age designation.** A child must be designated as a member of the age category that is consistent with the child's date of birth with the following exceptions:

A. A child may be designated as an "infant" up to the age of 18 months for purposes of staff ratios, group size, and child care programming, if the parent, teacher, and center director determine that such a designation is in the best interests of the child. A child may be designated as a "toddler" up to the age of 35 months, or as a "preschooler" at the age of 31 months for purposes of staff ratios, group size, and child care programming, if the parent, teacher, and center director determine that the designation is in the best interests of the child.

B. A child attending kindergarten must be designated a school-age child.

9503.0045 CHILD CARE PROGRAM PLAN.

Subpart 1. **General requirement.** The applicant must develop a written child care program plan, and the license holder must see that it is carried out. The child care program plan must:

A. mandate that children have supervision at all times;

B. describe the age categories and number of children to be served by the program;

- C. describe the days and hours of operation of the program;
- D. describe the general educational methods to be used by the program and the religious, political, or philosophical basis, if any;
- E. be developed and evaluated in writing annually by a staff person qualified as a teacher under part 9503.0032;
- F. have stated goals and objectives to promote the physical, intellectual, social, and emotional development of the children in each age category in part 9503.0005, subpart 2, for which care is provided;
- G. specify activities designed to promote the intellectual, physical, social, and emotional development of a child in a manner consistent with the child's cultural background;
- H. specify that the intellectual, physical, social, and emotional progress of each child be documented in the child's record and conveyed to the parent during the conferences specified in part 9503.0090, subpart 2;
- I. provide a daily schedule for both indoor and outdoor activities;
- J. provide for activities that are both quiet and active, teacher directed and child initiated;
- K. provide for a variety of activities that require the use of varied equipment and materials; and
- L. be available to parents for review on request.

Subp. 2. **Interest areas.** A child care program that operates for more than three hours a day must provide daily access to interest areas of the center that are supplied with the equipment and materials needed to carry out the activities specified in items A to H, except that a child care program serving only school-age children and operating for less than 90 consecutive calendar days or any program operating for less than three hours a day must provide each child with daily access to indoor or outdoor large muscle activities specified in item G and at least five of the following interest areas:

- A. creative arts and crafts;
- B. construction;
- C. dramatic or practical life activities;
- D. science;
- E. music;
- F. fine motor activities;
- G. large muscle activities; or
- H. sensory stimulation activities.

9503.0050 NAPS AND REST.

Subpart 1. **Naps and rest policy.** The applicant must develop a policy for naps and rest that is consistent with the developmental level of the children enrolled in the center.

Subp. 2. **Parent consultation.** The parent of each child must be informed at the time the child is enrolled of the center's policy on naps and rest.

Subp. 3. **Confinement limitation.** A child who has completed a nap or rested quietly for 30 minutes must not be required to remain on a cot or mat or in a crib or bed.

Subp. 4. **Placement of equipment.** Naps and rest must be provided in a quiet area that is physically separated from children who are engaged in activity that will disrupt a napping or resting child. Cribs, cots, beds, and mats must be placed so there are clear aisles

and unimpeded access for both adults and children on at least one side of each piece of napping and resting equipment. Cribs, cots, beds, and mats must be placed directly on the floor and must not be stacked when in use.

Subp. 5. **Crib standard.** A crib or portable crib must be provided for each infant for which the center is licensed to provide care. The equipment must be of safe and sturdy construction that conforms to Code of Federal Regulations, title 16, sections 1508 to 1508.7 and 1509 to 1509.9, as amended through October 27, 1982, or have a bar, mesh, or rail pattern such that a 2-3/8 inch diameter sphere cannot pass through.

Subp. 6. **Bedding.** Separate bedding must be provided for each child in care. Bedding must be washed weekly and when soiled or wet. Blankets must be washed or dry cleaned weekly and when soiled or wet.

9503.0055 BEHAVIOR GUIDANCE.

Subpart 1. **General requirements.** The applicant must develop written behavior guidance policies and procedures, and the license holder must see that the policies and procedures are carried out. The policies and procedures must:

- A. ensure that each child is provided with a positive model of acceptable behavior;
- B. be tailored to the developmental level of the children the center is licensed to serve;
- C. redirect children and groups away from problems toward constructive activity in order to reduce conflict;
- D. teach children how to use acceptable alternatives to problem behavior in order to reduce conflict;
- E. protect the safety of children and staff persons; and
- F. provide immediate and directly related consequences for a child's unacceptable behavior.

Subp. 2. **Persistent unacceptable behavior.** The license holder must have written procedures for dealing with persistent unacceptable behavior that requires an increased amount of staff guidance and time. The procedures must specify that staff:

- A. observe and record the behavior of the child and staff response to the behavior; and
- B. develop a plan to address the behavior documented in item A in consultation with the child's parent and with other staff persons and professionals when appropriate.

Subp. 3. **Prohibited actions.** The license holder must have and enforce a policy that prohibits the following actions by or at the direction of a staff person:

- A. Subjection of a child to corporal punishment. Corporal punishment includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
- B. Subjection of a child to emotional abuse. Emotional abuse includes, but is not limited to, name calling, ostracism, shaming, making derogatory remarks about the child or the child's family, and using language that threatens, humiliates, or frightens the child.
- C. Separation of a child from the group except as provided in subpart 4.
- D. Punishment for lapses in toilet habits.
- E. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
- F. The use of physical restraint other than to physically hold a child when containment is necessary to protect a child or others from harm.

G. The use of mechanical restraints, such as tying.

For children with developmental disabilities or children under the age of five, as specified in parts 9525.0004 to 9525.0036, physical and mechanical restraints may be permitted if they are implemented in accordance with the aversive and deprivation procedures governed by parts 9525.2700 to 9525.2810.

Subp. 4. **Separation from the group.** No child may be separated from the group unless the license holder has tried less intrusive methods of guiding the child's behavior which have been ineffective and the child's behavior threatens the well being of the child or other children in the center. A child who requires separation from the group must remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person. When separation from the group is used as a behavior guidance technique, the child's return to the group must be contingent on the child's stopping or bringing under control the behavior that precipitated the separation, and the child must be returned to the group as soon as the behavior that precipitated the separation abates or stops. A child between the ages of six weeks and 16 months must not be separated from the group as a means of behavior guidance.

Subp. 5. **Separation report.** All separations from the group must be noted on a daily log. The license holder must ensure that notation in the log includes the child's name, staff person's name, time, date, and information indicating what less intrusive methods were used to guide the child's behavior and how the child's behavior continued to threaten the well being of the child or other children in care. If a child is separated from the group three times or more in one day, the child's parent shall be notified and notation of the parent notification shall be indicated on the daily log. If a child is separated five times or more in one week or eight times or more in two weeks, the procedure in subpart 2 must be followed.

Subp. 6. **Children with developmental disabilities.** For children with developmental disabilities or children under the age of five, as specified in parts 9525.0004 to 9525.0036, the standards governing the use of aversive and deprivation procedures in parts 9525.2700 to 9525.2810 apply.

9503.0060 FURNISHINGS, EQUIPMENT, MATERIALS, AND SUPPLIES.

Subpart 1. **General requirements.** Each child care program must have the quantity and type of equipment specified in subparts 3 to 6 for the age categories of children served. Equipment must be appropriate to the age categories and any special needs of the children served. A center must have enough equipment for the number of children for which the center is licensed unless the use of equipment is rotated among groups of children. If the equipment is rotated among groups of children, the center must have enough for the maximum group size of the age category scheduled to use the equipment at times shown on the child care program plan. When the term "group" is used in this part it means the maximum group size for the age category specified in part 9503.0040, subpart 1. The minimum equipment specified for an age category in subparts 3 to 6 must be accessible every day to the children of that age category and arranged as specified in the child care program plan. Centers operating for less than three hours a day do not have to provide the outdoor equipment required in subpart 4, item B, subitem (9); subpart 5, item B, subitem (9); and subpart 6, item B, subitem (7).

Subp. 2. **Definitions.** For the purpose of this part, the following terms have the meanings given them.

A. "Cognitive development equipment and materials" means equipment and materials designed to enhance components of intellectual development, such as problem solving abilities, observation skills, group skills, and symbol recognition.

B. "Dramatic play equipment" or "practical life activity equipment" means equipment, such as dress up clothes, large or miniature play sets, figures, and small and large building blocks that can be used to design a setting or space that stimulates the child's imagination and encourages role playing and the learning of practical life skills.

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C. "Large muscle equipment" means equipment that is designed to enhance large muscle development and coordination, such as playground equipment, large boxes and pillows, large wheel toys, pull toys, balls, jump ropes, climbers, and rocking boats.

D. "Manipulative equipment" means equipment that is designed to enhance fine motor development and coordination, such as pegs and peg boards, puzzles, beads and strings, interlocking plastic forms, and carpentry materials.

E. "Sensory stimulation materials" means equipment, other than pictures, that has different shapes, colors, and textures that stimulate the child's visual and tactile senses. Examples of sensory stimulation materials include mobiles, crib attached activity boxes, sand and water activity materials, swatches of different textures of cloth, and wooden or plastic items of different shapes and colors.

Subp. 3. **Equipment and materials for infants.** The minimum equipment and materials required for a center serving infants are as follows:

A. Furnishings:

- (1) one area rug or carpet per group;
- (2) a variety of nonfolding child size chairs including infant seats and high chairs, one per child, or a minimum of four per group;
- (3) one changing table for every group of 12 infants and succeeding group of 12 or fewer infants;
- (4) one foot operated, covered diaper container per changing table;
- (5) one crib or portacrib and waterproof mattress per child; and
- (6) one linear foot of low, open shelving per child.

B. Program equipment and materials:

- (1) one book per child;
- (2) two large, soft building blocks per child;
- (3) two pieces of infant mobility equipment, such as strollers and wagons per group;
- (4) two pieces of manipulative equipment per child such as shape toys and clutch balls;
- (5) one mirror at least 12 inches by 36 inches in size made of Plexiglas or a similar plastic or of safety glass per group;
- (6) one music source such as a tape player or record player per group and music selections appropriate for the music source;
- (7) one noise or music making toy per child;
- (8) visual and tactile sensory stimulation materials as needed to provide visual and tactile stimulation; and
- (9) one soft washable toy per child.

C. Supplies:

- (1) two sets of blankets and sheets for each crib;
- (2) an adequate amount of disposable paper for the changing table;
- (3) an adequate amount of diapers;
- (4) an adequate amount of facial tissue;
- (5) an adequate amount of single service towels; and

(6) an adequate amount of liquid hand soap.

Subp. 4. **Equipment and materials for toddlers.** The minimum equipment required for a center serving toddlers is as follows:

A. Furnishings:

- (1) one area rug or carpet per group;
- (2) one nonfolding child size chair, including high chairs, per child;
- (3) one changing table for every group of 14 toddlers and succeeding group of 14 or fewer toddlers;
- (4) one foot operated, covered diaper container per changing table;
- (5) one cot per child (mats are acceptable for programs operating during the day for less than five hours);
- (6) one partially enclosed space equipped for quiet activity per group;
- (7) one linear foot of low open shelving per child; and
- (8) 20 linear inches of child size table edge per child.

B. Program equipment and materials:

- (1) arts and crafts supplies, such as clay or playdough, tempera or finger paints, colored and white paper, paste, collage materials, paint brushes, washable felt type markers, crayons, blunt scissors, and smocks;
- (2) one book per child;
- (3) 24 large building blocks per group;
- (4) 100 small building blocks per group;
- (5) three pieces of dramatic play equipment or sets of Montessori Practical Life equipment per group;
- (6) materials and accessories required for subitem (5) as needed to carry out the theme of the activity, or six Montessori Practical Life exercises;
- (7) one double easel per group;
- (8) three pieces of durable, indoor, large muscle equipment per group;
- (9) three pieces of durable, outdoor, large muscle equipment per group;
- (10) one mirror, at least 12 inches by 36 inches, made of Plexiglas or a similar plastic or safety glass, per group;
- (11) one music source such as a tape recorder or record player per group and music selections appropriate for the source;
- (12) one set of cognitive developmental equipment and materials, such as puzzles and matching games, per child;
- (13) two sets of manipulative equipment, such as interlocking plastic forms or beads and string, per child;
- (14) one music making toy per child;
- (15) one soft washable toy per child; and
- (16) sensory stimulation materials as needed to provide visual and tactile stimulation.

C. Supplies:

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- (1) an adequate amount of disposable paper for the changing table;
- (2) an adequate amount of diapers;
- (3) an adequate amount of facial tissue;
- (4) an adequate amount of single service towels; and
- (5) an adequate amount of liquid hand soap.

Subp. 5. **Equipment and materials for preschoolers.** The minimum equipment required for a center serving preschoolers is as follows:

A. Furnishings:

- (1) one area rug or carpet per group;
- (2) one nonfolding child size chair per child;
- (3) one cot or bed and waterproof mattress per child (mats are acceptable for programs operating during the day for less than five hours). This subitem is not required for preschoolers in programs operating for less than five hours per day if rest is not indicated as part of the center's child care program;
- (4) two square feet of wall or bulletin board display space per child, one-half at child's eye level;
- (5) one partially enclosed space equipped for quiet activity per group;
- (6) one linear foot of open shelving per child; and
- (7) 20 linear inches of child size table edge per child.

B. Program equipment and materials:

- (1) arts and crafts supplies, such as clay or playdough, tempera or fingerpaints, white or colored paper, paste, collage materials, paint brushes, washable felt type markers, crayons, scissors, and smocks;
- (2) two books per child;
- (3) 48 large building blocks per group;
- (4) 200 small building blocks per group;
- (5) five pieces of dramatic play equipment or sets of Montessori Practical Life equipment per group;
- (6) materials and accessories required for subitem (5) to carry out the theme of the activity;
- (7) one double easel per group;
- (8) three pieces of durable, indoor, large muscle equipment per group;
- (9) three pieces of durable, outdoor, large muscle equipment per group;
- (10) one mirror, at least 12 inches by 36 inches, made of Plexiglas or a similar plastic or safety glass, per group;
- (11) one music source such as a tape recorder or record player per group and music selections appropriate for the source;
- (12) one set of cognitive developmental equipment and materials, such as puzzles and number and letter games, per child;
- (13) two sets of manipulative equipment, such as interlocking plastic forms, per child;

(14) pictures at child's eye level, mobiles, and other items as needed to create a pleasant environment and provide sensory stimulation; and

(15) one rhythm instrument per child.

C. Supplies:

(1) an adequate amount of facial tissue;

(2) an adequate amount of single service towels; and

(3) an adequate amount of liquid hand soap.

Subp. 6. **Equipment and materials for school-age children.** The minimum equipment and materials required for a program serving school-age children are as follows:

A. Furnishings:

(1) one area rug or carpet per group;

(2) two square feet of wall or bulletin board display space per child;

(3) one nonfolding child size chair per child;

(4) one partially enclosed space equipped for quiet activity per group;

(5) one linear foot of open shelving per child; and

(6) 20 linear inches of table edge space per child.

B. Program equipment and materials:

(1) arts and crafts supplies, such as clay or playdough, tempera or fingerpaints, white or colored paper, paste, collage materials, paint brushes, felt type markers, crayons, and scissors;

(2) two books per child;

(3) three sets of dramatic play equipment or Montessori Practical Life area equipment per group;

(4) materials and accessories for subitem (3) as required to carry out the theme of the activity;

(5) one music source such as a tape recorder or record player per group and music selections appropriate for the source;

(6) five musical or rhythm instruments per group;

(7) three pieces of durable, outdoor, large muscle equipment per group;

(8) pictures at child's level, mobiles, and other items as needed to create a pleasant environment and provide sensory stimulation;

(9) one set of cognitive developmental equipment and materials, such as puzzles and games, per child;

(10) five sets of manipulative equipment, such as interlocking plastic forms, per group; and

(11) ten pieces of sports or recreational equipment, such as bats, balls, hoops, and jump ropes, per group.

C. Supplies:

(1) an adequate amount of facial tissue;

(2) an adequate amount of single service towels; and

(3) an adequate amount of liquid hand soap.

9503.0065 CHILD CARE FOR CHILDREN WITH SPECIAL NEEDS.

Subpart 1. **Definition.** "Child with special needs" for purposes of this part means a child at least six weeks old but younger than 13 years old who:

A. has developmental disabilities or is otherwise eligible for case management as specified in parts 9525.0004 to 9525.0036 and has an individual service plan specifying child care to be provided by the center;

B. has been identified by the local school district as a child with a disability as specified in Minnesota Statutes, section 125A.02, subdivision 1, and has an individualized education program specifying child care to be provided by the center according to Minnesota Statutes, section 125A.05; or

C. has been determined by a licensed physician, psychiatrist, licensed psychologist, or licensed consulting psychologist as having a special need relating to physical, social, or emotional development.

Subp. 2. **Report to parent.** The license holder must inform the parent of any diagnosed or identified special need of a child that was not reported by the parent at the time of admission.

Subp. 3. **Individual child care program plan.** When a license holder admits a child with special needs, the license holder must ensure that an individual child care program plan is developed to meet the child's individual needs. The individual child care program plan must be in writing and specify methods of implementation and be reviewed and followed by all staff who interact with the child.

If the child has developmental disabilities or is otherwise eligible for case management as specified in subpart 1, item A, then the individual child care plan must be coordinated with the child's individual service plan developed under parts 9525.0004 to 9525.0036.

If the child has a disability as specified in subpart 1, item B, then the individual child care plan must be coordinated with the child's individualized education program developed under Minnesota Statutes, chapter 125A.

If the child has a special need determined under subpart 1, item C, the individual child care plan must be coordinated with reports from the licensed physician, licensed psychiatrist, licensed psychologist, or licensed consulting psychologist. The individual child care plan must be evaluated at least annually by the licensed physician, licensed psychiatrist, licensed psychologist, or licensed consulting psychologist and with the child's parent to determine if the needs of the child are being met.

Subp. 4. **Service contracts.** The license holder must have copies of all service contracts with the center for care or services provided under parts 9525.0004 to 9525.0036 and Minnesota Statutes, chapter 125A, when the care or service is provided to a child while at the center.

Subp. 5. **Additional staff, staff qualifications, or training.** The license holder must ensure that any additional staff, staff qualifications, or training required by the child's individual child care plan in subpart 3 are provided.

9503.0070 NIGHT CARE PROGRAM.

Subpart 1. **Applicability.** A license holder operating a night care program must comply with this part as well as with all other requirements of parts 9503.0005 to 9503.0170.

Subp. 2. **Furnishings.** Each child enrolled in a night care program must be provided with a crib, a bed, or a cot with a mattress. A crib and two sets of clean linens must be provided for each infant and meet the standards specified in part 9503.0050. A bed or a cot with a mattress, two sets of sheets, a blanket or quilt, and personal towels and washcloths must be provided for each child in all other age categories.

Subp. 3. **Garments for sleeping.** The license holder must ensure that all children are put to bed in garments for sleeping as designated by the child's parent.

Subp. 4. **Personal effects.** The license holder must ensure that all children have the personal effects needed to clean up and prepare for sleep. The effects must include an individual wash cloth, towel, toothbrush, toothpaste, and liquid hand soap.

Subp. 5. **Meals and snacks.** The license holder must ensure that a child who will be present in the center between 6:00 p.m. and 7:00 p.m. has had or will be provided with an evening meal. A bedtime snack must be available for all children in attendance. Eating times and schedules for the individual child must be consistent with patterns established in consultation with the child's parents.

Subp. 6. **Staffing.** At least two staff persons, one of whom must qualify as a teacher under part 9503.0032, must be present in the center at all times during the hours the night program is in operation. When more than 80 percent of the children present are asleep, the remaining staff persons needed to meet the required staff-to-child ratio must have at least the qualifications of a child care aide. Program staff must be awake and dressed and provide supervision to children who are sleeping.

Subp. 7. **Wash-up assistance.** The license holder must ensure that children have the opportunity to wash up and cleanse their teeth before bedtime and be assisted by program staff when necessary.

Subp. 8. **Privacy.** To ensure privacy, school-age boys and girls must be separated during bedtime washing and changing activities.

Subp. 9. **Infants.** Infants must have a sleep area separate from the center's play and activity areas.

Subp. 10. **Bedtime.** A child's bedtime must be scheduled in consultation with the child's parent.

Subp. 11. **Light.** In rooms used for sleep during children's bedtime, light must be reduced to no less than one footcandle.

Subp. 12. **Program emphasis.** A license holder operating a night care program must comply with the child care program standards in part 9503.0045. However, the child care program plan must emphasize quiet activities.

Subp. 13. **Exceptions.** The outdoor activity area, outdoor activities, and outdoor equipment required by part 9503.0060 for children enrolled in a night care program need not be provided.

9503.0075 DROP-IN AND SCHOOL-AGE CHILD CARE PROGRAMS.

Subpart 1. **Exemptions for drop-in and school-age child care programs.** A license holder operating a drop-in or school-age child care program as defined in part 9503.0015 must comply with parts 9503.0005 to 9503.0170 with the following exceptions:

A. The staff ratios and group size restrictions in part 9503.0040 do not apply and are replaced by the requirements in subparts 2 to 6.

B. Part 9503.0045, subpart 1, items F and G, of the child care program plan do not apply.

C. The requirement in part 9503.0050, subpart 6, that separate bedding be provided for each child in care applies only to those children in care who are less than 30 months old. The provisions in part 9503.0050, subpart 6, requiring washing and cleaning of bedding and blankets remain in effect and apply to all bedding or blankets used by the drop-in child care program.

D. Half the furnishings, equipment, materials, or supplies specified by the following subparts of part 9503.0060 are required:

- (1) subpart 4, item A, subitems (2), (5), and (8);
- (2) subpart 5, item A, subitems (2), (3), and (7); and
- (3) subpart 6, item A, subitems (3) and (6).

E. Part 9503.0070, regarding night care programs, does not apply.

F. Part 9503.0090, subpart 2, regarding parent conferences and daily reports, does not apply.

Subp. 2. **Supervision.** A drop-in and school-age child care program must:

A. be operated under the supervision of a person who qualifies both as a director under part 9503.0031 and as a teacher under part 9503.0032; and

B. have at least two staff persons present at the center whenever the program is operating even when the ages and numbers of children present are such that the staff-to-child ratio requirements established in subpart 3 could be met by having only one staff person.

Subp. 3. **Staff ratios; drop-in programs.** The minimum ratio of staff persons to children that a license holder may maintain in a drop-in program is:

A. for infants ages six weeks through 16 months, one staff person for every four infants;

B. for children ages 17 months through 29 months, one staff person for every seven children; and

C. for children ages 30 months through 12 years, one staff person for every ten children.

Subp. 3a. **Staff ratios; school-age programs.** A school age program must maintain a minimum staff ratio as provided in Minnesota Statutes, section 245A.14, subdivision 6, paragraph (f).

Subp. 4. **Exception to staff ratio for ages 30 months through 12 years in a drop-in program.** The number of children per staff person specified in subpart 3 for a drop-in program may be increased only with children ages 30 months through 12 years, only by a maximum of four children, and only for a time period, not to exceed 20 minutes, required for additional staff to arrive at the center. A center that exceeds the ratio in subpart 3, item C, must be able to document having staff persons who, as a condition of their employment, are on call to come to the center as needed and arrive at the center within 20 minutes after receiving notification to report.

Subp. 5. **Age category grouping; drop-in programs.** Whenever the total number of children present to be cared for at a drop-in child care center is more than 20, the center shall comply with Minnesota Statutes, section 245A.14, subdivision 6, paragraph (e).

Subp. 5a. **Care provided to siblings.** A drop-in child care program may group siblings together as provided in Minnesota Statutes, section 245A.14, subdivision 6, paragraph (k).

Subp. 6. **Staff distribution.** Staff distributions for drop-in child care programs must meet the requirements in items A and B.

A. If a drop-in child care program serves both infants and older children, the following minimum staff distribution pattern applies for the supervision of infants ages six weeks through 16 months and children ages 17 months through 29 months:

(1) The first staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an assistant teacher as specified in part 9503.0033.

(2) The second staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an aide as specified in part 9503.0034, subpart 1.

(3) The third staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an assistant teacher as specified in part 9503.0033.

(4) The fourth staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an aide as specified in part 9503.0034, subpart 1.

(5) The fifth staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an assistant teacher as specified in part 9503.0033.

(6) The sixth staff person needed to meet the staff-to-child ratios required in subpart 3, items A and B, must have at least the qualifications of an aide as specified in part 9503.0034, subpart 1.

B. The following minimum staff distribution pattern applies for the supervision of children 30 months and older.

(1) The first staff person needed to meet the required staff-to-child ratio specified in subpart 3, item C, must meet the qualifications for teachers specified in part 9503.0032.

(2) The second, third, and fourth staff persons needed to meet the required staff-to-child ratio specified in subpart 3, item C, must have at least the qualifications of an aide as specified in part 9503.0034, subpart 1.

(3) The fifth staff person needed to meet the staff-to-child ratio required in subpart 3, item C, must have at least the qualifications of an assistant teacher as specified in part 9503.0033.

(4) The sixth, seventh, and eighth staff persons needed to meet the staff-to-child ratio required in subpart 3, item C, must have at least the qualifications of an aide as specified in part 9503.0034, subpart 1.

(5) For any additional staff persons needed after the eighth staff person to meet ratio requirements, the pattern of required staff qualifications established in subitems (3) and (4) applies.

9503.0080 EXCLUSION OF SICK CHILDREN.

A child with any of the following conditions or behaviors is a sick child and must be excluded from a center not licensed to operate a sick care program. If the child becomes sick while at the center, the child must be isolated from other children in care and the parent called immediately. A sick child must be supervised at all times. The license holder must exclude a child:

A. with a reportable illness or condition as specified in part 4605.7040 that the commissioner of health determines to be contagious and a physician determines has not had sufficient treatment to reduce the health risk to others;

B. with chicken pox until the child is no longer infectious or until the lesions are crusted over;

C. who has vomited two or more times since admission that day;

D. who has had three or more abnormally loose stools since admission that day;

E. who has contagious conjunctivitis or pus draining from the eye;

F. who has a bacterial infection such as streptococcal pharyngitis or impetigo and has not completed 24 hours of antimicrobial therapy;

G. who has unexplained lethargy;

- H. who has lice, ringworm, or scabies that is untreated and contagious to others;
- I. who has a 100 degree Fahrenheit axillary or higher temperature of undiagnosed origin before fever reducing medication is given;
- J. who has an undiagnosed rash or a rash attributable to a contagious illness or condition;
- K. who has significant respiratory distress;
- L. who is not able to participate in child care program activities with reasonable comfort; or
- M. who requires more care than the program staff can provide without compromising the health and safety of other children in care.

9503.0085 SICK CARE PROGRAM.

Subpart 1. **Licensure of sick care programs.** If a license holder chooses to care for a sick child, then the license holder must operate a sick care program that complies with the standards specified by this part and with all other applicable provisions of parts 9503.0005 to 9503.0170, and any standards of the commissioner of health governing the group care of children.

Subp. 2. **Review of admission and health policies and practices.** At the time of initial license application, after the first six months of initial operation, and annually after that time, a sick care program's admission policies must be reviewed and approved by a licensed physician with a specialization in pediatric care. The physician's review must include consultation with the licensed registered nurse or physician responsible for admissions. A report of the physician's findings must be sent to the commissioner with the initial application for licensure, and subsequent reports must be placed in the center's administrative record.

The license holder operating a sick care program must ensure that the program's health policies and practices are reviewed quarterly by a health consultant.

Subp. 3. **Evaluation of a sick child.** A license holder who operates a sick care program must provide for the evaluation of the condition of a sick child before admitting the child to the center. The evaluation must be based on the physical symptoms of the child each day of admission, the probable contagion and risk to the health of others present, and the ability of the program to provide the care the child requires. A physician or registered nurse affiliated with the center must perform the evaluations specified in items A to C.

A. A preliminary evaluation must be made before the parent brings the child to the center. The preliminary evaluation must consist of the parent's reporting the child's symptoms to the center's physician or registered nurse by phone. The physician or registered nurse must tell the parent whether the parent may bring the child to the center for further evaluation. Children with a communicable reportable illness or condition as specified in part 4605.7040 must be evaluated by a physician prior to admission to the center.

B. The physician or registered nurse must do a physical assessment of the child and obtain a health history from the parent when the child is brought to the center.

C. The decision of the physician or registered nurse not to admit the child for care is final.

Subp. 3a. **Illness separation.** Children recovering from a noncontagious condition must be cared for in a room separate from children with contagious conditions.

Subp. 4. **Chicken pox.** Children with chicken pox must be excluded from any child care program, including a sick care program, unless care is provided in a room that is separate from other parts of the facility and has its own air circulation system and street entrance.

Subp. 5. **Gastrointestinal illness.** Children with gastrointestinal illness must be at least two years old to be in a sick care program and must be cared for in a separate room used exclusively for the care of gastrointestinal illness.

Subp. 6. **Information to parents.** A summary of the sick care program's health care policies and practices and the center's procedures for notification of parents in the event of an emergency must be given to the parent at the time a child is admitted.

Subp. 7. **Parent conference exception.** Centers licensed to provide child care exclusively to sick children need not provide parent conferences as specified in part 9503.0090, subpart 2, item B.

Subp. 8. **Child care program emphasis.** A sick care program must meet the child care program plan standards in part 9503.0045. However, the child care program plan for the care of sick children must emphasize quiet activities.

Subp. 9. **Group size and age category grouping exceptions.** The maximum group sizes specified in part 9503.0040, subpart 1, and the age category grouping restrictions in part 9503.0040, subpart 3, are not required except that there must be no more than 16 children in care in a room at the same time and the provisions in subparts 5 and 14 apply.

Subp. 10. **Additional staff-to-child ratios and staff distribution requirements.** A one to four staff to child ratio must be maintained at all times in a room used to care for sick children. At least two staff persons must be present in a center operating a sick care program whenever sick children are in care. The first staff person must be a nurse registered by the Board of Nursing to practice professional nursing. The second staff person must meet the qualifications for a teacher in part 9503.0032. The remaining staff persons must at least meet the qualifications and follow the staff distribution pattern specified in part 9503.0040.

Subp. 11. **Limitation on staff assignment.** Staff must not care for well children or prepare food for well children on the same day they care for sick children. Staff caring for sick children must not enter the kitchen used to prepare food for well children.

Subp. 12. **Food preparation.** Food provided by the license holder and prepared at the center must be prepared in a room separate from rooms where sick care is provided and must be delivered to each sick care room in individual servings and in covered containers. Procedures for preparing, handling, and serving food and washing food, utensils, and equipment must comply with the requirements in chapter 4626.

Subp. 13. **Menus.** Menus for sick children must be modified to meet the individual needs of the child.

Subp. 14. **Additional facility requirements.** A license holder operating a sick care program must provide:

A. a room or rooms that are exclusively used to care for sick children and that are not used at any time for any other child care purpose; and

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

Subp. 15. **Outdoor activity area, activities and equipment exception.** A license holder operating a sick care program that provides care exclusively to sick children need not provide the outdoor activity area required in part 9503.0155, subpart 7; outdoor activities as specified in part 9503.0045, subpart 1, item I; and the outdoor equipment required in part 9503.0060, subpart 4, item B, subitem (9); subpart 5, item B, subitem (9); and subpart 6, item B, subitems (7) and (11).

Subp. 16. **Disinfection.** Walls and floors in rooms where sick care is provided and all linens, furnishings, objects, and equipment used by sick children must be cleaned and disinfected at least daily and as needed.

Subp. 17. **Linens and changes of clothing.** All linens used by a sick child must be washed after each use, and each child must be in clean clothing at all times.

Subp. 18. **Additional equipment.** Each sick child must be provided with a crib, bed, or cot, two sheets, a pillow, a pillowcase, and a blanket or quilt.

9503.0090 INFORMATION FOR PARENTS.

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

- A. ages and numbers of children the center is licensed to serve;
- B. hours and days of operation;
- C. child care program options the center is licensed to operate, including a description of the program's educational methods and religious, political, or philosophical basis, if any, and how parents may review the center's child care program plan;
- D. center's policy on parent conferences and notification to a parent of a child's intellectual, physical, social, and emotional development;
- E. center's policy requiring a health care summary and immunization record of a child;
- F. policies and procedures for the care of children who become sick at the center and parent notification practices for the onset of or exposure to a contagious illness or condition or when there is an emergency or injury requiring medical attention;
- G. center's policies and procedures for administering first aid and sources of care to be used in case of emergencies;
- H. center's policies on the administration of medicine;
- I. procedures for obtaining written parental permission for field trips;
- J. procedures for obtaining written parental permission before each occasion of research, experimental procedure, or public relations activity involving a child;
- K. center's policies on the provision of meals and snacks;
- L. center's behavior guidance policies and procedures;
- M. presence of pets;
- N. center's policy that parents of enrolled children may visit the center any time during the hours of operation; and
- O. telephone number of the Department of Human Services, Division of Licensing.

Subp. 2. **Parent conferences and daily reports.** The license holder must ensure that the parent of a child is informed of the child's progress. The license holder must ensure that:

- A. individual parent conferences are planned and offered by program staff at least twice a year;
- B. documentation is made in the child's record that individual parent conferences were planned and offered;
- C. the status of the child's intellectual, physical, social, and emotional development is reported to the parent during the conference; and
- D. daily written reports are made to the parent of an infant or toddler about the child's food intake, elimination, sleeping patterns, and general behavior.

9503.0095 PARENT VISITATION.

Parents of enrolled children may visit the center any time during the hours of operation.

9503.0100 PARTICIPATION IN FIELD TRIPS.

The license holder must ensure that written permission is obtained from each child's parent before taking a child on a field trip. A written permission form must be obtained before each field trip or on a form that annually summarizes all field trips that will be taken. The parent's written permission must state that the parent has been informed of the purpose and destination of the field trip.

On field trips, staff must take emergency phone numbers for the child's parent and the persons to be called if a parent cannot be reached, the phone number of the child's physician, and a first aid kit.

9503.0105 RESEARCH AND PUBLIC RELATIONS PERMISSION.

The license holder must ensure that written permission is obtained from a parent before a child is involved in experimental research or public relations activity involving a child while at the center. A separate written permission form must be obtained before each occasion of experimental research or public relations activity or on a form that annually summarizes all research and public relations activities that will be undertaken. The permission form must be maintained in the child's record.

9503.0110 EMERGENCY AND ACCIDENT POLICIES AND RECORDS.

Subpart 1. **Policies and records.** The applicant must develop written policies governing emergencies, accidents, and injuries. The license holder must ensure that written records are kept about incidents, emergencies, accidents, and injuries that have occurred.

Subp. 2. **Instruction record.** The license holder must keep a record of instruction to all staff persons and, when appropriate, to children and parents, about how to carry out the policies.

Subp. 3. **Policy content.** The policies must contain:

- A. Procedures for administering first aid.
- B. Safety rules to follow in avoiding injuries, burns, poisoning, choking, suffocation, and traffic and pedestrian accidents.
- C. Procedures for the daily inspection of potential hazards.
- D. Procedures for fire prevention and procedures to follow in the event of a fire. Fire procedures must:
 - (1) mandate monthly fire drills and a log of drill times and dates;
 - (2) identify primary and secondary exits, building evacuation routes, the phone number of the fire department, persons responsible for the evacuation of children, and areas for which they are responsible;
 - (3) contain instruction on how to use a fire extinguisher and how to close off the fire area; and
 - (4) provide for the training of staff persons to carry out the fire procedures.
- E. Procedures to follow in the event of a blizzard, tornado, or other natural disaster that include the location of emergency shelter, procedures for monthly tornado drills from April to September, and a log of times and dates showing that the drills were held.
- F. Procedures to follow when a child is missing.
- G. Procedures to follow if an unauthorized person or a person who is incapacitated or suspected of abuse attempts to pick up a child or if no one comes to pick up a child.
- H. Sources of emergency medical care.

I. Procedures for recording accidents, injuries, and incidents involving a child enrolled in the center. The written record must contain the name and age of the persons involved; date and place of the accident, injury, or incident; type of injury; action taken by staff; and to whom the accident, injury, or incident was reported.

J. Procedures mandating an annual analysis of the record in item I and any modification of the center's policies based on the analysis.

Subp. 4. **Records.** The following records must be maintained in the center's administrative record:

- A. the procedures specified in subpart 3;
- B. a log of fire and tornado drills; and
- C. a written record of accidents, injuries, emergencies, and incidents.

9503.0115 CENTER ADMINISTRATIVE RECORDS.

The records required by this part must be maintained within the center and be available for inspection at the request of the commissioner. The license holder must ensure that the following are maintained:

- A. a record of the information given to parents specified in part 9503.0090;
- B. the personnel records specified in part 9503.0120;
- C. the children's records specified in part 9503.0125;
- D. the child care program plan specified in part 9503.0045;
- E. the accident, injury, emergency, and incident records specified in part 9503.0110;
- F. the staff distribution schedule specified in part 9503.0040;
- G. the separation reports mandated in part 9503.0055; and
- H. the report by the health consultant mandated in part 9503.0140.

9503.0120 PERSONNEL RECORDS.

The license holder must ensure that a personnel record for each staff person is maintained at the center. The personnel record for each staff person must contain:

- A. the staff person's name, home address, home telephone number, and date of birth;
- B. the staff person's documentation indicating that the staff person meets the requirements of the staff person's job position and the education and experience requirements specified in parts 9503.0031 to 9503.0034;
- C. documentation that the staff person has completed the orientation to the center required in part 9503.0035, subpart 1;
- D. documentation, when applicable, that the staff person has completed the first aid and CPR training required in part 9503.0035, subparts 2 and 3; and
- E. documentation of completion of the in-service training required by part 9503.0035, subpart 4, showing the training topic, source of training, number of hours completed, and method used to document mastery of the subject.

9503.0125 CHILDREN'S RECORDS.

At the time of enrollment in the center, the license holder must ensure that a record is maintained on each child. The record must contain:

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- A. the child's full name, birthdate, and current home address;
- B. the name, address, and telephone number of the child's parent;
- C. instructions on how the parent can be reached when the child is attending the center;
- D. the names and telephone numbers of any persons authorized to take the child from the center;
- E. the names, addresses, and telephone numbers of the child's source of regular medical and dental care and the source of medical and dental care to be used in case of an emergency;
- F. the names, addresses, and telephone numbers of two persons to be contacted if a parent cannot be reached in an emergency or when there is an injury requiring medical attention;
- G. the health form and immunization information required by part 9503.0140;
- H. written authorization for the license holder to act in an emergency, or when a parent cannot be reached or is delayed;
- I. the hours and days of the week the child will attend the center;
- J. for children age six weeks to 36 months, a description of the child's eating, sleeping, toileting, and communication habits, and effective methods for comforting the child;
- K. documentation of any dietary or medical needs of the child;
- L. documentation of any individual child care program needs for the child; and
- M. the date of parent conferences and a summary of the information provided to the parent at the conference.

The license holder shall not disclose a child's record to any person other than the child, the child's parent or guardian, the child's legal representative, employees of the license holder, and the commissioner unless the child's parent or guardian has given written consent or as otherwise required by law.

9503.0130 REPORTING.

Subpart 1. **Abuse; neglect.** The license holder must comply with the reporting requirements for abuse and neglect specified in Minnesota Statutes, chapter 260E.

Subp. 2. **Other reporting.** The license holder must inform the commissioner within:

- A. 24 hours of the death of a child in care in the center;
- B. 24 hours of any injury to a child in care in the center that required treatment by a physician;
- C. 48 hours of the occurrence of a fire during the hours of operation that requires the service of a fire department; and
- D. 24 hours of the use of any emergency medical service by a child while in care.

Subp. 3. [Repealed, 18 SR 2748]

Subp. 4. [Repealed, 18 SR 2748]

9503.0140 HEALTH.

Subpart 1. **Health policies.** The license holder must develop written health policies approved by the commissioner and must ensure that they are carried out.

Subp. 2. **Health consultation.** The center must have a health consultant who must review the center's health policies and practices specified in items A to C and certify that they are adequate to protect the health of children in care.

The review must be done before initial licensure, submitted with the application for initial licensure and repeated every year after the date of initial licensure. For programs serving infants, this review must be done initially and monthly thereafter. Additionally, the license holder must request a review by the health consultant of the center's health policies and practices if there is a proposed change in the center's health policies or practices or an outbreak of contagious reportable illness as specified in part 4605.7040. A copy of the consultant's findings must be placed in the center's administrative record.

The consultant must review:

A. The first aid and safety policies and procedures required by part 9503.0110, subpart 3, items A, B, and C.

B. The diapering procedures and practices specified in subpart 12.

C. The sanitation procedures and practices for food not prepared by or provided by the license holder as specified in part 9503.0145, subpart 3, and for infants as specified in part 9503.0145, subpart 7.

Subp. 3. **Health information at admission.** Before a child is admitted to a center or within 30 days of admission, the license holder must obtain a report on a current physical examination of the child signed by the child's source of medical care.

Subp. 4. **Reexamination.** For children already admitted to the center, the license holder shall obtain an updated report of physical examination signed by the child's source of medical care at least annually for children under 24 months of age, and whenever a child 24 months or older advances to an older age category.

Subp. 5. **Immunizations.** When a child is enrolled in the center, the license holder must obtain documentation of current immunization according to Minnesota Statutes, section 121A.15, a signed notarized statement of parental objection to the immunization, or a medical exemption.

Subp. 6. **Notice about a sick child.** Notices about the illness or condition of a child must be given as required in items A to D:

A. The license holder must ensure that a parent is notified immediately when the parent's child becomes sick at the center.

B. The license holder must require a parent to inform the center within 24 hours, exclusive of weekends and holidays, when a child is diagnosed by a child's source of medical or dental care as having a contagious reportable disease specified in part 4605.7040, or lice, scabies, impetigo, ringworm, or chicken pox.

C. The license holder must post or give a notice to the parents of exposed children the same day a parent notifies the center of a child's illness or condition listed in item B.

D. The license holder must ensure that the health authority is notified of any suspected case of reportable disease as specified in part 4605.7040 within 24 hours of receiving the parent's report.

Subp. 7. **Administration of medicine.** A license holder who chooses to administer medicine must ensure that the procedures in items A to E are followed.

A. The license holder must get written permission from the child's parent before administering medicine, diapering products, sunscreen lotions, and insect repellents. Nonprescription medicines, diapering products, sunscreen lotions, and insect repellents must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.

B. The license holder must get and follow written instructions from a licensed physician or dentist before administering each prescription medicine. Medicine with the child's name and current prescription information on the label constitutes instructions.

C. All medicine must be kept in its original container and have a legible label stating the child's name. The medicine must be given only to the child whose name is on the label. The medicine must not be given after an expiration date on the label, and any unused portion must be returned to the child's parent or destroyed. The license holder must ensure that the administration of medicine is recorded and give the name of the child, name of the medication or prescription number, date, time, dosage, and the name and signature of the person who dispensed the medicine. The record must be available to the parent and maintained in the child's record.

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

E. Medicines, insect repellents, sunscreen lotions, and diaper rash control products must be stored according to directions on the original container and so that they are inaccessible to children.

Subp. 8. [Repealed, 18 SR 2748]

Subp. 9. **Cleanliness.** The indoor and outdoor space and equipment of the center must be clean.

Subp. 10. **Toilet facilities.** The toilet rooms of the center must be cleaned daily. Toilet training chairs must be emptied, washed with soap and water, and disinfected after each use. Toilets and seats must be washed with soap and water and disinfected when soiled or at least daily.

Subp. 11. **Diaper changing area.** A diaper must be changed only in the diaper changing area. The diaper changing area must be separate from areas used for food storage, food preparation, and eating. The area must have a hand sink equipped with hot and cold running water within three feet of the diaper changing surface, a smooth nonabsorbent diaper changing surface and floor covering, and a sanitary container for soiled and wet diapers.

Subp. 12. **Diaper changing procedures.** The center must have and follow diaper changing procedures that have been developed in consultation with a health consultant. The license holder must post the diaper changing procedures in the diaper changing area.

Subp. 13. **Hand washing: child.** A child's hands must be washed with soap and water after a diaper change, after use of a toilet or toilet training chair, and before eating a meal or snack. Staff must monitor hand washing and assist a child who needs help. The use of a common basin or a hand sink filled with standing water is prohibited.

Subp. 14. **Hand washing: staff person.** A staff person must wash his or her hands with soap and water after changing a child's diaper, after using toilet facilities, and before handling food or eating.

Subp. 15. **Toilet articles.** The license holder shall provide the following supplies and make them accessible to children: toilet paper, liquid hand soap, facial tissues, and single use paper towels or warm air hand dryers.

Subp. 16. **First aid kit.** The license holder must ensure that a first aid kit is available within the center. The kit must contain sterile bandages and band-aids, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, and adhesive tape. A current first aid manual must be included. The first aid kit and manual must be accessible to the staff in the center and taken on field trips.

Subp. 17. **Hazardous objects.** Sharp objects, medicines, plastic bags, and poisonous plants and chemicals, including household supplies, must be stored out of reach of children.

Subp. 18. **Emergency equipment.** The center must have a battery operated flashlight and battery operated portable radio.

Subp. 19. **Condition of equipment and furniture.** Equipment and furniture must be durable, in good repair, structurally sound and stable following assembly and installation. Equipment must be free of sharp edges, dangerous protrusions, points where a child's extremities could be pinched or crushed, and openings or angles that could trap part of a child's body. Tables, chairs, and other furniture must be appropriate to the age and size of children who use them. Toys and equipment that are likely to be mouthed by infants and toddlers must be made of a material that can be disinfected. These must be cleaned and disinfected when mouthed or soiled and at least daily.

Infant rattles must meet the United States consumer product safety standards contained in the Code of Federal Regulations, title 16, sections 1510.1 to 1510.4, as adopted on May 23, 1978. All toys and other articles intended for use by children under three years of age that present choking, aspiration, or ingestion hazards because of small parts must meet the size standards in Code of Federal Regulations, title 16, sections 1501.1 to 1501.5, as adopted on June 15, 1979.

Subp. 20. **Maintenance of areas used by children.** The areas used by children must be free from debris, loose flaking, peeling, or chipped paint, loose wallpaper, or crumbling plaster, litter, and holes in the walls, floors, and ceilings. Rugs must have a nonskid backing or be firmly fastened to the floor and be free from tears, curled or frayed edges, and hazardous wrinkles.

Subp. 21. **Emergencies.** The license holder must ensure that written procedures for emergencies and accidents are posted in a visible place. The procedures must:

- A. identify persons responsible for each area;
- B. identify primary and secondary exits;
- C. identify a tornado shelter area;
- D. identify building evacuation routes;
- E. describe how to use a fire extinguisher and close off the fire area; and

F. list the phone numbers and sources of emergency medical and dental care, poison control center, fire department, health authority, and licensing division of the Department of Human Services.

Subp. 22. **Pets.** If pets are permitted at the center, parents must be informed at the time of admission that a pet is present.

9503.0145 FOOD AND WATER.

Subpart 1. **Food.** The license holder must see that meals and supplemental snacks are available. Bag lunches provided by the parent are acceptable as specified in subpart 4.

Subp. 2. **Menus.** When food is provided by the license holder, menus must comply with the nutritional requirements of the United States Department of Agriculture, Food and Nutrition Service, Code of Federal Regulations, title 7, section 226.20.

Subp. 3. **Sanitation.** Procedures for preparing, handling, and serving food, and washing food, utensils, and equipment must comply with the requirements for food and beverage establishments in chapter 4626. If the food is prepared off site by another facility or if food service is provided according to a contract with a food service provider, the facility or license holder must ensure that food is prepared in compliance with chapter 4626. The license holder must provide refrigeration for dairy products and other perishable foods, whether supplied by the license holder or supplied by the parent. The refrigeration must have a temperature

of 40 degrees Fahrenheit or less. Tables and highchair trays used for meals must be washed with soap and water before and after each use.

Subp. 4. **Meals and snacks.** Each meal must provide one-third of the child's daily nutritional needs as specified by the United States Department of Agriculture, Food and Nutrition Service, in Code of Federal Regulations, title 7, section 226.20. The license holder must provide or ensure the availability of:

A. a snack for a child in attendance for more than two hours, but fewer than five hours;

B. one meal and two snacks or two meals and one snack for a child in attendance five to ten hours unless four or more of these hours are spent in sleep;

C. a minimum of two meals and two snacks for a child in attendance more than ten hours unless four or more of these hours are spent in sleep; and

D. program staff who are seated with the children during meal and snack times.

Subp. 5. **Prescribed diet needs.** The license holder must provide for a child's dietary needs prescribed by the child's source of medical care or require the parent to provide the prescribed diet items that are not part of the menu plan approved in subpart 2. A license holder serving a child who has a prescribed diet must keep the diet order and its duration specified in the child's record. All staff designated to provide care to the child must be informed of the diet order.

Subp. 6. **Food allergy information.** Information about food allergies of the children in the center must be available in the area where food is prepared or served to children with allergies. All staff providing care to the child must be informed of the allergy.

Subp. 7. **Infant diets.** The diet of an infant must be determined by the infant's parent. The license holder must ensure that sanitary procedures and practices are used to prepare, handle, and store formula, milk, breast milk, solid foods, and supplements. Procedures must be reviewed and certified by a health consultant. A center serving infants must:

A. obtain written dietary instructions from the parent of the child;

B. have the infant's feeding schedule available in the food preparation area;

C. offer the child formula or milk and nutritionally adequate solid foods in prescribed quantities at specified time intervals; and

D. label each child's bottle.

Subp. 8. **Water.** The center must have a safe water supply. A center that uses water from a privately owned well that is not governed by chapter 4720 must be tested annually by a Minnesota Health Department certified laboratory for coliform bacteria and nitrate nitrogens to verify safety. The license holder must ensure that a record of the test results is in the center's administrative record. The commissioner of health may issue an advisory order for retesting and corrective measures.

Drinking water must be available to children throughout the hours of operation and offered at frequent intervals. Drinking water for children must be provided in single service drinking cups or from drinking fountains accessible to children.

9503.0150 TRANSPORTATION.

A license holder who provides transportation for children or contracts to provide transportation must comply with the following transportation policies:

A. The vehicle must be driven by a person who holds a current Minnesota driver's license appropriate to the vehicle driven.

B. Staff ratios must be maintained on all transportation provided on all field trips.

C. When children are driven in a private car or van, a second adult must be present when more than four children under the age of five are being transported.

D. When the license holder provides transportation to and from the center, a second adult must be present in the vehicle and children must not be transported more than one hour per one-way trip. A two-way communication system can be used in lieu of a second adult when ten or fewer children are being transported.

E. When children are transported, they must be restrained in accordance with Minnesota Statutes, section 169.686, and a child under the age of four may be transported only if the child is properly fastened in a child passenger restraint system that meets the federal motor vehicle safety standards contained in Code of Federal Regulations, title 49, section 571.213.

9503.0155 FACILITY.

Subpart 1. **Occupancy designation.** In areas of the state that have adopted the Minnesota State Building Code, the applicant must comply with the standards specified by the code if the application is an initial one. In those areas of the state that have not adopted the Minnesota State Building Code, an applicant for licensure must comply with any applicable local building ordinances if the application is an initial one. The commissioner must not grant an initial license until written verification of compliance with the State Building Code or local building ordinance, when applicable, has been received by the commissioner from the building official with jurisdiction.

Subp. 2. **Fire inspection.** The center must be inspected by a fire marshal within 12 months before initial licensure. The commissioner must not grant an initial license until the commissioner has received written approval of compliance with the Minnesota Uniform Fire Code from the fire marshal with jurisdiction.

Subp. 3. **Reinspection for cause.** If the commissioner has reasonable cause to believe that a potential hazard exists, the commissioner may request another inspection and written report by a fire marshal, building official, or health authority to verify the absence of hazard.

Subp. 4. **Facility floor plan and designated areas.** Indoor and outdoor space to be used for child care must be designated on a facility floor plan. This space must be exclusively used for child care by the center during the hours of operation. The initial application for licensure and the center's administrative record must contain a floor plan of the center. Precise scale drawings are not required. The plan must indicate the:

A. dimensions and location of all areas of the center designated for the provision of child care;

B. planned use of each area; and

C. size and location of areas used for outdoor activity.

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

Subp. 6. **Space for children who become sick.** Space must be provided in the center for a child who becomes sick at a center not licensed to operate a sick care program under part 9503.0085. The space must be separate from activity areas used by other children. A cot and blanket must be provided. The space must be within sight and hearing of a staff person and supervised by a staff person when occupied by a sick child.

Subp. 7. **Outdoor activity area.** An outdoor activity area that complies with the following items must be provided or available for all child care programs except those licensed to exclusively provide sick care as specified in part 9503.0085, drop in care as specified in part 9503.0075, and those operating for less than three hours a day.

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

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

C. The area must be enclosed if it is located adjacent to a traffic, rail, water, machinery, or other environmental hazard, unless the area is a public park or playground.

D. The area must be free of litter, rubbish, toxic materials, water hazard, machinery, animal waste, and sewage contaminants.

E. The area must contain the outdoor large muscle equipment required by part 9503.0060.

Subp. 8. [Repealed, L 2019 1Sp9 art 2 s 134]

Subp. 9. **Indoor space.** The licensed capacity of the center must be limited by the amount of indoor space. A minimum of 35 square feet of indoor space must be available for each child in attendance. Hallways, stairways, closets, utility rooms, lavatories, water closets, kitchens, and space occupied by cribs may not be counted as indoor space. Twenty-five percent of the space occupied by furniture or equipment used by staff or children may be counted as indoor space.

Subp. 10. **Shielding of hot surfaces.** Radiators, fireplaces, hot pipes, and other hot surfaces in areas used by children must be shielded or insulated to prevent burns.

Subp. 11. **Electrical outlets.** Except in a center that serves only school-age children, electrical outlets must be tamper proof or shielded when not in use.

Subp. 12. **Water hazards.** Bodies of water within or adjacent to the center must be inaccessible to children. When using a pool or beach, children must be supervised at all times.

Subp. 13. **Room temperature.** A minimum temperature of 68 degrees Fahrenheit must be maintained in indoor areas used by children.

Subp. 14. [Repealed, 18 SR 2748]

Subp. 15. **Hazardous areas.** Kitchens, stairs, and other hazardous areas must be inaccessible to children except during periods of supervised use.

Subp. 16. **Fire extinguisher inspection.** Fire extinguishers must be serviced annually by a qualified inspector. The name of the inspector and date of the inspection must be written on a tag attached to the extinguisher.

Subp. 17. **Screens.** Outside doors and windows used for ventilation must be screened to provide protection from insects.

Subp. 18. **Toilets and hand sinks.** Toilets and hand sinks must be provided as specified in items A to G:

A. The center must have at least one hand sink and one toilet for each 15 children or portion of 15 children specified in the licensed capacity. One toilet training seat or training chair must be provided for every 15 toddlers specified in the licensed capacity. Any hand sink required for children, other than infants, must be in the toilet area.

B. In newly constructed centers or those undergoing major remodeling to the plumbing system, foot or wrist operated sinks must be provided in the diaper changing area.

C. Hand sinks for children must not be used for custodial work or food preparation.

D. The temperature of hot water in the hand sinks used by children must not exceed 120 degrees Fahrenheit.

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E. Single service towels or air dryers must be available to dry hands and designed for easy use by the children.

F. Toilets, sinks, faucets, and hand drying devices in the toilet area used by children under school age other than infants must be placed at a height appropriate to the ages of the children.

G. Portable steps may be used to meet the requirement in item F for toddlers and preschoolers, if the steps are sturdy and washable.

9503.0170 LICENSING PROCESS.

Subpart 1. **License required.** A person, corporation, partnership, voluntary association, or other organization may not operate a child care program in a center unless licensed by the commissioner under parts 9503.0005 to 9503.0170 and Minnesota Statutes, chapter 245A.

Subp. 2. [Repealed, 18 SR 2748]

Subp. 3. **Posting license.** A license holder must post the license in a conspicuous place within the child care center.

Subp. 4. [Repealed, 18 SR 2748]

Subp. 5. [Repealed, 18 SR 2748]

Subp. 6. [Repealed, 18 SR 2748]

Subp. 7. [Repealed, L 1997 c 248 s 51 subd 3]