

1.1 A bill for an act

1.2 relating to child care; requiring child care centers to develop a risk reduction
1.3 plan; defining the term nonmaltreatment mistake; amending Minnesota Statutes
1.4 2008, section 245A.66; Minnesota Statutes 2009 Supplement, section 626.556,
1.5 subdivisions 2, 10e.

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

1.7 Section 1. Minnesota Statutes 2008, section 245A.66, is amended to read:

1.8 **245A.66 REQUIREMENTS; MALTREATMENT OF MINORS.**

1.9 Subdivision 1. Internal review. Except for family child care settings and foster care
1.10 for children in the license holder's residence, license holders serving children shall:

1.11 (1) establish and maintain policies and procedures to ensure that an internal review
1.12 is completed and that corrective action is taken if necessary to protect the health and
1.13 safety of children in care when the facility has reason to know that an internal or external
1.14 report of alleged or suspected maltreatment has been made. The review must include
1.15 an evaluation of whether:

1.16 (i) related policies and procedures were followed;

1.17 (ii) the policies and procedures were adequate;

1.18 (iii) there is a need for additional staff training;

1.19 (iv) the reported event is similar to past events with the children or the services
1.20 involved; and

1.21 (v) there is a need for corrective action by the license holder to protect the health and
1.22 safety of children in care.

2.1 Based on the results of this review, the license holder must develop, document, and
2.2 implement a corrective action plan designed to correct current lapses and prevent future
2.3 lapses in performance by individuals or the license holder, if any;

2.4 (2) identify the primary and secondary person or position who will ensure that, when
2.5 required, internal reviews are completed. The secondary person shall be involved when
2.6 there is reason to believe that the primary person was involved in the alleged or suspected
2.7 maltreatment; and

2.8 (3) document that the internal review has been completed and provide documentation
2.9 showing the review was completed to the commissioner upon the commissioner's request.
2.10 The documentation provided to the commissioner by the license holder may consist of a
2.11 completed checklist that verifies completion of each of the requirements of the review.

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

2.17 (b) The risk reduction plan must include an assessment of risk to children the center
2.18 serves or intends to serve based on the following:

2.19 (1) an assessment of the risk presented by the vulnerability of the children served,
2.20 including an evaluation of the following factors: age, developmental functioning, and the
2.21 physical and emotional health of children the program serves or intends to serve;

2.22 (2) an assessment of the risks presented by the physical plant where the licensed
2.23 services are provided, including an evaluation of the following factors: the condition and
2.24 design of the facility and its outdoor space, bathrooms, storage areas and accessibility of
2.25 medications and cleaning products that are harmful to children when children are not
2.26 supervised, doors where finger pinching may occur, and the existence of areas that are
2.27 difficult to supervise; and

2.28 (3) an assessment of the risks presented by the environment for each facility and
2.29 for each site, including an evaluation of the following factors: the type of grounds and
2.30 terrain surrounding the building and the proximity to hazards, busy roads, and publicly
2.31 accessed businesses.

2.32 (c) The risk reduction plan must include a statement of measures that will be taken
2.33 to minimize the risk of harm presented to children. At a minimum, the risk reduction
2.34 plan must address the following:

2.35 (1) a general description of supervision, programming, and reference to the
2.36 policies and procedures developed and implemented to address the risks identified in the

3.1 assessment required under paragraph (b) related to the general population served, the
3.2 physical plant, and environment;

3.3 (2) in addition to any program-specific risks identified in paragraph (b), the plan
3.4 must include or refer to policies and procedures developed and implemented to minimize
3.5 the risk of harm or injury to children, including:

3.6 (i) closing children's fingers in doors, including cabinet doors;

3.7 (ii) leaving children in the community without supervision;

3.8 (iii) children leaving the facility without supervision;

3.9 (iv) caregiver dislocation of children's elbows;

3.10 (v) burns from hot food or beverages, whether served to children or being consumed
3.11 by caregivers, and the devices used to warm food and beverages;

3.12 (vi) injuries from equipment, such as scissors and glue guns;

3.13 (vii) sunburn;

3.14 (viii) feeding children foods to which they are allergic;

3.15 (ix) children falling from changing tables; and

3.16 (x) children accessing dangerous items or chemicals or coming into contact with
3.17 residue from harmful cleaning products; and

3.18 (3) the plan shall prohibit the accessibility of hazardous items to children.

3.19 **Subd. 3. Orientation to risk reduction plan and annual review of plan.** (a) The
3.20 license holder shall ensure that all mandated reporters, as defined in section 626.556,
3.21 subdivision 3, who are under the control of the license holder, receive an orientation to
3.22 the risk reduction plan prior to first providing unsupervised direct contact services, as
3.23 defined in section 245C.02, subdivision 11, to children, not to exceed 14 days from the
3.24 first supervised direct contact, and annually thereafter.

3.25 (b) The license holder must review the risk reduction plan annually. When
3.26 conducting the review, the license holder must consider incidents that have occurred in
3.27 the center since the last review, including:

3.28 (1) the assessment factors in the plan;

3.29 (2) the internal reviews conducted under this section, if any;

3.30 (3) substantiated maltreatment findings, if any; and

3.31 (4) incidents that caused injury or harm to a child, if any, that occurred since the
3.32 last review.

3.33 Following any change to the risk reduction plan, the license holder must inform mandated
3.34 reporters, under the control of the license holder, of the changes in the risk reduction plan.

4.1 Sec. 2. Minnesota Statutes 2009 Supplement, section 626.556, subdivision 2, is
4.2 amended to read:

4.3 Subd. 2. **Definitions.** As used in this section, the following terms have the meanings
4.4 given them unless the specific content indicates otherwise:

4.5 (a) "Family assessment" means a comprehensive assessment of child safety, risk
4.6 of subsequent child maltreatment, and family strengths and needs that is applied to a
4.7 child maltreatment report that does not allege substantial child endangerment. Family
4.8 assessment does not include a determination as to whether child maltreatment occurred
4.9 but does determine the need for services to address the safety of family members and the
4.10 risk of subsequent maltreatment.

4.11 (b) "Investigation" means fact gathering related to the current safety of a child
4.12 and the risk of subsequent maltreatment that determines whether child maltreatment
4.13 occurred and whether child protective services are needed. An investigation must be used
4.14 when reports involve substantial child endangerment, and for reports of maltreatment in
4.15 facilities required to be licensed under chapter 245A or 245B; under sections 144.50 to
4.16 144.58 and 241.021; in a school as defined in sections 120A.05, subdivisions 9, 11, and
4.17 13, and 124D.10; or in a nonlicensed personal care provider association as defined in
4.18 sections 256B.04, subdivision 16, and 256B.0625, subdivision 19a.

4.19 (c) "Substantial child endangerment" means a person responsible for a child's care,
4.20 and in the case of sexual abuse includes a person who has a significant relationship to the
4.21 child as defined in section 609.341, or a person in a position of authority as defined in
4.22 section 609.341, who by act or omission commits or attempts to commit an act against a
4.23 child under their care that constitutes any of the following:

4.24 (1) egregious harm as defined in section 260C.007, subdivision 14;

4.25 (2) sexual abuse as defined in paragraph (d);

4.26 (3) abandonment under section 260C.301, subdivision 2;

4.27 (4) neglect as defined in paragraph (f), clause (2), that substantially endangers the
4.28 child's physical or mental health, including a growth delay, which may be referred to as
4.29 failure to thrive, that has been diagnosed by a physician and is due to parental neglect;

4.30 (5) murder in the first, second, or third degree under section 609.185, 609.19, or
4.31 609.195;

4.32 (6) manslaughter in the first or second degree under section 609.20 or 609.205;

4.33 (7) assault in the first, second, or third degree under section 609.221, 609.222, or
4.34 609.223;

4.35 (8) solicitation, inducement, and promotion of prostitution under section 609.322;

4.36 (9) criminal sexual conduct under sections 609.342 to 609.3451;

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5.1 (10) solicitation of children to engage in sexual conduct under section 609.352;

5.2 (11) malicious punishment or neglect or endangerment of a child under section
5.3 609.377 or 609.378;

5.4 (12) use of a minor in sexual performance under section 617.246; or

5.5 (13) parental behavior, status, or condition which mandates that the county attorney
5.6 file a termination of parental rights petition under section 260C.301, subdivision 3,
5.7 paragraph (a).

5.8 (d) "Sexual abuse" means the subjection of a child by a person responsible for the
5.9 child's care, by a person who has a significant relationship to the child, as defined in
5.10 section 609.341, or by a person in a position of authority, as defined in section 609.341,
5.11 subdivision 10, to any act which constitutes a violation of section 609.342 (criminal sexual
5.12 conduct in the first degree), 609.343 (criminal sexual conduct in the second degree),
5.13 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct
5.14 in the fourth degree), or 609.3451 (criminal sexual conduct in the fifth degree). Sexual
5.15 abuse also includes any act which involves a minor which constitutes a violation of
5.16 prostitution offenses under sections 609.321 to 609.324 or 617.246. Sexual abuse includes
5.17 threatened sexual abuse.

5.18 (e) "Person responsible for the child's care" means (1) an individual functioning
5.19 within the family unit and having responsibilities for the care of the child such as a
5.20 parent, guardian, or other person having similar care responsibilities, or (2) an individual
5.21 functioning outside the family unit and having responsibilities for the care of the child
5.22 such as a teacher, school administrator, other school employees or agents, or other lawful
5.23 custodian of a child having either full-time or short-term care responsibilities including,
5.24 but not limited to, day care, babysitting whether paid or unpaid, counseling, teaching,
5.25 and coaching.

5.26 (f) "Neglect" means the commission or omission of any of the acts specified under
5.27 clauses (1) to (9), other than by accidental means:

5.28 (1) failure by a person responsible for a child's care to supply a child with necessary
5.29 food, clothing, shelter, health, medical, or other care required for the child's physical or
5.30 mental health when reasonably able to do so;

5.31 (2) failure to protect a child from conditions or actions that seriously endanger the
5.32 child's physical or mental health when reasonably able to do so, including a growth delay,
5.33 which may be referred to as a failure to thrive, that has been diagnosed by a physician and
5.34 is due to parental neglect;

5.35 (3) failure to provide for necessary supervision or child care arrangements
5.36 appropriate for a child after considering factors as the child's age, mental ability, physical

6.1 condition, length of absence, or environment, when the child is unable to care for the
6.2 child's own basic needs or safety, or the basic needs or safety of another child in their care;

6.3 (4) failure to ensure that the child is educated as defined in sections 120A.22 and
6.4 260C.163, subdivision 11, which does not include a parent's refusal to provide the parent's
6.5 child with sympathomimetic medications, consistent with section 125A.091, subdivision 5;

6.6 (5) nothing in this section shall be construed to mean that a child is neglected solely
6.7 because the child's parent, guardian, or other person responsible for the child's care in
6.8 good faith selects and depends upon spiritual means or prayer for treatment or care of
6.9 disease or remedial care of the child in lieu of medical care; except that a parent, guardian,
6.10 or caretaker, or a person mandated to report pursuant to subdivision 3, has a duty to report
6.11 if a lack of medical care may cause serious danger to the child's health. This section does
6.12 not impose upon persons, not otherwise legally responsible for providing a child with
6.13 necessary food, clothing, shelter, education, or medical care, a duty to provide that care;

6.14 (6) prenatal exposure to a controlled substance, as defined in section 253B.02,
6.15 subdivision 2, used by the mother for a nonmedical purpose, as evidenced by withdrawal
6.16 symptoms in the child at birth, results of a toxicology test performed on the mother at
6.17 delivery or the child at birth, or medical effects or developmental delays during the child's
6.18 first year of life that medically indicate prenatal exposure to a controlled substance;

6.19 (7) "medical neglect" as defined in section 260C.007, subdivision 6, clause (5);

6.20 (8) chronic and severe use of alcohol or a controlled substance by a parent or
6.21 person responsible for the care of the child that adversely affects the child's basic needs
6.22 and safety; or

6.23 (9) emotional harm from a pattern of behavior which contributes to impaired
6.24 emotional functioning of the child which may be demonstrated by a substantial and
6.25 observable effect in the child's behavior, emotional response, or cognition that is not
6.26 within the normal range for the child's age and stage of development, with due regard to
6.27 the child's culture.

6.28 (g) "Physical abuse" means any physical injury, mental injury, or threatened injury,
6.29 inflicted by a person responsible for the child's care on a child other than by accidental
6.30 means, or any physical or mental injury that cannot reasonably be explained by the child's
6.31 history of injuries, or any aversive or deprivation procedures, or regulated interventions,
6.32 that have not been authorized under section 121A.67 or 245.825.

6.33 Abuse does not include reasonable and moderate physical discipline of a child
6.34 administered by a parent or legal guardian which does not result in an injury. Abuse does
6.35 not include the use of reasonable force by a teacher, principal, or school employee as
6.36 allowed by section 121A.582. Actions which are not reasonable and moderate include,

7.1 but are not limited to, any of the following that are done in anger or without regard to the
7.2 safety of the child:

7.3 (1) throwing, kicking, burning, biting, or cutting a child;

7.4 (2) striking a child with a closed fist;

7.5 (3) shaking a child under age three;

7.6 (4) striking or other actions which result in any nonaccidental injury to a child
7.7 under 18 months of age;

7.8 (5) unreasonable interference with a child's breathing;

7.9 (6) threatening a child with a weapon, as defined in section 609.02, subdivision 6;

7.10 (7) striking a child under age one on the face or head;

7.11 (8) purposely giving a child poison, alcohol, or dangerous, harmful, or controlled
7.12 substances which were not prescribed for the child by a practitioner, in order to control or
7.13 punish the child; or other substances that substantially affect the child's behavior, motor
7.14 coordination, or judgment or that results in sickness or internal injury, or subjects the
7.15 child to medical procedures that would be unnecessary if the child were not exposed
7.16 to the substances;

7.17 (9) unreasonable physical confinement or restraint not permitted under section
7.18 609.379, including but not limited to tying, caging, or chaining; or

7.19 (10) in a school facility or school zone, an act by a person responsible for the child's
7.20 care that is a violation under section 121A.58.

7.21 (h) "Report" means any report received by the local welfare agency, police
7.22 department, county sheriff, or agency responsible for assessing or investigating
7.23 maltreatment pursuant to this section.

7.24 (i) "Facility" means:

7.25 (1) a licensed or unlicensed day care facility, residential facility, agency, hospital,
7.26 sanitarium, or other facility or institution required to be licensed under sections 144.50 to
7.27 144.58, 241.021, or 245A.01 to 245A.16, or chapter 245B;

7.28 (2) a school as defined in sections 120A.05, subdivisions 9, 11, and 13; and
7.29 124D.10; or

7.30 (3) a nonlicensed personal care provider organization as defined in sections 256B.04,
7.31 subdivision 16, and 256B.0625, subdivision 19a.

7.32 (j) "Operator" means an operator or agency as defined in section 245A.02.

7.33 (k) "Commissioner" means the commissioner of human services.

7.34 (l) "Practice of social services," for the purposes of subdivision 3, includes but is
7.35 not limited to employee assistance counseling and the provision of guardian ad litem and
7.36 parenting time expeditor services.

8.1 (m) "Mental injury" means an injury to the psychological capacity or emotional
8.2 stability of a child as evidenced by an observable or substantial impairment in the child's
8.3 ability to function within a normal range of performance and behavior with due regard to
8.4 the child's culture.

8.5 (n) "Threatened injury" means a statement, overt act, condition, or status that
8.6 represents a substantial risk of physical or sexual abuse or mental injury. Threatened
8.7 injury includes, but is not limited to, exposing a child to a person responsible for the
8.8 child's care, as defined in paragraph (e), clause (1), who has:

8.9 (1) subjected a child to, or failed to protect a child from, an overt act or condition
8.10 that constitutes egregious harm, as defined in section 260C.007, subdivision 14, or a
8.11 similar law of another jurisdiction;

8.12 (2) been found to be palpably unfit under section 260C.301, paragraph (b), clause
8.13 (4), or a similar law of another jurisdiction;

8.14 (3) committed an act that has resulted in an involuntary termination of parental rights
8.15 under section 260C.301, or a similar law of another jurisdiction; or

8.16 (4) committed an act that has resulted in the involuntary transfer of permanent legal
8.17 and physical custody of a child to a relative under section 260C.201, subdivision 11,
8.18 paragraph (d), clause (1), or a similar law of another jurisdiction.

8.19 (o) Persons who conduct assessments or investigations under this section shall take
8.20 into account accepted child-rearing practices of the culture in which a child participates
8.21 and accepted teacher discipline practices, which are not injurious to the child's health,
8.22 welfare, and safety.

8.23 (p) "Accidental" means a sudden, not reasonably foreseeable, and unexpected
8.24 occurrence or event which:

8.25 (1) is not likely to occur and could not have been prevented by exercise of due
8.26 care; and

8.27 (2) if occurring while a child is receiving services from a facility, happens when the
8.28 facility and the employee or person providing services in the facility are in compliance
8.29 with the laws and rules relevant to the occurrence or event.

8.30 (q) "Nonmaltreatment mistake" means:

8.31 (1) at the time of the incident, the individual was performing duties identified in the
8.32 center's child care program plan required under Minnesota Rules, part 9503.0045;

8.33 (2) the individual has not been determined responsible for a similar incident that
8.34 resulted in a finding of maltreatment for at least seven years;

8.35 (3) the individual has not been determined to have committed a similar
8.36 nonmaltreatment mistake under this paragraph for at least four years;

9.1 (4) any injury to a child resulting from the incident, if treated, is treated only with
9.2 remedies that are available over the counter, whether ordered by a medical professional or
9.3 not; and

9.4 (5) except for the period when the incident occurred, the facility and the individual
9.5 providing services were both in compliance with all licensing requirements relevant to the
9.6 incident.

9.7 This definition only applies to child care centers licensed under Minnesota Rules,
9.8 chapter 9503. If clauses (1) to (5) apply, rather than making a determination of substantial
9.9 maltreatment by the individual, the commissioner of human services shall determine that
9.10 a nonmaltreatment mistake was made by the individual.

9.11 Sec. 3. Minnesota Statutes 2009 Supplement, section 626.556, subdivision 10e,
9.12 is amended to read:

9.13 Subd. 10e. **Determinations.** (a) The local welfare agency shall conclude the family
9.14 assessment or the investigation within 45 days of the receipt of a report. The conclusion of
9.15 the assessment or investigation may be extended to permit the completion of a criminal
9.16 investigation or the receipt of expert information requested within 45 days of the receipt
9.17 of the report.

9.18 (b) After conducting a family assessment, the local welfare agency shall determine
9.19 whether services are needed to address the safety of the child and other family members
9.20 and the risk of subsequent maltreatment.

9.21 (c) After conducting an investigation, the local welfare agency shall make two
9.22 determinations: first, whether maltreatment has occurred; and second, whether child
9.23 protective services are needed.

9.24 (d) If the commissioner of education conducts an assessment or investigation,
9.25 the commissioner shall determine whether maltreatment occurred and what corrective
9.26 or protective action was taken by the school facility. If a determination is made that
9.27 maltreatment has occurred, the commissioner shall report to the employer, the school
9.28 board, and any appropriate licensing entity the determination that maltreatment occurred
9.29 and what corrective or protective action was taken by the school facility. In all other cases,
9.30 the commissioner shall inform the school board or employer that a report was received,
9.31 the subject of the report, the date of the initial report, the category of maltreatment alleged
9.32 as defined in paragraph (f), the fact that maltreatment was not determined, and a summary
9.33 of the specific reasons for the determination.

9.34 (e) When maltreatment is determined in an investigation involving a facility,
9.35 the investigating agency shall also determine whether the facility or individual was

10.1 responsible, or whether both the facility and the individual were responsible for the
10.2 maltreatment using the mitigating factors in paragraph (i). Determinations under this
10.3 subdivision must be made based on a preponderance of the evidence and are private data
10.4 on individuals or nonpublic data as maintained by the commissioner of education.

10.5 (f) For the purposes of this subdivision, "maltreatment" means any of the following
10.6 acts or omissions:

10.7 (1) physical abuse as defined in subdivision 2, paragraph (g);

10.8 (2) neglect as defined in subdivision 2, paragraph (f);

10.9 (3) sexual abuse as defined in subdivision 2, paragraph (d);

10.10 (4) mental injury as defined in subdivision 2, paragraph (m); or

10.11 (5) maltreatment of a child in a facility as defined in subdivision 2, paragraph (i).

10.12 (g) For the purposes of this subdivision, a determination that child protective
10.13 services are needed means that the local welfare agency has documented conditions
10.14 during the assessment or investigation sufficient to cause a child protection worker, as
10.15 defined in section 626.559, subdivision 1, to conclude that a child is at significant risk of
10.16 maltreatment if protective intervention is not provided and that the individuals responsible
10.17 for the child's care have not taken or are not likely to take actions to protect the child
10.18 from maltreatment or risk of maltreatment.

10.19 (h) This subdivision does not mean that maltreatment has occurred solely because
10.20 the child's parent, guardian, or other person responsible for the child's care in good faith
10.21 selects and depends upon spiritual means or prayer for treatment or care of disease
10.22 or remedial care of the child, in lieu of medical care. However, if lack of medical care
10.23 may result in serious danger to the child's health, the local welfare agency may ensure
10.24 that necessary medical services are provided to the child.

10.25 (i) When determining whether the facility or individual is the responsible party, or
10.26 whether both the facility and the individual are responsible for determined maltreatment in
10.27 a facility, the investigating agency shall consider at least the following mitigating factors:

10.28 (1) whether the actions of the facility or the individual caregivers were according to,
10.29 and followed the terms of, an erroneous physician order, prescription, individual care plan,
10.30 or directive; however, this is not a mitigating factor when the facility or caregiver was
10.31 responsible for the issuance of the erroneous order, prescription, individual care plan, or
10.32 directive or knew or should have known of the errors and took no reasonable measures to
10.33 correct the defect before administering care;

10.34 (2) comparative responsibility between the facility, other caregivers, and
10.35 requirements placed upon an employee, including the facility's compliance with related
10.36 regulatory standards and the adequacy of facility policies and procedures, facility training,

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11.1 an individual's participation in the training, the caregiver's supervision, and facility staffing
11.2 levels and the scope of the individual employee's authority and discretion; and

11.3 (3) whether the facility or individual followed professional standards in exercising
11.4 professional judgment.

11.5 The evaluation of the facility's responsibility under clause (2) must not be based on the
11.6 completeness of the risk assessment or risk reduction plan required under section 245A.66,
11.7 but must be based on the facility's compliance with the regulatory standards for polices and
11.8 procedures, training, and supervision as cited in Minnesota Statutes and Minnesota Rules.

11.9 (j) Notwithstanding paragraph (i), when maltreatment is determined to have been
11.10 committed by an individual who is also the facility license holder, both the individual and
11.11 the facility must be determined responsible for the maltreatment, and both the background
11.12 study disqualification standards under section 245C.15, subdivision 4, and the licensing
11.13 actions under sections 245A.06 or 245A.07 apply.

11.14 (k) Individual counties may implement more detailed definitions or criteria that
11.15 indicate which allegations to investigate, as long as a county's policies are consistent
11.16 with the definitions in the statutes and rules and are approved by the county board. Each
11.17 local welfare agency shall periodically inform mandated reporters under subdivision 3
11.18 who work in the county of the definitions of maltreatment in the statutes and rules and any
11.19 additional definitions or criteria that have been approved by the county board.