

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 4070

(SENATE AUTHORS: KIFFMEYER)

DATE
03/05/2020

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OFFICIAL STATUS
Introduction and first reading
Referred to Human Services Reform Finance and Policy

1.1 A bill for an act
1.2 relating to human services; modifying provisions regarding human services hearing
1.3 procedures, human services crimes, background studies, and requirements for
1.4 licensure; amending Minnesota Statutes 2018, sections 245A.02, subdivision 2c;
1.5 245A.50, as amended; 245H.08, subdivisions 4, 5; Minnesota Statutes 2019
1.6 Supplement, sections 245A.149; 245A.40, subdivision 7; repealing Minnesota
1.7 Statutes 2018, sections 245A.144; 245A.175; Minnesota Rules, parts 2960.3070;
1.8 2960.3210.

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

1.10 Section 1. Minnesota Statutes 2018, section 245A.02, subdivision 2c, is amended to read:

1.11 Subd. 2c. **Annual or annually; family child care training requirements.** For the
1.12 purposes of ~~section~~ sections 245A.50, subdivisions 1 to 9 and 245A.53, "annual" or
1.13 "annually" means the 12-month period beginning on the license effective date or the annual
1.14 anniversary of the effective date and ending on the day prior to the annual anniversary of
1.15 the license effective date.

1.16 **EFFECTIVE DATE.** This section is effective September 30, 2020.

1.17 Sec. 2. Minnesota Statutes 2019 Supplement, section 245A.149, is amended to read:

1.18 **245A.149 SUPERVISION OF FAMILY CHILD CARE LICENSE HOLDER'S**
1.19 **OWN CHILD.**

1.20 (a) Notwithstanding Minnesota Rules, part 9502.0365, subpart 5, and with the license
1.21 holder's consent, an individual may be present in the licensed space, may supervise the
1.22 family child care license holder's own child both inside and outside of the licensed space,

2.1 and is exempt from the training and supervision requirements of this chapter and Minnesota
 2.2 Rules, chapter 9502, if the individual:

2.3 (1) is related to the license holder or to the license holder's child, as defined in section
 2.4 245A.02, subdivision 13, or is a household member who the license holder has reported to
 2.5 the county agency;

2.6 (2) is not a designated caregiver, helper, or substitute for the licensed program;

2.7 (3) is involved only in the care of the license holder's own child; and

2.8 (4) does not have direct, unsupervised contact with any nonrelative children receiving
 2.9 services.

2.10 (b) If the individual in paragraph (a) is not a household member, the individual is also
 2.11 exempt from background study requirements under chapter 245C.

2.12 **EFFECTIVE DATE.** This section is effective September 30, 2020.

2.13 Sec. 3. Minnesota Statutes 2019 Supplement, section 245A.40, subdivision 7, is amended
 2.14 to read:

2.15 Subd. 7. **In-service.** (a) A license holder must ensure that the center director, staff
 2.16 persons, substitutes, and unsupervised volunteers complete in-service training each calendar
 2.17 year.

2.18 (b) The center director and staff persons who work more than 20 hours per week must
 2.19 complete 24 hours of in-service training each calendar year. Staff persons who work 20
 2.20 hours or less per week must complete 12 hours of in-service training each calendar year.
 2.21 Substitutes and unsupervised volunteers must complete the requirements of paragraphs ~~(e)~~
 2.22 ~~to (h)~~ (d) to (g) and do not otherwise have a minimum number of hours of training to
 2.23 complete.

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

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

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

2.30 (2) the reporting responsibilities under section 626.556 and Minnesota Rules, part
 2.31 9503.0130;

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

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

3.6 (e) Each year, or when a change is made, whichever is more frequent, in-service training
3.7 must be provided on: (1) the center's risk reduction plan under section 245A.66, subdivision
3.8 2; and (2) a child's individual child care program plan as required under Minnesota Rules,
3.9 part 9503.0065, subpart 3.

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

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

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

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

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

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

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

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

3.22 (1) Content area I: child development and learning;

3.23 (2) Content area II: developmentally appropriate learning experiences;

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

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

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

3.28 (6) Content area VI: professionalism;

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

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

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

4.2 (1) "Child development and learning training" means training in understanding how
4.3 children develop physically, cognitively, emotionally, and socially and learn as part of the
4.4 children's family, culture, and community.

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

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

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

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

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

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

4.20 (8) "Application through clinical experiences" means clinical experiences in which a
4.21 person applies effective teaching practices using a range of educational programming models.

4.22 (j) The license holder must ensure that documentation, as required in subdivision 10,
4.23 includes the number of total training hours required to be completed, name of the training,
4.24 the Minnesota Knowledge and Competency Framework content area, number of hours
4.25 completed, and the director's approval of the training.

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

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

5.1 Sec. 4. Minnesota Statutes 2018, section 245A.50, as amended by Laws 2019, First Special
5.2 Session chapter 9, article 2, section 53, is amended to read:

5.3 **245A.50 FAMILY CHILD CARE TRAINING REQUIREMENTS.**

5.4 Subdivision 1. **Initial training.** (a) License holders, caregivers, ~~and~~ substitutes, and
5.5 helpers must comply with the training requirements in this section.

5.6 (b) The license holder, before initial licensure, and a caregiver, before caring for a child,
5.7 must complete:

5.8 (1) the six-hour Supervising for Safety for Family Child Care course that the
5.9 commissioner has developed;

5.10 (2) one of the following options, as required by subdivision 2:

5.11 (i) two hours in Knowledge and Competency Area I and two hours in Knowledge and
5.12 Competency Area II-C; or

5.13 (ii) four hours in Knowledge and Competency Area II-C; or

5.14 (iii) one four-hour course in both Knowledge and Competency Area I and Knowledge
5.15 and Competency Area II-C;

5.16 (3) pediatric first aid, as required by subdivision 3;

5.17 (4) pediatric cardiopulmonary resuscitation, as required by subdivision 4;

5.18 (5) training in reducing the risk of sudden unexpected infant death and abusive head
5.19 trauma, as required by subdivision 5, if applicable; and

5.20 (6) training in child passenger restraint systems, as required by subdivision 6, if
5.21 applicable.

5.22 (c) Before caring for a child, each substitute must complete:

5.23 (1) the four-hour Basics of Licensed Family Child Care for Substitutes course that the
5.24 commissioner has developed;

5.25 (2) pediatric first aid, as required by subdivision 3;

5.26 (3) pediatric cardiopulmonary resuscitation, as required by subdivision 4;

5.27 (4) training in reducing the risk of sudden unexpected infant death and abusive head
5.28 trauma, as required by subdivision 5, if applicable; and

5.29 (5) training in child passenger restraint systems, as required by subdivision 6, if
5.30 applicable.

6.1 (d) Each helper must complete:

6.2 (1) training in reducing the risk of sudden unexpected infant death and training in reducing
6.3 the risk of abusive head trauma, as required by subdivision 5, if applicable;

6.4 ~~(b) Helpers who assist with care on a regular basis must complete~~ (2) six hours of training
6.5 within one year after the date of initial employment, if the helper assists with care on a
6.6 regular basis; and

6.7 (3) training in child passenger restraint systems, as required by subdivision 6, if
6.8 applicable.

6.9 (e) Before caring for a child or assisting in the care of a child, the license holder must
6.10 train each caregiver, substitute, and helper about:

6.11 (1) the emergency preparedness plan as required under section 245A.51, subdivision 3,
6.12 paragraph (b);

6.13 (2) allergy prevention and response as required under section 245A.51, subdivision 1,
6.14 paragraph (b); and

6.15 (3) the program's policies and procedures as required under section 245A.04, subdivision
6.16 14.

6.17 ~~(e)~~ (f) Training requirements established under this section that must be completed prior
6.18 to initial licensure must be satisfied only by a newly licensed child care provider or by a
6.19 child care provider who has not held an active child care license in Minnesota in the previous
6.20 12 months. A child care provider who voluntarily cancels a license or allows the license to
6.21 lapse for a period of less than 12 months and who seeks reinstatement of the lapsed or
6.22 canceled license within 12 months of the lapse or cancellation must satisfy the annual,
6.23 ongoing training requirements, and is not required to satisfy the training requirements that
6.24 must be completed prior to initial licensure. A child care provider who relocates within the
6.25 state must (1) satisfy the annual, ongoing training requirements according to the schedules
6.26 established in this section and (2) not be required to satisfy the training requirements under
6.27 this section that the child care provider completed prior to initial licensure. If a licensed
6.28 provider moves to a new county, the new county is prohibited from requiring the provider
6.29 to complete any orientation class or training for new providers.

6.30 Subd. 1a. **Definitions and general provisions.** (a) For the purposes of this section, the
6.31 following terms have the meanings given:

6.32 (1) "Basics of Family Child Care for Substitutes" means a course that the commissioner
6.33 has developed that includes the following topics: preventing and controlling infectious

7.1 diseases; administering medication; preventing and responding to allergies; ensuring building
 7.2 and physical premise safety; handling and storing biological contaminants; preventing and
 7.3 reporting child abuse and maltreatment; emergency preparedness; and child development;

7.4 (2) "caregiver" means an adult other than the license holder who supervises children for
 7.5 a cumulative total of more than 500 hours annually;

7.6 (3) "helper" means a minor, ages 13 to 17, who assists in caring for children; and

7.7 (4) "substitute" means an adult who assumes responsibility for a provider for a cumulative
 7.8 total of not more than 500 hours annually.

7.9 (b) Notwithstanding other requirements of this section, courses within the identified
 7.10 Knowledge and Competency Areas that are specific to child care centers or legal nonlicensed
 7.11 providers do not fulfill the requirements of this section.

7.12 When the following training expires, it must be retaken no later than the day before the
 7.13 anniversary of the license holder's license effective date:

7.14 (1) pediatric first aid;

7.15 (2) pediatric CPR;

7.16 (3) accommodating children with disabilities or cultural dynamics;

7.17 (4) Health and Safety I and Health and Safety II;

7.18 (5) child passenger restraint systems, if applicable; and

7.19 (6) Basics of Family Child Care for Substitutes.

7.20 **Subd. 2. Child development and learning and behavior guidance training.** (a) ~~For~~
 7.21 ~~purposes of family and group family child care,~~ The license holder and each adult caregiver
 7.22 ~~who provides care in the licensed setting for more than 30 days in any 12-month period~~
 7.23 ~~shall complete and document at least four hours of child growth development and learning~~
 7.24 ~~and behavior guidance training prior to initial licensure, and before caring for children. For~~
 7.25 ~~purposes of this subdivision, "child development and learning training" means training in~~
 7.26 ~~understanding how children develop physically, cognitively, emotionally, and socially and~~
 7.27 ~~learn as part of the children's family, culture, and community. "Behavior guidance training"~~
 7.28 ~~means training in the understanding of the functions of child behavior and strategies for~~
 7.29 ~~managing challenging situations. At least two hours of child development and learning or~~
 7.30 ~~behavior guidance training must be repeated annually. Training curriculum shall be developed~~
 7.31 ~~or approved by the commissioner of human services.~~

8.1 (b) Notwithstanding initial child development training requirements in paragraph (a),
8.2 individuals are exempt from this requirement if they:

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

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

8.7 (3) are licensed in Minnesota as a prekindergarten teacher, an early childhood educator,
8.8 a kindergarten to grade 6 teacher with a prekindergarten specialty, an early childhood special
8.9 education teacher, or an elementary teacher with a kindergarten endorsement; or

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

8.12 (c) The license holder and each caregiver must complete at least two hours of child
8.13 development and learning training or behavior guidance training annually that may be
8.14 fulfilled by completing any course in Knowledge and Competency Area I: Child Development
8.15 and Learning or Knowledge and Competency Area II-C: Promoting Social and Emotional
8.16 Development. The commissioner shall develop or approve training curriculum.

8.17 (d) A three-credit course about early childhood development meets the requirements of
8.18 paragraph (c).

8.19 Subd. 3. **First aid.** (a) ~~When children are present in a family child care home governed~~
8.20 ~~by Minnesota Rules, parts 9502.0315 to 9502.0445, at least one staff person must be present~~
8.21 ~~in the home who has been trained in first aid. The license holder must complete pediatric~~
8.22 ~~first aid training before licensure. Each caregiver and substitute must complete pediatric~~
8.23 ~~first aid training before caring for children. The first aid training must have been provided~~
8.24 ~~by an individual approved to provide first aid instruction. First aid training may be less than~~
8.25 ~~eight hours and. Persons qualified to provide first aid training include individuals approved~~
8.26 ~~as first aid instructors. First aid training must be repeated every two years.~~

8.27 (b) ~~A family child care provider is exempt from the first aid training requirements under~~
8.28 ~~this subdivision related to any substitute caregiver who provides less than 30 hours of care~~
8.29 ~~during any 12-month period. The license holder, each caregiver, and each substitute must~~
8.30 ~~complete additional pediatric first aid training every two years.~~

8.31 (c) Video training reviewed and approved by the county licensing agency satisfies the
8.32 training requirement of this subdivision.

9.1 Subd. 4. **Cardiopulmonary resuscitation (CPR).** (a) ~~When children are present in a~~
 9.2 ~~family child care home governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at~~
 9.3 ~~least one caregiver must be present in the home who has been trained in cardiopulmonary~~
 9.4 ~~resuscitation (CPR), including CPR techniques for infants and children, and in the treatment~~
 9.5 ~~of obstructed airways. The CPR training must have been provided by an individual approved~~
 9.6 ~~to provide CPR instruction, must be repeated at least once every two years, and must be~~
 9.7 ~~documented in the caregiver's records. The family child care license holder must complete~~
 9.8 ~~pediatric cardiopulmonary resuscitation (CPR) training prior to licensure. Caregivers and~~
 9.9 ~~substitutes must complete pediatric CPR training prior to caring for children. Training that~~
 9.10 ~~license holders, caregivers, or substitutes have completed during the previous two years~~
 9.11 ~~fulfills this requirement.~~

9.12 (b) ~~A family child care provider is exempt from the CPR training requirement in this~~
 9.13 ~~subdivision related to any substitute caregiver who provides less than 30 hours of care during~~
 9.14 ~~any 12-month period. The CPR training must be provided by an individual certified to~~
 9.15 ~~provide CPR instruction.~~

9.16 (c) ~~Persons providing CPR training must use CPR training that has been developed~~ The
 9.17 pediatric CPR training must:

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

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

9.22 (1) include CPR techniques for infants and children and the treatment of obstructed
 9.23 airways;

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

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

9.28 (d) License holders, caregivers, and substitutes must complete pediatric CPR training
 9.29 at least once every two years.

9.30 Subd. 5. **Sudden unexpected infant death and abusive head trauma training.** (a)
 9.31 Prior to caring for infants, the license holder must complete training about reducing the risk
 9.32 of sudden unexpected infant death. License holders must document ensure that before staff
 9.33 persons, caregivers, substitutes, and helpers assist in the care of infants, they are instructed

10.1 on the standards in section 245A.1435 and receive training on reducing the risk of sudden
10.2 unexpected infant death.

10.3 (b) Prior to caring for infants and children under school age, the license holder must
10.4 complete training about reducing the risk of abusive head trauma. In addition, license holders
10.5 must ~~document~~ ensure that before ~~staff persons~~, caregivers, substitutes, and helpers assist
10.6 in the care of infants and children under school age, they receive training on reducing the
10.7 risk of abusive head trauma ~~from shaking infants and young children. The training in this~~
10.8 ~~subdivision may be provided as initial training under subdivision 1 or ongoing annual~~
10.9 ~~training under subdivision 7.~~

10.10 ~~(b)~~ (c) Sudden unexpected infant death reduction training required under this subdivision
10.11 must, at a minimum, address the risk factors related to sudden unexpected infant death,
10.12 means of reducing the risk of sudden unexpected infant death in child care, and license
10.13 holder communication with parents regarding reducing the risk of sudden unexpected infant
10.14 death.

10.15 ~~(e)~~ (d) Abusive head trauma training required under this subdivision must, at a minimum,
10.16 address the risk factors related to shaking infants and young children, means of reducing
10.17 the risk of abusive head trauma in child care, and license holder communication with parents
10.18 regarding reducing the risk of abusive head trauma.

10.19 ~~(d)~~ (e) Training for family and group family child care providers must be developed by
10.20 the commissioner ~~in conjunction with the Minnesota Sudden Infant Death Center~~ and
10.21 approved by the Minnesota Center for Professional Development. Sudden unexpected infant
10.22 death reduction training and abusive head trauma training may be provided in a single course
10.23 of no more than two hours in length.

10.24 ~~(e)~~ (f) Sudden unexpected infant death reduction training and abusive head trauma
10.25 training required under this subdivision must be completed in person or as allowed under
10.26 subdivision 10, clause (1) or (2), at least once every two years. On the years when the license
10.27 holder ~~is~~, caregiver, substitute, and helper are not receiving training in person or as allowed
10.28 under subdivision 10, clause (1) or (2), the license holder, caregiver, substitute, and helper
10.29 must receive sudden unexpected infant death reduction training and abusive head trauma
10.30 training through a video of no more than one hour in length. The video must be developed
10.31 or approved by the commissioner.

10.32 ~~(f)~~ (g) An individual who is related to the license holder or the license holder's child, as
10.33 defined in section 245A.02, subdivision 13, and who is involved only in the care of the
10.34 license holder's own infant or child under school age and who is not designated to be a

11.1 caregiver, helper, or substitute, as defined in Minnesota Rules, part 9502.0315, for the
 11.2 licensed program, is exempt from the sudden unexpected infant death and abusive head
 11.3 trauma training.

11.4 Subd. 6. **Child passenger restraint systems; training requirement.** ~~(a) A license~~
 11.5 ~~holder must comply with all seat belt and child passenger restraint system requirements~~
 11.6 ~~under section 169.685.~~

11.7 ~~(b) Family and group family child care programs licensed by the Department of Human~~
 11.8 ~~Services that serve a child or children under nine years of age must document training that~~
 11.9 ~~fulfills the requirements in this subdivision.~~

11.10 ~~(a)(1) Before A license holder, staff person, caregiver, or helper transports~~ caregiver,
 11.11 substitute, or helper may transport a child or children under age nine in a motor vehicle,
 11.12 The person placing the license holder must ensure that any person who places a child or
 11.13 children under age eight in a passenger restraint must has satisfactorily complete completed
 11.14 training on the proper use and installation of child restraint systems in motor vehicles.
 11.15 Training completed under this subdivision may be used to meet initial training under
 11.16 subdivision 1 or ongoing training under subdivision 7.

11.17 ~~(2) Training required under this subdivision must be at least one hour in length, completed~~
 11.18 ~~at initial training, and repeated at least once every five years.~~

11.19 ~~(3) At a minimum, the training must address the proper use of child restraint systems~~
 11.20 ~~based on the child's size, weight, and age, and the proper installation of a car seat or booster~~
 11.21 ~~seat in the motor vehicle used by the license holder to transport the child or children.~~

11.22 ~~(3)(4) Training under this subdivision must be provided by individuals who are certified~~
 11.23 ~~and approved by the Department of Public Safety, Office of Traffic Safety. License holders~~
 11.24 ~~may obtain a list of certified and approved trainers through the Department of Public Safety~~
 11.25 ~~website or by contacting the agency.~~

11.26 ~~(e)(b) Child care providers that only transport school-age children as defined in section~~
 11.27 ~~245A.02, subdivision 19, paragraph (f), in child care buses as defined in section 169.448,~~
 11.28 ~~subdivision 1, paragraph (e), are exempt from this subdivision.~~

11.29 Subd. 7. **Ongoing training requirements for family and group family child care**
 11.30 **license holders and caregivers.** ~~For purposes of family and group family child care, (a)~~
 11.31 ~~The license holder and each primary caregiver must complete 16 hours of ongoing training~~
 11.32 ~~each year. For purposes of this subdivision, a primary caregiver is an adult caregiver who~~
 11.33 ~~provides services in the licensed setting for more than 30 days in any 12-month period.~~

12.1 ~~Repeat of topical training requirements in subdivisions 2 to 8 shall count toward the annual~~
 12.2 ~~16-hour training requirement.~~

12.3 (b) The license holder and caregiver must annually complete ongoing training as follows:

12.4 (1) a two-hour course in child development and learning or behavior guidance, as required
 12.5 by subdivision 2;

12.6 (2) a two-hour course in active supervision that the license holder and caregiver may
 12.7 fulfill by any course in Knowledge and Competency Area VII-A: Establishing Healthy
 12.8 Practices or Knowledge and Competency Area VII-B: Ensuring Safety; and

12.9 (3) ongoing training in reducing the risk of sudden unexpected infant death and abusive
 12.10 head trauma, as required under subdivision 5, if applicable.

12.11 (c) At least once every two years, the license holder and caregiver must complete ongoing
 12.12 training as follows:

12.13 (1) training in pediatric first aid, as required under subdivision 3;

12.14 (2) training in pediatric cardiopulmonary resuscitation, as required under subdivision 4;
 12.15 and

12.16 (3) a two-hour course about accommodating children with disabilities or about cultural
 12.17 dynamics that the license holder or caregiver may fulfill by completing any course in
 12.18 Knowledge and Competency Area III: Relationships with Families.

12.19 (d) At least once every five years, the license holder and caregiver must complete ongoing
 12.20 training as follows:

12.21 (1) two-hour courses: Health and Safety I and Health and Safety II; and

12.22 (2) ongoing training in child passenger restraint systems, as required under subdivision
 12.23 6, if applicable.

12.24 (e) Additional ongoing training subjects to meet the annual 16-hour training requirement
 12.25 must be selected from the following areas training in the following content areas of the
 12.26 Minnesota Knowledge and Competency Framework:

12.27 (1) Content area I: child development and learning, including training under subdivision
 12.28 2, paragraph (a) in understanding how a child develops physically, cognitively, emotionally,
 12.29 and socially, and how a child learns as part of the child's family, culture, and community;

12.30 (2) Content area II: developmentally appropriate learning experiences, including training
 12.31 in creating positive learning experiences, promoting cognitive development, promoting

13.1 social and emotional development, promoting physical development, promoting creative
13.2 development; and behavior guidance;

13.3 (3) Content area III: relationships with families, including training in building a positive,
13.4 respectful relationship with the child's family;

13.5 (4) Content area IV: assessment, evaluation, and individualization, including training
13.6 in observing, recording, and assessing development; assessing and using information to
13.7 plan; and assessing and using information to enhance and maintain program quality;

13.8 (5) Content area V: historical and contemporary development of early childhood
13.9 education, including training in past and current practices in early childhood education and
13.10 how current events and issues affect children, families, and programs;

13.11 (6) Content area VI: professionalism, including training in knowledge, skills, and abilities
13.12 that promote ongoing professional development; and

13.13 (7) Content area VII: health, safety, and nutrition, including training in establishing
13.14 healthy practices; ensuring safety; and providing healthy nutrition.

13.15 Subd. 8. ~~Other required~~ Ongoing training requirements for substitutes and
13.16 helpers. ~~(a) The training required of family and group family child care providers and staff~~
13.17 ~~must include training in the cultural dynamics of early childhood development and child~~
13.18 ~~care. The cultural dynamics and disabilities training and skills development of child care~~
13.19 ~~providers must be designed to achieve outcomes for providers of child care that include,~~
13.20 ~~but are not limited to:~~

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

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

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

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

13.29 ~~(5) developing skills in culturally appropriate caregiving; and~~

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

13.31 ~~The commissioner shall approve the curriculum for cultural dynamics and disability~~
13.32 ~~training.~~

14.1 ~~(b) The provider must meet the training requirement in section 245A.14, subdivision~~
 14.2 ~~11, paragraph (a), clause (4), to be eligible to allow a child cared for at the family child care~~
 14.3 ~~or group family child care home to use the swimming pool located at the home.~~

14.4 (a) Each substitute must complete ongoing training adhering to the following schedule:

14.5 (1) annually: training in reducing the risk of sudden unexpected infant death and abusive
 14.6 head trauma, as required under subdivision 5, if applicable;

14.7 (2) at least once every two years: training in pediatric first aid, as required under
 14.8 subdivision 3, and training in pediatric cardiopulmonary resuscitation, as required under
 14.9 subdivision 4;

14.10 (3) at least once every three years: the four-hour Basics of Licensed Family Child Care
 14.11 for Substitutes course; and

14.12 (4) at least once every five years: training in child passenger restraint systems, as required
 14.13 under subdivision 6, if applicable.

14.14 (b) Each helper must annually complete training in reducing the risk of sudden unexpected
 14.15 infant death and abusive head trauma, as required under subdivision 5, if applicable.

14.16 ~~Subd. 9. **Supervising for safety; training requirement.** (a) Before initial licensure and~~
 14.17 ~~before caring for a child, all family child care license holders and each adult caregiver who~~
 14.18 ~~provides care in the licensed family child care home for more than 30 days in any 12-month~~
 14.19 ~~period shall complete and document the completion of the six-hour Supervising for Safety~~
 14.20 ~~for Family Child Care course developed by the commissioner.~~

14.21 ~~(b) The family child care license holder and each adult caregiver who provides care in~~
 14.22 ~~the licensed family child care home for more than 30 days in any 12-month period shall~~
 14.23 ~~complete and document:~~

14.24 ~~(1) the annual completion of a two-hour active supervision course developed by the~~
 14.25 ~~commissioner; and~~

14.26 ~~(2) the completion at least once every five years of the two-hour courses Health and~~
 14.27 ~~Safety I and Health and Safety II. A license holder's or adult caregiver's completion of either~~
 14.28 ~~training in a given year meets the annual active supervision training requirement in clause~~
 14.29 ~~(1).~~

14.30 **Subd. 10. Approved training.** County licensing staff must accept training approved by
 14.31 the Minnesota Center for Professional Development, including:

14.32 (1) face-to-face or classroom training;

15.1 (2) online training; and

15.2 (3) relationship-based professional development, such as mentoring, coaching, and
15.3 consulting.

15.4 Subd. 11. **Provider training.** New and increased training requirements under this section
15.5 must not be imposed on providers until the commissioner establishes statewide accessibility
15.6 to the required provider training.

15.7 Subd. 12. **Documentation.** The license holder must document the date, title, and event
15.8 ID from Develop, if applicable, of a completed training required by this section for the
15.9 license holder and each caregiver, substitute, and helper.

15.10 **EFFECTIVE DATE.** This section is effective September 30, 2020.

15.11 Sec. 5. Minnesota Statutes 2018, section 245H.08, subdivision 4, is amended to read:

15.12 Subd. 4. **Maximum group size.** (a) For a child six weeks old through 16 months old,
15.13 the maximum group size shall be no more than eight children.

15.14 (b) For a child 16 months old through 33 months old, the maximum group size shall be
15.15 no more than 14 children.

15.16 (c) For a child 33 months old through prekindergarten, a maximum group size shall be
15.17 no more than 20 children.

15.18 (d) For a child in kindergarten through 13 years old, a maximum group size shall be no
15.19 more than 30 children.

15.20 (e) The maximum group size applies at all times except during group activity coordination
15.21 time not exceeding 15 minutes, during a meal, outdoor activity, field trip, nap and rest, and
15.22 special activity including a film, guest speaker, indoor large muscle activity, or holiday
15.23 program.

15.24 (f) Notwithstanding paragraph (d), a certified center may continue to serve a child older
15.25 than 13 years if one of the following conditions is true:

15.26 (1) the child remains eligible for child care assistance under section 119B.09, subdivision
15.27 1, paragraph (e); or

15.28 (2) the certified center serves children in a middle-school-only program, defined as
15.29 grades 6 through 8.

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

16.1 Sec. 6. Minnesota Statutes 2018, section 245H.08, subdivision 5, is amended to read:

16.2 Subd. 5. **Ratios.** (a) The minimally acceptable staff-to-child ratios are:

16.3 six weeks old through 16 months old 1:4

16.4 16 months old through 33 months old 1:7

16.5 33 months old through prekindergarten 1:10

16.6 kindergarten through 13 years old 1:15

16.7 (b) Kindergarten includes a child of sufficient age to have attended the first day of
16.8 kindergarten or who is eligible to enter kindergarten within the next four months.

16.9 (c) For mixed groups, the ratio for the age group of the youngest child applies.

16.10 (d) Notwithstanding paragraph (a), a certified center may continue to serve a child older
16.11 than 13 years if one of the following conditions is true:

16.12 (1) the child remains eligible for child care assistance under section 119B.09, subdivision
16.13 1, paragraph (e); or

16.14 (2) the certified center serves children in a middle-school-only program, defined as
16.15 grades 6 through 8.

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

16.17 Sec. 7. **DIRECTION TO THE COMMISSIONER; EVALUATION OF**
16.18 **CONTINUOUS LICENSES.**

16.19 By January 1, 2021, the commissioner of human services shall consult with family child
16.20 care license holders and county agencies to determine whether family child care licenses
16.21 should automatically renew instead of requiring license holders to reapply for licensure. If
16.22 the commissioner determines that family child care licenses should automatically renew,
16.23 the commissioner must propose legislation for the 2021 legislative session to make the
16.24 required amendments to statute and administrative rules, as necessary.

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

16.26 Sec. 8. **REPEALER.**

16.27 (a) Minnesota Statutes 2018, sections 245A.144; and 245A.175, are repealed.

16.28 (b) Minnesota Rules, parts 2960.3070; and 2960.3210, are repealed.

245A.144 TRAINING ON RISK OF SUDDEN UNEXPECTED INFANT DEATH AND ABUSIVE HEAD TRAUMA FOR CHILD FOSTER CARE PROVIDERS.

(a) Licensed child foster care providers that care for infants or children through five years of age must document that before staff persons and caregivers assist in the care of infants or children through five years of age, they are instructed on the standards in section 245A.1435 and receive training on reducing the risk of sudden unexpected infant death and abusive head trauma from shaking infants and young children. This section does not apply to emergency relative placement under section 245A.035. The training on reducing the risk of sudden unexpected infant death and abusive head trauma may be provided as:

(1) orientation training to child foster care providers, who care for infants or children through five years of age, under Minnesota Rules, part 2960.3070, subpart 1; or

(2) in-service training to child foster care providers, who care for infants or children through five years of age, under Minnesota Rules, part 2960.3070, subpart 2.

(b) Training required under this section must be at least one hour in length and must be completed at least once every five years. At a minimum, the training must address the risk factors related to sudden unexpected infant death and abusive head trauma, means of reducing the risk of sudden unexpected infant death and abusive head trauma, and license holder communication with parents regarding reducing the risk of sudden unexpected infant death and abusive head trauma.

(c) Training for child foster care providers must be approved by the county or private licensing agency that is responsible for monitoring the child foster care provider under section 245A.16. The approved training fulfills, in part, training required under Minnesota Rules, part 2960.3070.

245A.175 CHILD FOSTER CARE TRAINING REQUIREMENT; MENTAL HEALTH TRAINING; FETAL ALCOHOL SPECTRUM DISORDERS TRAINING.

Prior to a nonemergency placement of a child in a foster care home, the child foster care license holder and caregivers in foster family and treatment foster care settings, and all staff providing care in foster residence settings must complete two hours of training that addresses the causes, symptoms, and key warning signs of mental health disorders; cultural considerations; and effective approaches for dealing with a child's behaviors. At least one hour of the annual training requirement for the foster family license holder and caregivers, and foster residence staff must be on children's mental health issues and treatment. Except for providers and services under chapter 245D, the annual training must also include at least one hour of training on fetal alcohol spectrum disorders, which must be counted toward the 12 hours of required in-service training per year. Short-term substitute caregivers are exempt from these requirements. Training curriculum shall be approved by the commissioner of human services.

2960.3070 FOSTER PARENT TRAINING.

Subpart 1. **Orientation.** A nonrelative foster parent must complete a minimum of six hours of orientation before admitting a foster child. Orientation is required for relative foster parents who will be licensed as a child's foster parents. Orientation for relatives must be completed within 30 days following the initial placement. The foster parent's orientation must include items A to E:

A. emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of alarms and equipment;

B. relevant laws and rules, including, but not limited to, chapter 9560; Minnesota Statutes, chapters 245A, 260, and 260C; and Minnesota Statutes, section 626.556; and legal issues and reporting requirements;

C. cultural diversity, gender sensitivity, culturally specific services, cultural competence, and information about discrimination and racial bias issues to ensure that caregivers will be culturally competent to care for foster children according to Minnesota Statutes, section 260C.212, subdivision 11;

D. information about the role and responsibilities of the foster parent in the development and implementation of the case plan and in court and administrative reviews of the child's placement; and

E. requirements of the licensing agency.

Subp. 2. **In-service training.** Each foster parent must complete a minimum of 12 hours of training per year in one or more of the areas in this subpart or in other areas as agreed upon by the licensing agency and the foster parent. If the foster parent has not completed the required annual training at the time of relicensure and does not show good cause why the training was not completed, the foster parent may not accept new foster children until the training is completed. The nonexclusive list of topics in items A to Z provides examples of in-service training topics that could be useful to a foster parent:

A. cultural competence and transcultural placements;

B. adoption and permanency;

C. crisis intervention, including suicide prevention;

D. sexual offender behaviors;

E. children's psychological, spiritual, cultural, sexual, emotional, intellectual, and social development;

F. legal issues including liability;

G. foster family relationships with placing agencies and other service providers;

H. first aid and life-sustaining treatment such as cardiopulmonary resuscitation;

I. preparing foster children for independent living;

J. parenting children who suffered physical, emotional, or sexual abuse or domestic violence;

K. chemical dependency, and signs or symptoms of alcohol and drug abuse;

L. mental health and emotional disturbance issues;

M. Americans with Disabilities Act and Individuals With Disabilities Education Act;

N. caring for children with disabilities and disability-related issues regarding developmental disabilities, emotional and behavioral disorders, and specific learning disabilities;

- O. privacy issues of foster children;
- P. physical and nonphysical behavior guidance, crisis de-escalation, and discipline techniques, including how to handle aggression for specific age groups and specific issues such as developmental disabilities, chemical dependency, emotional disturbances, learning disabilities, and past abuse;
- Q. birth families and reunification;
- R. effects of foster care on foster families;
- S. home safety;
- T. emergency procedures;
- U. child and family wellness;
- V. sexual orientation;
- W. disability bias and discrimination;
- X. management of sexual perpetration, violence, bullying, and exploitative behaviors;
- Y. medical technology-dependent or medically fragile conditions; and
- Z. separation, loss, and attachment.

Subp. 3. **Medical equipment training.** Foster parents who care for children who rely on medical equipment to sustain life or monitor a medical condition must meet the requirements of Minnesota Statutes, section 245A.155.

2960.3210 STAFF TRAINING REQUIREMENTS.

Subpart 1. **Orientation.** The license holder must ensure that all staff attend and successfully complete at least six hours of orientation training before having unsupervised contact with foster children. The number of hours of orientation training are not counted as part of the hours of annual training. Orientation training must include at least the topics in items A to F:

- A. emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of facility alarms and equipment;
- B. relevant statutes and administrative rules and legal issues, including reporting requirements for abuse and neglect specified in Minnesota Statutes, sections 626.556 and 626.557, and other reporting requirements based on the ages of the children;
- C. cultural diversity and gender sensitivity, culturally specific services, and information about discrimination and racial bias issues to ensure that caregivers have cultural sensitivity and will be culturally competent to care for children according to Minnesota Statutes, section 260C.212, subdivision 11;
- D. general and special needs, including disability needs, of children and families served;
- E. operational policies and procedures of the license holder; and
- F. data practices regulations and issues.

Subp. 2. **Personnel training.** The license holder must provide training for staff that is modified annually to meet the current needs of individual staff persons. The license holder must develop an annual training plan for employees that addresses items A to C.

A. Full-time and part-time direct care staff and volunteers must have sufficient training to accomplish their duties. To determine the type and amount of training an employee needs, the license holder must consider the foster care program's target population, services the program delivers, and outcomes expected from the services, as well as the employee's

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position description, tasks to be performed, and the performance indicators for the position. The license holder and staff who care for children who rely on medical equipment to sustain life or monitor a medical condition must meet the requirements of Minnesota Statutes, section 245A.155.

B. Full-time staff who have direct contact with children must complete at least 18 hours of in-service training per year. One-half of the training must be skill development training. Other foster home staff and volunteers must complete in-service training requirements consistent with their duties.

C. Part-time direct care staff must receive sufficient training to competently care for children. The amount of training must be provided at least at a ratio of one hour of training for each 60 hours worked, up to 18 hours of training per part-time employee per year.

Subp. 3. **Documentation of training.** The license holder must document the date and number of hours of orientation and in-service training completed by each staff person in each topic area and the name of the entity that provided the training.