ARTICLE 19

DHS LICENSING AND OPERATIONS POLICY

Section 1. Minnesota Statutes 2020, section 245A.02, subdivision 5a, is amended to read:

Subd. 5a. Controlling individual. (a) "Controlling individual" means an owner of a program or service provider licensed under this chapter and the following individuals, if applicable:

(1) each officer of the organization, including the chief executive officer and chief financial officer;

(2) the individual designated as the authorized agent under section 245A.04, subdivision 1, paragraph (b);

(3) the individual designated as the compliance officer under section 256B.04, subdivision 21, paragraph (g); and

(4) each managerial official whose responsibilities include the direction of the management or policies of a program; and

(5) the individual designated as the primary provider of care for a special family child care program under section 245A.14, subdivision 4, paragraph (i).

(b) Controlling individual does not include:

(1) a bank, savings bank, trust company, savings association, credit union, industrial loan and thrift company, investment banking firm, or insurance company unless the entity operates a program directly or through a subsidiary;

(2) an individual who is a state or federal official, or state or federal employee, or a member or employee of the governing body of a political subdivision of the state or federal government that operates one or more programs, unless the individual is also an officer, owner, or managerial official of the program, receives remuneration from the program, or owns any of the beneficial interests not excluded in this subdivision;

(3) an individual who owns less than five percent of the outstanding common shares of a corporation:

(i) whose securities are exempt under section 80A.45, clause (6); or

(ii) whose transactions are exempt under section 80A.46, clause (2);

(4) an individual who is a member of an organization exempt from taxation under section 290.05, unless the individual is also an officer, owner, or managerial official of the program or owns any of the beneficial interests not excluded in this subdivision. This clause does not exclude from the definition of controlling individual an organization that is exempt from taxation; or

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ARTICLE 11

OPERATIONS AND LICENSING POLICY

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PAGE R1-A19

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an employee stock ownership plan trust, or a participant or board member of an
employee stock ownership plan, unless the participant or board member is a controlling
individual according to paragraph (a).

(c) For purposes of this subdivision, "managerial official" means an individual who has
the decision-making authority related to the operation of the program, and the responsibility
for the ongoing management of or direction of the policies, services, or employees of the
program. A site director who has no ownership interest in the program is not considered to
be a managerial official for purposes of this definition.

EFFECTIVE DATE. This section is effective July 1, 2022.

Sec. 2. Minnesota Statutes 2020, section 245A.04, subdivision 4, is amended to read:

Subd. 4. Inspections; waiver.
(a) Before issuing a license under this chapter, the
commissioner shall conduct an inspection of the program. The inspection must include but
is not limited to:

(1) an inspection of the physical plant;
(2) an inspection of records and documents;
(3) observation of the program in operation; and
(4) an inspection for the health, safety, and fire standards in licensing requirements for
a child care license holder.

(b) The observation in paragraph (a), clause (3), is not required prior to issuing a license
under subdivision 7. If the commissioner issues a license under this chapter, these
requirements must be completed within one year after the issuance of the license.

(c) Before completing a licensing inspection in a family child care program or child care
center, the licensing agency must offer the license holder an exit interview to discuss
violations or potential violations of law or rule observed during the inspection and offer
technical assistance on how to comply with applicable laws and rules. The commissioner
shall not issue a correction order or negative licensing action for violations of law or rule
not discussed in an exit interview, unless a license holder chooses not to participate in an
exit interview or not to complete the exit interview. If the license holder is unable to complete
the exit interview, the licensing agency must offer an alternate time for the license holder
to complete the exit interview.

(d) If a family child care license holder disputes a county licensor's interpretation of a
licensing requirement during a licensing inspection or exit interview, the license holder
may, within five business days after the exit interview or licensing inspection, request
clarification from the commissioner, in writing, in a manner prescribed by the commissioner.
The license holder's request must describe the county licensor's interpretation of the licensing
requirement at issue, and explain why the license holder believes the county licensor's
interpretation is inaccurate. The commissioner and the county must include the license
holder in all correspondence regarding the disputed interpretation, and must provide an
opportunity for the license holder to contribute relevant information that may impact the
commissioner's decision. The county licensor must not issue a correction order related to
the disputed licensing requirement until the commissioner has provided clarification to the
license holder about the licensing requirement.

(c) The commissioner or the county shall inspect at least annually once each calendar
year a child care provider licensed under this chapter and Minnesota Rules, chapter 9502
or 9503, for compliance with applicable licensing standards.

(f) No later than November 19, 2017, the commissioner shall make publicly available
on the department's website the results of inspection reports of all child care providers
licensed under this chapter and under Minnesota Rules, chapter 9502 or 9503, and the
number of deaths, serious injuries, and instances of substantiated child maltreatment that
occurred in licensed child care settings each year.

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

Sec. 3. Minnesota Statutes 2020, section 245A.07, subdivision 2a, is amended to read:

Subd. 2a. Immediate suspension expedited hearing. (a) Within five working days of
receipt of the license holder's timely appeal, the commissioner shall request assignment of
an administrative law judge. The request must include a proposed date, time, and place of
a hearing. A hearing must be conducted by an administrative law judge within 30 calendar
days of the request for assignment, unless an extension is requested by either party and
granted by the administrative law judge for good cause. The commissioner shall issue a
notice of hearing by certified mail or personal service at least ten working days before the
hearing. The scope of the hearing shall be limited solely to the issue of whether the temporary
immediate suspension should remain in effect pending the commissioner's final order under
section 245A.08, regarding a licensing sanction issued under subdivision 3 following the
immediate suspension. For suspensions under subdivision 2, paragraph (a), clause (1), the
burden of proof in expedited hearings under this subdivision shall be limited to the
commissioner's demonstration that reasonable cause exists to believe that the license holder's
actions or failure to comply with applicable law or rule poses, or the actions of other
individuals or conditions in the program poses an imminent risk of harm to the health, safety,
or rights of persons served by the program. "Reasonable cause" means there exist specific
articulable facts or circumstances which provide the commissioner with a reasonable
suspicion that there is an imminent risk of harm to the health, safety, or rights of persons
served by the program. When the commissioner has determined there is reasonable cause
to order the temporary immediate suspension of a license based on a violation of safe sleep
requirements, as defined in section 245A.1435, the commissioner is not required to
demonstrate that an infant died or was injured as a result of the safe sleep violations. For
suspensions under subdivision 2, paragraph (a), clause (2), the burden of proof in expedited
hearings under this subdivision shall be limited to the commissioner's demonstration by a
preponderance of the evidence that, since the license was revoked, the license holder
committed additional violations of law or rule which may adversely affect the health or
safety of persons served by the program.

(b) The administrative law judge shall issue findings of fact, conclusions, and a
recommendation within ten working days from the date of hearing. The parties shall have
ten calendar days to submit exceptions to the administrative law judge's report. The record
shall close at the end of the ten-day period for submission of exceptions. The commissioner's
final order shall be issued within ten working days from the close of the record. When an
appeal of a temporary immediate suspension is withdrawn or dismissed, the commissioner
shall issue a final order affirming the temporary immediate suspension within ten calendar
days of the commissioner's receipt of the withdrawal or dismissal. Within 90 calendar days
after an immediate suspension has been issued and the license holder has not submitted a
timely appeal under subdivision 2, paragraph (b), or within 90 calendar days after a final
order affirming an immediate suspension, the commissioner shall make a determination
regarding determine:

(1) whether a final licensing sanction shall be issued under subdivision 3, paragraph (a),
clause (1) to (5). The license holder shall continue to be prohibited from operation of the
program during this 90-day period; or

(2) whether the outcome of related, ongoing investigations or judicial proceedings are
necessary to determine if a final licensing sanction under subdivision 3, paragraph (a),
clauses (1) to (5), will be issued, and persons served by the program remain at an imminent
risk of harm during the investigation period or proceedings. If so, the commissioner shall
issue a suspension in accordance with subdivision 3.

(c) When the final order under paragraph (b) affirms an immediate suspension or the
license holder does not submit a timely appeal of the immediate suspension, and a final
licensing sanction is issued under subdivision 3 and the license holder appeals that sanction,
the license holder continues to be prohibited from operation of the program pending a final
commissioner's order under section 245A.08, subdivision 5, regarding the final licensing
sanction.

(d) The license holder shall continue to be prohibited from operation of the program
while a suspension order issued under paragraph (b), clause (2), remains in effect.

(e) For suspensions under subdivision 2, paragraph (a), clause (3), the burden of
proof in expedited hearings under this subdivision shall be limited to the commissioner's
demonstration by a preponderance of the evidence that a criminal complaint and warrant
or summons was issued for the license holder that was not dismissed, and that the criminal
charge is an offense that involves fraud or theft against a program administered by the
commissioner.

Sec. 4. Minnesota Statutes 2020, section 245A.07, subdivision 3, is amended to read:
Subd. 3. License suspension, revocation, or fine. (a) The commissioner may suspend
or revoke a license, or impose a fine if:
1. A license holder fails to comply fully with applicable laws or rules including but not
limited to the requirements of this chapter and chapter 245C;

2. A license holder, a controlling individual, or an individual living in the household
where the licensed services are provided or is otherwise subject to a background study has
been disqualified and the disqualification was not set aside and no variance has been granted;

3. A license holder knowingly withholds relevant information from or gives false or
misleading information to the commissioner in connection with an application for a license,
in connection with the background study status of an individual, during an investigation,
or regarding compliance with applicable laws or rules;

4. A license holder is excluded from any program administered by the commissioner
under section 245.095;

5. Revocation is required under section 245A.04, subdivision 7, paragraph (d);

6. Suspension is necessary under subdivision 2a, paragraph (b), clause (2).

A license holder who has had a license issued under this chapter suspended, revoked,
or has been ordered to pay a fine must be given notice of the action by certified mail or
personal service. If mailed, the notice must be mailed to the address shown on the application
or the last known address of the license holder. The notice must state in plain language the
reasons the license was suspended or revoked, or a fine was ordered.

(b) If the license was suspended or revoked, the notice must inform the license holder
of the right to a contested case hearing under chapter 14 and Minnesota Rules, parts
1400.8505 to 1400.8612. The license holder may appeal an order suspending or revoking
a license. The appeal of an order suspending or revoking a license must be made in writing
by certified mail or personal service. If mailed, the appeal must be postmarked and sent to
the commissioner within ten calendar days after the license holder receives notice that the
license has been suspended or revoked. If a request is made by personal service, it must be
received by the commissioner within ten calendar days after the license holder received the
order. Except as provided in subdivision 2a, paragraph (c), if a license holder submits a
timely appeal of an order suspending or revoking a license, the license holder may continue
to operate the program as provided in section 245A.04, subdivision 7, paragraphs (f) and
(g), until the commissioner issues a final order on the suspension or revocation.

(c)(1) If the license holder was ordered to pay a fine, the notice must inform the license
holder of the responsibility for payment of fines and the right to a contested case hearing
under chapter 14 and Minnesota Rules, parts 1400.8505 to 1400.8612. The appeal of an
order to pay a fine must be made in writing by certified mail or personal service. If mailed,
the appeal must be postmarked and sent to the commissioner within ten calendar days after
the license holder receives notice that the fine has been ordered. If a request is made by
personal service, it must be received by the commissioner within ten calendar days after
the license holder received the order.
The license holder shall pay the fines assessed on or before the payment date specified. If the license holder fails to fully comply with the order, the commissioner may issue a second fine or suspend the license until the license holder complies. If the license holder receives state funds, the state, county, or municipal agencies or departments responsible for administering the funds shall withhold payments and recover any payments made while the license is suspended for failure to pay a fine. A timely appeal shall stay payment of the fine until the commissioner issues a final order.

A license holder shall promptly notify the commissioner of human services, in writing, when a violation specified in the order to forfeit a fine is corrected. If upon reinspection the commissioner determines that a violation has not been corrected as indicated by the order to forfeit a fine, the commissioner may issue a second fine. The commissioner shall notify the license holder by certified mail or personal service that a second fine has been assessed. The license holder may appeal the second fine as provided under this subdivision.

Fines shall be assessed as follows:

(i) the license holder shall forfeit $1,000 for each determination of maltreatment of a child under chapter 260E or the maltreatment of a vulnerable adult under section 626.557, for which the license holder is determined responsible for the maltreatment under section 260E.30, subdivision 4, paragraphs (a) and (b), or 626.557, subdivision 9c, paragraph (c);

(ii) if the commissioner determines that a determination of maltreatment for which the license holder is responsible is the result of maltreatment that meets the definition of serious maltreatment as defined in section 245C.02, subdivision 18, the license holder shall forfeit $5,000;

(iii) for a program that operates out of the license holder's home and a program licensed under Minnesota Rules, parts 9502.0300 to 9502.0445, the fine assessed against the license holder shall not exceed $1,000 for each determination of maltreatment;

(iv) the license holder shall forfeit $200 for each occurrence of a violation of law or rule governing matters of health, safety, or supervision, including but not limited to the provision of adequate staff-to-child or adult ratios, and failure to comply with background study requirements under chapter 245C; and

(v) the license holder shall forfeit $100 for each occurrence of a violation of law or rule other than those subject to a $5,000, $1,000, or $200 fine in items (i) to (iv). For purposes of this section, "occurrence" means each violation identified in the commissioner's fine order. Fines assessed against a license holder that holds a license to provide home and community-based services, as identified in section 245D.03, subdivision 1, and a community residential setting or day services facility license under chapter 245D where the services are provided, may be assessed against both licenses for the same occurrence, but the combined amount of the fines shall not exceed the amount specified in this clause for that occurrence.
(5) When a fine has been assessed, the license holder may not avoid payment by closing, selling, or otherwise transferring the licensed program to a third party. In such an event, the license holder will be personally liable for payment. In the case of a corporation, each controlling individual is personally and jointly liable for payment.

(d) Except for background study violations involving the failure to comply with an order to immediately remove an individual or an order to provide continuous, direct supervision, the commissioner shall not issue a fine under paragraph (c) relating to a background study violation to a license holder who self-corrects a background study violation before the commissioner discovers the violation. A license holder who has previously exercised the provisions of this paragraph to avoid a fine for a background study violation may not avoid a fine for a subsequent background study violation unless at least 365 days have passed since the license holder self-corrected the earlier background study violation.

Sec. 5. Minnesota Statutes 2021 Supplement, section 245A.14, subdivision 4, is amended to read:

Subd. 4. Special family child care homes. 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:

(a) 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;

(b) 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;

(c) the license holder is a church or religious organization;

(d) 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 256E.31;

(e) 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 paragraph 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:

(1) the program does not exceed a capacity of 14 children more than a cumulative total of four hours per day;

(2) the program meets a one to seven staff-to-child ratio during the variance period;
(3) all employees receive at least an extra four hours of training per year than required in the rules governing family child care each year;

(4) the facility has square footage required per child under Minnesota Rules, part 9502.0425;

(5) the program is in compliance with local zoning regulations;

(i) 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 2015, Section 202; or

(ii) if the program serves more than five children 2-1/2 years of age or less, the applicable fire code is Group I-4 Occupancies, as provided in the Minnesota State Fire Code 2015, Section 202; and

(3) any age and capacity limitations required by the fire code inspection and square footage determinations shall be printed on the license; or

(f) 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:

(1) the program is in compliance with local zoning regulations;

(2) the program is in compliance with the applicable fire code as follows:

(i) 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 2015, Section 202; or

(ii) if the program serves more than five children 2-1/2 years of age or less, the applicable fire code is Group I-4 Occupancies, as provided under the Minnesota State Fire Code 2015, Section 202; and

(3) any age and capacity limitations required by the fire code inspection and square footage determinations are printed on the license; and

(4) 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."
(g) Notwithstanding Minnesota Rules, part 9502.0335, subpart 12, the commissioner may issue up to four licenses to an organization licensed under paragraph (b), (c), or (e).

Each license must have its own primary provider of care as required under paragraph (i).

Each license must operate as a distinct and separate program in compliance with all applicable laws and regulations.

(h) For licenses issued under paragraph (b), (c), (d), (e), or (f), 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.

(i) For a license issued under paragraph (b), (c), or (e), 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 chapter 245A 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 245A.50;
5. is authorized to communicate with the county licensing agency and the department on matters related to licensing; and
6. must meet the requirements of Minnesota Rules, part 9502.0355, subpart 3, before providing group family child care.

(j) 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 245A.50 and background study requirements under chapter 245C.

EFFECTIVE DATE.

This section is effective July 1, 2022.

Sec. 6. Minnesota Statutes 2020, section 245A.1435, is amended to read:

245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT DEATH IN LICENSED PROGRAMS.

(a) When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's physician or advanced practice registered nurse directing an alternative sleeping position.
for the infant. The physician or advanced practice registered nurse directive must be on a
form approved developed by the commissioner and must remain on file at the licensed
location.

An infant who independently rolls onto its stomach after being placed to sleep on its
back may be allowed to remain sleeping on its stomach if the infant is at least six months
of age or the license holder has a signed statement from the parent indicating that the infant
regularly rolls over at home.

(b) The license holder must place the infant in a crib directly on a firm mattress with a
fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress, and
overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of
the sheet with reasonable effort. The license holder must not place anything in the crib with
the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title
16, part 1511. The pacifier must be free from any sort of attachment. The requirements of
this section apply to license holders serving infants younger than one year of age. Licensed
child care providers must meet the crib requirements under section 245A.146. A correction
order shall not be issued under this paragraph unless there is evidence that a violation
occurred when an infant was present in the license holder's care.

(c) If an infant falls asleep before being placed in a crib, the license holder must move
the infant to a crib as soon as practicable, and must keep the infant within sight of the license
holder until the infant is placed in a crib. When an infant falls asleep while being held, the
license holder must consider the supervision needs of other children in care when determining
how long to hold the infant before placing the infant in a crib to sleep. The sleeping infant
must not be in a position where the airway may be blocked or with anything covering the
infant's face.

(d) When a license holder places an infant under one year of age down to sleep, the
infant’s clothing or sleepwear must not have weighted materials, a hood, or a bib.

(e) A license holder may place an infant under one year of age down to sleep wearing
a helmet if the license holder has signed documentation by a physician, advanced practice
registered nurse, licensed occupational therapist, or a licensed physical therapist on a form
developed by the commissioner.

(f) Placing a swaddled infant down to sleep in a licensed setting is not recommended
for an infant of any age and is prohibited for any infant who has begun to roll over
independently. However, with the written consent of a parent or guardian according to this
paragraph, a license holder may place the infant who has not yet begun to roll over on its
donw to sleep in a one-piece sleeper equipped with an attached system that fastens
securely only across the upper torso, with no constriction of the hips or legs, to create a
swaddle. A swaddle is defined as one-piece sleepwear that wraps over the infant's arms,
fastens securely only across the infant's upper torso, and does not constrict the infant's hips
or legs. If a swaddle is used by a license holder, the license holder must ensure that it meets
the requirements of paragraph (d) and is not so tight that it restricts the infant's ability to
breathe or so loose that the fabric could cover the infant's nose and mouth. Prior to any use of swaddling for sleep by a provider licensed under this chapter, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant on a form provided developed by the commissioner and prepared in partnership with the Minnesota Coalition for Infant Death Prevention.

(p) A license holder may request a variance to this section to permit the use of a cradleboard when requested by a parent or guardian for a cultural accommodation. Only the commissioner may issue a variance for the use of a cradleboard. The variance request must be submitted on a form developed by the commissioner in partnership with Tribal welfare agencies and the Department of Health.

EFFECTIVE DATE. This section is effective January 1, 2023.
Subd. 3. Parental supervision of children. (a) On or before the date of a child's initial physical presence at the facility, the license holder must complete and document an assessment of the parent's capacity to meet the health and safety needs of the child while on the facility premises, including identifying circumstances when the parent may be unable to adequately care for their child due to considering the following factors:

(1) the parent's physical or mental health;
(2) the parent being under the influence of drugs, alcohol, medications, or other chemicals;
(3) the parent being unable to provide appropriate supervision for the child; or
(4) any other information available to the license holder that indicates the parent may not be able to adequately care for the child.

(b) The license holder must have written procedures specifying the actions to be taken by staff if a parent is or becomes unable to adequately care for the parent's child.

(c) If the parent refuses to comply with the safeguards described in subdivision 2 or is unable to adequately care for the child, the license holder must develop a parental supervision plan in conjunction with the client. The plan must account for any factors in paragraph (a) that contribute to the parent's inability to adequately care for the child. The plan must be dated and signed by the staff person who completed the plan.

Subd. 4. Alternative supervision arrangements. The license holder must have written procedures addressing whether the program permits a parent to arrange for supervision of the parent's child by another client in the program. If permitted, the facility must have a procedure that requires staff approval of the supervision arrangement before the supervision by the nonparental client occurs. The procedure for approval must include an assessment of the nonparental client's capacity to assume the supervisory responsibilities using the criteria in subdivision 3. The license holder must document the license holder's approval of the supervisory arrangement and the assessment of the nonparental client's capacity to supervise the child, and must keep this documentation in the file of the parent of the child being supervised.

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 8. Minnesota Statutes 2020, section 245A.146, subdivision 3, is amended to read:

Subd. 3. License holder documentation of cribs. (a) Annually, from the date printed on the license, all license holders shall check all their cribs' brand names and model numbers against the United States Consumer Product Safety Commission website listing of unsafe cribs.
(b) The license holder shall maintain written documentation to be reviewed on site for each crib showing that the review required in paragraph (a) has been completed, and which of the following conditions applies:

(1) the crib was not identified as unsafe on the United States Consumer Product Safety Commission website;

(2) the crib was identified as unsafe on the United States Consumer Product Safety Commission website, but the license holder has taken the action directed by the United States Consumer Product Safety Commission to make the crib safe; or

(3) the crib was identified as unsafe on the United States Consumer Product Safety Commission website, and the license holder has removed the crib so that it is no longer used by or accessible to children in care.

(c) Documentation of the review completed under this subdivision shall be maintained by the license holder on site and made available to parents or guardians of children in care and the commissioner.

(d) Notwithstanding Minnesota Rules, part 9502.0425, a family child care provider that complies with this section may use a mesh-sided or fabric-sided play yard, pack and play, or playpen or crib that has not been identified as unsafe on the United States Consumer Product Safety Commission website for the care or sleeping of infants.

(e) On at least a monthly basis, the family child care license holder shall perform safety inspections of every mesh-sided or fabric-sided play yard, pack and play, or playpen used by or that is accessible to any child in care, and must document the following:

(1) there are no tears, holes, or loose or unraveling threads in mesh or fabric sides of crib;

(2) the weave of the mesh on the crib is no larger than one-fourth of an inch;

(3) no mesh fabric is unsecure or unattached to top rail and floor plate of crib;

(4) no tears or holes to top rail of crib;

(5) the mattress floor board is not soft and does not exceed one inch thick;

(6) the mattress floor board has no rips or tears in covering;

(7) the mattress floor board in use is a waterproof, original mattress or replacement mattress provided by the manufacturer of the crib;

(8) there are no protruding or loose rivets, metal nuts, or bolts on the crib;

(9) there are no knobs or wing nuts on outside crib legs;

(10) there are no missing, loose, or exposed staples; and
(11) the latches on top and side rails used to collapse crib are secure, they lock properly, and are not loose.

(f) If a cradleboard is used in a licensed setting, the license holder must check the cradleboard not less than monthly to ensure the cradleboard is structurally sound and does not have loose or protruding parts. The license holder shall maintain written documentation of the review.

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 9. Minnesota Statutes 2020, section 245A.16, subdivision 1, is amended to read:

Subdivision 1. Delegation of authority to agencies. (a) County agencies and private agencies that have been designated or licensed by the commissioner to perform licensing functions and activities under section 245A.04 and background studies for family child care under chapter 245C; to recommend denial of applicants under section 245A.05; to issue correction orders, to issue variances, and recommend a conditional license under section 245A.07, shall comply with rules and directives of the commissioner governing those functions and with this section. The following variances are excluded from the delegation of variance authority and may be issued only by the commissioner:

(1) dual licensure of family child care and child foster care, dual licensure of child and adult foster care, and adult foster care and family child care;

(2) adult foster care maximum capacity;

(3) adult foster care minimum age requirement;

(4) child foster care maximum age requirement;

(5) variances regarding disqualified individuals except that, before the implementation of NETStudy 2.0, county agencies may issue variances under section 245C.30 regarding disqualified individuals when the county is responsible for conducting a consolidated reconsideration according to sections 245C.25 and 245C.27, subdivision 2, clauses (a) and (b), of a county maltreatment determination and a disqualification based on serious or recurring maltreatment;

(6) the required presence of a caregiver in the adult foster care residence during normal sleeping hours;

(7) variances to requirements relating to chemical use problems of a license holder or a household member of a license holder; and

(8) variances to section 245A.53 for a time-limited period. If the commissioner grants a variance under this clause, the license holder must provide notice of the variance to all parents and guardians of the children in care, and
(9) variances to section 245A.1435 for the use of a cradleboard for a cultural accommodation.

Except as provided in section 245A.14, subdivision 4, paragraph (e), a county agency must not grant a license holder a variance to exceed the maximum allowable family child care license capacity of 14 children.

(b) A county agency that has been designated by the commissioner to issue family child care variances must:

(1) publish the county agency's policies and criteria for issuing variances on the county's public website and update the policies as necessary; and

(2) annually distribute the county agency's policies and criteria for issuing variances to all family child care license holders in the county.

(c) Before the implementation of NETStudy 2.0, county agencies must report information about disqualification reconsiderations under sections 245C.25 and 245C.27, subdivision 2, paragraphs (a) and (b), and variances granted under paragraph (a), clause (5), to the commissioner at least monthly in a format prescribed by the commissioner.

(d) For family child care programs, the commissioner shall require a county agency to conduct one unannounced licensing review at least annually.

(e) For family adult day services programs, the commissioner may authorize licensing reviews every two years after a licensee has had at least one annual review.

(f) A license issued under this section may be issued for up to two years.

(g) During implementation of chapter 245D, the commissioner shall consider:

(1) the role of counties in quality assurance;

(2) the duties of county licensing staff; and

(3) the possible use of joint powers agreements, according to section 471.59, with counties through which some licensing duties under chapter 245D may be delegated by the commissioner to the counties.

Any consideration related to this paragraph must meet all of the requirements of the corrective action plan ordered by the federal Centers for Medicare and Medicaid Services.

(h) Licensing authority specific to section 245D.06, subdivisions 5, 6, 7, and 8, or successor provisions; and section 245D.061 or successor provisions, for family child foster care programs providing out-of-home respite, as identified in section 245D.03, subdivision 1, paragraph (b), clause (1), is excluded from the delegation of authority to county and private agencies.

(i) A county agency shall report to the commissioner, in a manner prescribed by the commissioner, the following information for a licensed family child care program:
the results of each licensing review completed, including the date of the review, and any licensing correction order issued;

(2) any death, serious injury, or determination of substantiated maltreatment; and

(3) any fires that require the service of a fire department within 48 hours of the fire. The information under this clause must also be reported to the state fire marshal within two business days of receiving notice from a licensed family child care provider.

Sec. 10. Minnesota Statutes 2020, section 245F.15, subdivision 1, is amended to read:

Subdivision 1. Qualifications for all staff who have direct patient contact.

(a) All staff who have direct patient contact must be at least 18 years of age and must, at the time of hiring, document that they meet the requirements in paragraph (b), (c), or (d).

(b) Program directors, supervisors, nurses, and alcohol and drug counselors must be free of substance use problems for at least two years immediately preceding their hiring and must sign a statement attesting to that fact.

(c) Recovery peers must be free of substance use problems for at least one year immediately preceding their hiring and must sign a statement attesting to that fact.

(d) Technicians and other support staff must be free of substance use problems for at least six months immediately preceding their hiring and must sign a statement attesting to that fact.

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 11. Minnesota Statutes 2020, section 245F.16, subdivision 1, is amended to read:

Subdivision 1. Policy requirements.

A license holder must have written personnel policies and must make them available to staff members at all times. The personnel policies must:

(1) ensure that a staff member's retention, promotion, job assignment, or pay are not affected by a good-faith communication between the staff member and the Department of Human Services, Department of Health, Ombudsman for Mental Health and Developmental Disabilities, law enforcement, or local agencies that investigate complaints regarding patient rights, health, or safety;

(2) include a job description for each position that specifies job responsibilities, degree of authority to execute job responsibilities, standards of job performance related to specified job responsibilities, and qualifications;

(3) provide for written job performance evaluations for staff members of the license holder at least annually;

(4) describe behavior that constitutes grounds for disciplinary action, suspension, or dismissal, including policies that address substance use problems and meet...
the requirements of section 245F.15, subdivisions 1 and 2. The policies and procedures
must list behaviors or incidents that are considered substance use problems. The list must
include of a staff person for violating the drug and alcohol policy described in section
245A.04, subdivision 1, paragraph (c);
(i) receiving treatment for substance use disorder within the period specified for the
position in the staff qualification requirements;
(ii) substance use that has a negative impact on the staff member's job performance;
(iii) substance use that affects the credibility of treatment services with patients, referral
sources, or other members of the community, and
(iv) symptoms of intoxication or withdrawal on the job;
(5) include policies prohibiting personal involvement with patients and policies
prohibiting patient maltreatment as specified under sections 245A.65, 626.557, and 626.5572
and chapters 260E and 604;
(6) include a chart or description of organizational structure indicating the lines of
authority and responsibilities;
(7) include a written plan for new staff member orientation that, at a minimum, includes
training related to the specific job functions for which the staff member was hired, program
policies and procedures, patient needs, and the areas identified in subdivision 2, paragraphs
(b) to (e); and
(8) include a policy on the confidentiality of patient information.
EFFECTIVE DATE. This section is effective January 1, 2023.
Sec. 12. Minnesota Statutes 2020, section 245G.01, subdivision 4, is amended to read:
Subd. 4. Alcohol and drug counselor. "Alcohol and drug counselor” means a person who is qualified according to section
245G.11, subdivision 5.
EFFECTIVE DATE. This section is effective the day following final enactment.
Sec. 13. Minnesota Statutes 2020, section 245G.01, subdivision 17, is amended to read:
Subd. 17. Licensed professional in private practice. (a) "Licensed professional in
private practice” means an individual who:
(1) is licensed under chapter 148F, or is exempt from licensure under that chapter but
is otherwise licensed to provide alcohol and drug counseling services;
(2) practices solely within the permissible scope of the individual's license as defined
in the law authorizing licensure; and
(3) does not affiliate with other licensed or unlicensed professionals to provide alcohol
and drug counseling services. **Affiliation does not include conferring with another
professional or making a client referral.**

(b) For purposes of this subdivision, affiliate includes but is not limited to:

(1) using the same electronic record system as another professional, except when the
system prohibits each professional from accessing the records of another professional;

(2) advertising the services of more than one professional together;

(3) accepting client referrals made to a group of professionals;

(4) providing services to another professional's clients when that professional is absent;

or

(5) appearing in any way to be a group practice or program.

c) For purposes of this subdivision, affiliate does not include:

(1) conferring with another professional;

(2) making a client referral to another professional;

(3) contracting with the same agency as another professional for billing services;

(4) using the same waiting area for clients in an office as another professional; or

(5) using the same receptionist as another professional if the receptionist supports each
professional independently.

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

Sec. 14. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision
to read:

Subd. 2a. **Documentation of treatment services.** The license holder must ensure that
the staff member who provides the treatment service documents in the client record the
date, type, and amount of each treatment service provided to a client and the client's response
to each treatment service within seven days of providing the treatment service.

**EFFECTIVE DATE.** This section is effective August 1, 2022.

Sec. 15. Minnesota Statutes 2020, section 245G.06, is amended by adding a subdivision
to read:

Subd. 2b. **Client record documentation requirements.** (a) The license holder must
document in the client record any significant event that occurs at the program on the day
the event occurs. A significant event is an event that impacts the client's relationship with
other clients, staff, or the client's family, or the client's treatment plan.
(b) A residential treatment program must document in the client record the following items on the day that each occurs:

1. medical and other appointments the client attended;
2. concerns related to medications that are not documented in the medication administration record; and
3. concerns related to attendance for treatment services, including the reason for any client absence from a treatment service.

(c) Each entry in a client's record must be accurate, legible, signed, dated, and include the job title or position of the staff person that made the entry. A late entry must be clearly labeled "late entry." A correction to an entry must be made in a way in which the original entry can still be read.

EFFECTIVE DATE. This section is effective August 1, 2022.

Sec. 16. Minnesota Statutes 2020, section 245G.06, subdivision 3, is amended to read:

Subd. 3. Documentation of treatment services; Treatment plan review. (a) A review of all treatment services must be documented weekly and include a review of:

1. care coordination activities;
2. medical and other appointments the client attended;
3. issues related to medications that are not documented in the medication administration record; and
4. issues related to attendance for treatment services, including the reason for any client absence from a treatment service.

(b) A note must be entered immediately following any significant event. A significant event is an event that impacts the client's relationship with other clients, staff, the client's family, or the client's treatment plan.

(c) A treatment plan review must be entered in a client's file weekly or after each treatment service, whichever is less frequent, by the staff member providing the service, alcohol and drug counselor at least every 28 calendar days; when there is a significant change in the client's situation, functioning, or service methods; or at the request of the client. The review must indicate the span of time covered by the review and each of the six dimensions listed in section 245G.05, subdivision 2, paragraph (c). The review must:

1. indicate the date, type, and amount of each treatment service provided and the client's response to each service;
2. address each goal in the treatment plan and whether the methods to address the goals are effective;
include monitoring of any physical and mental health problems; document the participation of others; document staff recommendations for changes in the methods identified in the treatment plan and whether the client agrees with the change; and include a review and evaluation of the individual abuse prevention plan according to section 245A.65.

Each entry in a client's record must be accurate, legible, signed, and dated. A late entry must be clearly labeled "late entry." A correction to an entry must be made in a way in which the original entry can still be read.

EFFECTIVE DATE. This section is effective August 1, 2022.

Sec. 17. Minnesota Statutes 2020, section 245G.08, subdivision 5, is amended to read:

Subd. 5. Administration of medication and assistance with self-medication. (a) A license holder must meet the requirements in this subdivision if a service provided includes the administration of medication.

(b) A staff member, other than a licensed practitioner or nurse, who is delegated by a licensed practitioner or a registered nurse the task of administration of medication or assisting with self-medication, must:

(1) successfully complete a medication administration training program for unlicensed personnel through an accredited Minnesota postsecondary educational institution. A staff member's completion of the course must be documented in writing and placed in the staff member's personnel file;

(2) be trained according to a formalized training program that is taught by a registered nurse and offered by the license holder. The training must include the process for administration of naloxone, if naloxone is kept on site. A staff member's completion of the training must be documented in writing and placed in the staff member's personnel records; or

(3) demonstrate to a registered nurse competency to perform the delegated activity. A registered nurse must be employed or contracted to develop the policies and procedures for administration of medication or assisting with self-administration of medication, or both.

(c) A registered nurse must provide supervision as defined in section 148.171, subdivision 23. The registered nurse's supervision must include, at a minimum, monthly on-site supervision or more often if warranted by a client's health needs. The policies and procedures must include:

(1) a provision that a delegation of administration of medication is limited to a method that a staff member has been trained to administer and limited to the administration of...
752.26  (i) a medication that is administered orally, topically, or as a suppository, an eye drop, an ear drop, an inhalant, or an intranasal; and
752.27  (ii) an intramuscular injection of naloxone or epinephrine;
752.28  (2) a provision that each client's file must include documentation indicating whether staff must conduct the administration of medication or the client must self-administer medication, or both;
753.1  (3) a provision that a client may carry emergency medication such as nitroglycerin as instructed by the client's physician or advanced practice registered nurse;
753.2  (4) a provision for the client to self-administer medication when a client is scheduled to be away from the facility;
753.3  (5) a provision that if a client self-administers medication when the client is present in the facility, the client must self-administer medication under the observation of a trained staff member;
753.4  (6) a provision that when a license holder serves a client who is a parent with a child, the parent may only administer medication to the child under a staff member's supervision;
753.5  (7) requirements for recording the client's use of medication, including staff signatures with date and time;
753.6  (8) guidelines for when to inform a nurse of problems with self-administration of medication, including a client's failure to administer, refusal of a medication, adverse reaction, or error; and
753.7  (9) procedures for acceptance, documentation, and implementation of a prescription, whether written, verbal, telephonic, or electronic.
753.8  EFFECTIVE DATE. This section is effective the day following final enactment.
753.9  Sec. 18. Minnesota Statutes 2020, section 245G.09, subdivision 3, is amended to read:
753.10 Subd. 3. Contents. Client records must contain the following:
753.11 (1) documentation that the client was given information on client rights and responsibilities, grievance procedures, tuberculosis, and HIV, and that the client was provided an orientation to the program abuse prevention plan required under section 245A.65, subdivision 2, paragraph (a), clause (4). If the client has an opioid use disorder, the record must contain documentation that the client was provided educational information according to section 245G.05, subdivision 1, paragraph (b);
753.12 (2) an initial services plan completed according to section 245G.04;
753.13 (3) a comprehensive assessment completed according to section 245G.05;
753.14 (4) an assessment summary completed according to section 245G.05, subdivision 2;
an individual abuse prevention plan according to sections 245A.65, subdivision 2, and 626.557, subdivision 14, when applicable;

(6) an individual treatment plan according to section 245G.06, subdivisions 1 and 2;

(7) documentation of treatment services, significant events, appointments, concerns, and treatment plan reviews according to section 245G.06, subdivision 2a, 2b, and 3; and

(8) a summary at the time of service termination according to section 245G.06, subdivision 4.

EFFECTIVE DATE. This section is effective August 1, 2022.

Sec. 19. Minnesota Statutes 2020, section 245G.11, subdivision 1, is amended to read:

Subdivision 1. General qualifications. (a) All staff members who have direct contact must be 18 years of age or older. At the time of employment, each staff member must meet the qualifications in this subdivision. For purpose of this subdivision, “problematic substance use” means a behavior or incident listed by the license holder in the personnel policies and procedures according to section 245G.13, subdivision 1, clause (5).

(b) A treatment director, supervisor, nurse, counselor, student intern, or other professional must be free of problematic substance use for at least the two years immediately preceding employment and must sign a statement attesting to that fact.

(c) A paraprofessional, recovery peer, or any other staff member with direct contact must be free of problematic substance use for at least one year immediately preceding employment and must sign a statement attesting to that fact.

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 20. Minnesota Statutes 2020, section 245G.11, subdivision 10, is amended to read:

Subd. 10. Student interns. A qualified staff member must supervise and be responsible for a treatment service performed by a student intern and must review and sign each assessment, progress note, and individual treatment plan, and treatment plan review prepared by a student intern. A student intern must receive the orientation and training required in section 245G.13, subdivisions 1, clause (7), and 2. No more than 50 percent of the treatment staff may be students or licensing candidates with time documented to be directly related to the provision of treatment services for which the staff are authorized.

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 21. Minnesota Statutes 2020, section 245G.13, subdivision 1, is amended to read:

Subdivision 1. Personnel policy requirements. A license holder must have written personnel policies that are available to each staff member. The personnel policies must:
(1) ensure that staff member retention, promotion, job assignment, or pay are not affected by a good faith communication between a staff member and the department, the Department of Health, the ombudsman for mental health and developmental disabilities, law enforcement, or a local agency for the investigation of a complaint regarding a client's rights, health, or safety;

(2) contain a job description for each staff member position specifying responsibilities, degree of authority to execute job responsibilities, and qualification requirements;

(3) provide for a job performance evaluation based on standards of job performance conducted on a regular and continuing basis, including a written annual review;

(4) describe behavior that constitutes grounds for disciplinary action, suspension, or dismissal, including policies that address staff member problematic substance use and the requirements of section 245G.11, subdivision 1, policies prohibiting personal involvement with a client in violation of chapter 604, and policies prohibiting client abuse described in sections 245A.65, 626.557, and 626.5572, and chapter 260E;

(5) identify how the program will identify whether behaviors or incidents are problematic substance use, including a description of how the facility must address:

(i) receiving treatment for substance use within the period specified for the position in the staff qualification requirements, including medication-assisted treatment;

(ii) substance use that negatively impacts the staff member's job performance;

(iii) substance use that affects the credibility of treatment services with a client, referral source, or other member of the community;

(iv) symptoms of intoxication or withdrawal on the job; and

(v) the circumstances under which an individual who participates in monitoring by the health professional services program for a substance use or mental health disorder is able to provide services to the program's clients;

(6) describe the process for disciplinary action, suspension, or dismissal of a staff person for violating the drug and alcohol policy described in section 245A.04, subdivision 1, paragraph (c);

(7) include orientation within 24 working hours of starting for each new staff member based on a written plan that, at a minimum, must provide training related to the staff member's specific job responsibilities, policies and procedures, client confidentiality, HIV minimum standards, and client needs; and

(8) include policies outlining the license holder's response to a staff member with a behavior problem that interferes with the provision of treatment service.
EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 22. Minnesota Statutes 2020, section 245G.20, is amended to read:

245G.20 LICENSE HOLDERS SERVING PERSONS WITH CO-OCCURRING DISORDERS.

A license holder specializing in the treatment of a person with co-occurring disorders must:

(a) demonstrate that staff levels are appropriate for treating a client with a co-occurring disorder, and that there are adequate staff members with mental health training;
(b) have continuing access to a medical provider with appropriate expertise in prescribing psychotropic medication;
(c) have a mental health professional available for staff member supervision and consultation;
(d) determine group size, structure, and content considering the special needs of a client with a co-occurring disorder;
(e) have documentation of active interventions to stabilize mental health symptoms present in the individual treatment plans and progress notes/treatment plan reviews;
(f) have continuing documentation of collaboration with continuing care mental health providers, and involvement of the providers in treatment planning meetings;
(g) have available program materials adapted to a client with a mental health problem;
(h) have policies that provide flexibility for a client who may lapse in treatment or may have difficulty adhering to established treatment rules as a result of a mental illness, with the goal of helping a client successfully complete treatment; and
(i) have individual psychotherapy and case management available during treatment service.

EFFECTIVE DATE. This section is effective January 1, 2023.

Sec. 23. Minnesota Statutes 2020, section 245G.22, subdivision 7, is amended to read:

Subd. 7. Restrictions for unsupervised use of methadone hydrochloride. (a) If a medical director or prescribing practitioner assesses and determines that a client meets the criteria in subdivision 6 and may be dispensed a medication used for the treatment of opioid addiction, the restrictions in this subdivision must be followed when the medication to be dispensed is methadone hydrochloride. The results of the assessment must be contained in the client file. The number of unsupervised use medication doses per week in paragraphs (b) to (d) is in addition to the number of unsupervised use medication doses a client may receive for days the clinic is closed for business as allowed by subdivision 6, paragraph (a).
(b) During the first 90 days of treatment, the unsupervised use medication supply must be limited to a maximum of a single dose each week and the client shall ingest all other doses under direct supervision.

(c) In the second 90 days of treatment, the unsupervised use medication supply must be limited to two doses per week.

(d) In the third 90 days of treatment, the unsupervised use medication supply must not exceed three doses per week.

(e) In the remaining months of the first year, a client may be given a maximum six-day unsupervised use medication supply.

(f) After one year of continuous treatment, a client may be given a maximum two-week unsupervised use medication supply.

(g) After two years of continuous treatment, a client may be given a maximum one-month unsupervised use medication supply, but must make monthly visits to the program.

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

Sec. 24. Minnesota Statutes 2020, section 245H.05, is amended to read:

245H.05 MONITORING AND INSPECTIONS.

(a) The commissioner must conduct an on-site inspection of a certified license-exempt child care center at least annually once each calendar year to determine compliance with the health, safety, and fire standards specific to a certified license-exempt child care center.

(b) No later than November 19, 2017, the commissioner shall make publicly available on the department's website the results of inspection reports for all certified centers including the number of deaths, serious injuries, and instances of substantiated child maltreatment that occurred in certified centers each year.

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

Sec. 25. Minnesota Statutes 2020, section 245H.08, is amended by adding a subdivision to read:

Subd. 6. Authority to modify requirements. (a) Notwithstanding subdivisions 4 and 5, for children in kindergarten through 13 years old, the commissioner may increase the maximum group size to no more than 40 children and may increase the minimally acceptable staff-to-child ratio to one to 20 during a national security or peacetime emergency declared under section 12.31, or during a public health emergency declared due to a pandemic by the United States Secretary of Health and Human Services under section 319 of the Public Health Service Act, United States Code, title 42, section 247d.
(b) If the commissioner modifies requirements under this subdivision, a certified center operating under the modified requirements must have at least one staff person who is at least 18 years old with each group of 40 children.

Sec. 3. Laws 2021, First Special Session chapter 7, article 2, section 74, is amended by adding a subdivision to read:

Subd. 4a. Furnishing and analyzing data. In the event the Department of Human Services is unable to furnish or analyze the relevant data on the background studies, disqualifications, set-asides, and other relevant topics under this section, the department may use an outside organization to analyze and furnish the relevant data to the task force.

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

Sec. 26. Laws 2020, First Special Session chapter 7, section 1, subdivision 5, as amended by Laws 2021, First Special Session chapter 7, article 2, section 73, is amended to read:

Subd. 5. Waivers and modifications; extension for 365 days. When the peacetime emergency declared by the governor in response to the COVID-19 outbreak expires, is terminated, or is rescinded by the proper authority, waiver CV23: modifying background study requirements, issued by the commissioner of human services pursuant to Executive Orders 20-11 and 20-12, including any amendments to the modification issued before the peacetime emergency expires, shall remain in effect for 365 days after the peacetime emergency ends until January 1, 2023.

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

Sec. 27. CHILD CARE REGULATION MODERNIZATION; PILOT PROJECTS. The commissioner of human services may conduct and administer pilot projects to test methods and procedures for the projects to modernize regulation of child care centers and family child care allowed under Laws 2021, First Special Session chapter 7, article 2, sections 75 and 81. To carry out the pilot projects, the commissioner of human services may, by issuing a commissioner's order, waive enforcement of existing specific statutory program requirements, rules, and standards in one or more counties. The commissioner's order establishing the waiver must provide alternative methods and procedures of administration and must not be in conflict with the basic purposes, coverage, or benefits provided by law.

In no event may a pilot project under this section extend beyond February 1, 2024. Pilot projects must comply with the requirements of the child care and development fund plan.

EFFECTIVE DATE. This section is effective the day following final enactment.
Sec. 28. DIRECTION TO COMMISSIONER OF HUMAN SERVICES; AMENDING CHILDREN'S RESIDENTIAL FACILITY AND DETOXIFICATION PROGRAM RULES.

(a) The commissioner of human services must amend Minnesota Rules, part 2960.0460, to remove all references to repealed Minnesota Rules, part 2960.0460, subpart 2.

(b) The commissioner must amend Minnesota Rules, part 2960.0470, to require license holders to have written personnel policies that describe the process for disciplinary action, suspension, or dismissal of a staff person for violating the drug and alcohol policy described in Minnesota Statutes, section 245A.04, subdivision 1, paragraph (c), and Minnesota Rules, part 2960.0030, subpart 9.

(c) The commissioner must amend Minnesota Rules, part 9530.6565, subpart 1, to remove items A and B and the documentation requirement that references these items.

(d) The commissioner must amend Minnesota Rules, part 9530.6570, subpart 1, item D, to remove the existing language and insert language to require license holders to have written personnel policies that describe the process for disciplinary action, suspension, or dismissal of a staff person for violating the drug and alcohol policy described in Minnesota Statutes, section 245A.04, subdivision 1, paragraph (c).

(e) For purposes of this section, the commissioner may use the good cause exempt process under Minnesota Statutes, section 14.388, subdivision 1, clause (3), and Minnesota Statutes, section 14.386, does not apply.

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

Sec. 29. REPEALER.

(a) Minnesota Statutes 2020, sections 245F.15, subdivision 2; and 245G.11, subdivision 2, are repealed.

(b) Minnesota Rules, parts 2960.0460, subpart 2; and 9530.6565, subpart 2, are repealed.

EFFECTIVE DATE. This section is effective January 1, 2023.