CHAPTER 142H

CHILD CARE CENTER LICENSING

NOTE: This chapter, as added by Laws 2026, chapter 127, article 12, sections 1 to 37, is effective July 1, 2027. Laws 2026, chapter 127, article 12, section 41.

142H.01 DEFINITIONS.
142H.02 APPLICABILITY AND LICENSING PROCESS.
142H.03 OPERATING OPTIONS.
142H.04 POLICIES AND PROCEDURES FOR PROGRAM ADMINISTRATION.
142H.05 DIRECTORS.
142H.06 TEACHERS.
142H.07 ASSISTANT TEACHERS.
142H.08 AIDES, VOLUNTEERS, AND SUBSTITUTES.
142H.09 STAFF ORIENTATION AND TRAINING.
142H.10 STAFF RATIOS, GROUP SIZE, AND STAFF DISTRIBUTION.
142H.11 CHILD CARE PROGRAM PLAN AND ACTIVITIES.
142H.12 NAPS AND REST.
142H.13 BEHAVIOR GUIDANCE.
142H.14 FURNISHINGS, EQUIPMENT, MATERIALS, AND SUPPLIES.
142H.141 NATURAL ELEMENTS AND MATERIALS.
142H.15 CHILDREN WITH SPECIAL HEALTH CARE NEEDS OR DISABILITIES.
142H.16 NIGHT CARE PROGRAM.
142H.17 DROP-IN CHILD CARE PROGRAMS.
142H.18 EXCLUSION OF SICK CHILDREN.
142H.19 SICK CARE PROGRAM.
142H.20 INFORMATION TO PARENTS.
142H.21 PARENT VISITATION AND ACCESS TO PROGRAM.
142H.22 CONSENT FOR RESEARCH, CAMERAS, AND SOCIAL MEDIA PARTICIPATION.
142H.23 EMERGENCY AND ACCIDENT POLICIES AND RECORDS.
142H.24 SUPERVISION AND RISK REDUCTION.
142H.25 CENTER ADMINISTRATIVE RECORDS.
142H.26 PERSONNEL RECORDS.
142H.27 CHILDREN'S RECORDS.
142H.28 REPORTING REQUIREMENTS.
142H.29 HEALTH.
142H.30 ATTENDANCE RECORDS.
142H.31 CLEANING, SANITIZING, AND DISINFECTING.
142H.32 FOOD, DRINKING WATER, AND NUTRITION.
142H.33 TRANSPORTATION AND FIELD TRIP REQUIREMENTS.
142H.34 FACILITY.
142H.35 ENVIRONMENTAL HEALTH.
142H.36 MALTREATMENT OF MINORS INTERNAL REVIEW.

142H.01 DEFINITIONS.

Subdivision 1. **Scope.** For the purposes of this chapter, the terms in this section have the meanings given.

Subd. 2. **Accessible to children.** "Accessible to children" means capable of being reached or utilized by a child without the aid of an adult.

Subd. 3. **Accredited.** "Accredited" means a postsecondary institution or technical college recognized and listed in The Database of Accredited Postsecondary Institutions and Programs maintained by the United States Department of Education.

Subd. 4. **Age categories.** (a) "Infant" means a child who is at least six weeks old but less than 16 months old.

(b) "Toddler" means a child who is at least 16 months old but less than 33 months old.

(c) "Preschooler" means a child who is at least 33 months old up to school age.

(d) "School age" means a child who is at least of sufficient age to have attended the first day of kindergarten, or is eligible to enter kindergarten within the next four months, but is younger than 13 years of age. A child who becomes 13 during the school year may continue to be considered a school-age child for the remainder of the school year.

Subd. 5. **Applicant.** "Applicant" has the meaning given in section 142B.01, subdivision 4.

Subd. 6. **Arrival and departure times.** "Arrival and departure times" means the times when children typically arrive at or depart from a center. A center cannot designate more than 25 percent of licensed hours of operation as arrival and departure times. The designated arrival and departure times must be used at the beginning or end of a center's licensed hours of operation.

Subd. 7. **Building official.** "Building official" means the person appointed pursuant to section 326B.133 to administer the State Building Code or the building official's authorized representative.

Subd. 8. **Center.** "Center" means a child care program that is not excluded by section 142B.05, subdivision 2, and is not a family child care program, as defined in section 142I.01, subdivision 22.

Subd. 9. **Child.** "Child" means a person receiving child care services who falls within the age categories in subdivision 4.

Subd. 10. **Child care program.** "Child care program" means the organization or arrangement of activities, personnel, materials, and equipment in a facility to promote the physical, intellectual, social, and emotional development of a child in the absence of the parent for a period of less than 24 hours a day.

Subd. 11. **Child care program plan.** "Child care program plan" means the written document that states specific activities that will be provided by the license holder to promote the physical, intellectual, social, and emotional development of the children enrolled in the center.

Subd. 12. **Clean.** "Clean" means free from dirt or other contaminants that can be detected by sight, smell, or touch.

Subd. 13. **Commissioner.** "Commissioner" means the commissioner of children, youth, and families or the commissioner's designated representative, including county agencies and private agencies.

Subd. 14. **Day program.** "Day program" means a nonresidential child care program that operates during waking hours and does not provide overnight care.

Subd. 15. **Department.** "Department" means the Department of Children, Youth, and Families.

Subd. 16. **Direct contact.** "Direct contact" has the meaning given in section 245C.02, subdivision 11.

Subd. 17. **Disinfected.** "Disinfected" means the chemical process to kill most germs and viruses on surfaces and objects after they have been cleaned.

Subd. 18. **Drop-in child care program.** "Drop-in child care program" means a nonresidential program of child care in which children participate on a onetime only or occasional basis up to a maximum of 90 hours per child, per month.

Subd. 19. **Experience.** "Experience" means paid or unpaid employment:

(1) caring for children as a teacher, assistant teacher, aide, or student intern:

(i) in a licensed child care center, a licensed family child care program, or a Tribally licensed child care program in any United States state or territory; or

(ii) in a public or nonpublic school;

(2) caring for children as a staff person or unsupervised volunteer in a certified license-exempt child care center under chapter 142C; or

(3) providing direct contact services in a home or residential facility serving children with disabilities that requires a background study under section 245C.03.

Subd. 20. **Facility.** "Facility" means the indoor and outdoor space where a child care program is provided.

Subd. 21. **Fire marshal.** "Fire marshal" means the person designated by section 299F.011 to administer and enforce the State Fire Code or the fire marshal's authorized representative.

Subd. 22. **Health care provider.** "Health care provider" means a physician or physician's assistant licensed to practice medicine under chapter 147 or an advanced practice registered nurse licensed under chapter 148.

Subd. 23. **Health consultant.** "Health consultant" means a registered nurse, a public health nurse, or a health care provider as defined in subdivision 22 who performs health consultation services for a child care center pursuant to section 142H.29, subdivision 2.

Subd. 24. **Inaccessible to children.** "Inaccessible to children" means not capable of being reached or utilized by a child without the aid of an adult.

Subd. 25. **License.** "License" has the meaning given in section 142B.01, subdivision 16.

Subd. 26. **License holder.** "License holder" has the meaning given in section 142B.01, subdivision 17.

Subd. 27. **Licensed capacity.** "Licensed capacity" means the maximum number of children permitted at any one time in the program for which the license holder is licensed to operate.

Subd. 28. **Medication.** "Medication" means any substance or preparation that is used to prevent or treat a wound, injury, infection, and disease; maintain health; heal; or relieve pain. This includes medication that is over the counter, or prescribed by a physician, physician assistant, dentist, or advanced practice registered nurse certified to prescribe medication, and permitted by the parent for administration or application. This term applies to medication taken internally or applied externally.

Subd. 29. **Night care program.** "Night care program" means a nonresidential child care program that provides overnight care to children during sleeping hours, approximately 11:00 p.m. to 5:00 a.m. Night care programs are subject to the requirements in section 142H.16.

Subd. 30. **Parent.** "Parent" means the person or persons who has the legal responsibility for a child such as the child's mother, father, or legally appointed guardian.

Subd. 31. **Program staff person.** "Program staff person" means an employee of the child care center who carries out the child care program plan and has direct contact with children. This includes unsupervised volunteers and substitutes.

Subd. 32. **Sick care program.** "Sick care program" means a nonresidential child care program that exclusively cares for sick children. Sick care programs are subject to the requirements in section 142H.19.

Subd. 33. **Staff supervision.** "Staff supervision" means responsibility to hire, train, assign duties, and direct staff in day-to-day activities and evaluate staff performance. A "supervisor" is a person with staff supervision responsibility.

Subd. 34. **State Building Code.** "State Building Code" means the codes and regulations adopted by the commissioner of administration according to section 326B.101, and contained in Minnesota Rules, chapter 1300.

Subd. 35. **State Fire Code.** "State Fire Code" means the codes and regulations adopted by the state fire marshal pursuant to section 299F.011, and contained in Minnesota Rules, chapter 7511.

Subd. 36. **Student intern.** "Student intern" means a student of a postsecondary institution assigned by that institution for a supervised experience with children. The experience must be in a licensed center, an elementary school operated by the commissioner of education or a legally constituted local school board, or a private school approved under rules administered by the commissioner of education. Student intern includes a person who is practice teaching, student teaching, or carrying out a practicum or internship.

Subd. 37. **Substitute.** "Substitute" means a person who is temporarily filling a position as a director, teacher, assistant teacher, or aide in a licensed child care center for less than 500 hours total in a calendar year due to the absence of a regularly employed program staff person.

Subd. 38. **Supervision of children.** "Supervision of children" means when a program staff person:

(1) is accountable for the child's care;

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

(3) is within sight and hearing of the child at all times, except as described in section 142H.24, subdivision 1.

Subd. 39. **Variance.** "Variance" means written permission by the department for a license holder or applicant to depart from the provisions of a requirement in this chapter pursuant to section 142B.10, subdivision 16.

Subd. 40. **Volunteer.** (a) "Volunteer" means an individual who assists in the care of a child and is not employed by the child care center.

(b) "Supervised volunteer" means a volunteer who may only have direct contact with children when a program staff person is able to intervene to protect the health and safety of children.

(c) "Unsupervised volunteer" means a volunteer who may have direct contact with children without a program staff person present, must receive the training required under section 142H.08, and may be counted in the staff-to-child ratios under section 142H.10.

History: *1995 c 158 s 1,2:1997 c 248 s 3,5-7: 2005 c 4 art 1 s 4: 2019 c 9 art 2 s 21: 2020 c 2 art 1 s 6: 2023 c 70 art 8 s 5: 2024 c 80 art 2 s 74: art 3 s 3; 2024 c 115 art 16 s 41: 2026 c 127 art 12 s 1*

142H.02 APPLICABILITY AND LICENSING PROCESS.

(a) No child care center may operate in Minnesota without a license pursuant to this chapter and chapter 142B. An applicant for a license and the license holder is governed by, and must comply with, the general requirements in this chapter and chapters 142B, 245C, and 260E.

(b) The department may grant variances to the requirements in this chapter if the conditions in section 142B.10, subdivision 16, are met.

History: *2026 c 127 art 12 s 2*

142H.03 OPERATING OPTIONS.

A license holder must operate a day program, drop-in child care program, night care program, sick child care program, or a combination of two or more kinds of programs.

History: *2026 c 127 art 12 s 3*

142H.04 POLICIES AND PROCEDURES FOR PROGRAM ADMINISTRATION.

(a) The license holder must maintain and enforce program policies and procedures necessary to comply with licensing requirements under Minnesota Statutes and Minnesota Rules.

(b) The license holder must:

(1) provide training to employees and volunteers related to their duties in implementing the program's policies and procedures developed under paragraph (a);

(2) document the provision of this training; and

(3) monitor implementation of policies and procedures by employees and volunteers.

(c) The license holder must keep program policies and procedures readily accessible to employees and volunteers and index the policies and procedures with a table of contents or another method approved by the commissioner.

History: *2026 c 127 art 12 s 4*

142H.05 DIRECTORS.

Subdivision 1. **General requirements for a director.** (a) A center must have a director who is responsible for overseeing implementation of written policies relating to the management and control of the daily activities of the program, ensuring the health and safety of program participants, and supervising staff and volunteers.

(b) A director must:

(1) be at least 21 years old;

(2) be a graduate of a high school or hold an equivalent diploma attained through successful completion of the commissioner of education-selected high school equivalency test pursuant to section 124D.549;

(3) have at least 1,040 hours of paid or unpaid staff supervision experience; and

(4) have at least 12 semester credits in accredited coursework in postsecondary child development education, supervision, management, administration, or leadership or 120 hours of training earned in the topics of child development, supervision, management, administration, or leadership.

(c) Paragraph (b), clauses (3) and (4), are satisfied if an individual has completed a Minnesota Association for the Education of Young Children early childhood director's credential; Child Care Aware Minnesota director's credential; Montessori administrator credential; or diploma issued by the American Montessori Society, Association Montessori International, or an institution accredited by the Montessori Accreditation Council for Teacher Education.

Subd. 2. **Director or designee on site.** (a) The director or a designee must be on site while the center is in operation.

(b) Any program staff person who is at least 18 years old may serve as the designee. The designee does not have to meet the director qualifications in subdivision 1 but must be aware of the designation and be able to perform the responsibilities.

Subd. 3. **Director functioning as a teacher.** Notwithstanding section 142H.06, a director may be used as a teacher in any classroom as needed.

Subd. 4. **Incumbent director recognition.** Notwithstanding subdivision 1, an individual who is designated as the director of a licensed child care center on July 1, 2027, meets the director qualification requirements of this section as long as the individual continues to work at the program.

History: *2026 c 127 art 12 s 5*

142H.06 TEACHERS.

Subdivision 1. **Teacher general qualifications.** A teacher must:

(1) be at least 18 years old; and

(2) be a graduate of a high school or hold an equivalent diploma attained through successful completion of the commissioner of education-selected high school equivalency test pursuant to section 124D.549.

Subd. 2. **Teacher education and experience requirements.** In addition to the general requirements in subdivision 1, a teacher must have at least one of:

(1) 12 postsecondary semester credits and 480 hours of experience;

(2) 100 hours of commissioner-approved training within the previous five years and 480 hours of experience. After initial qualification, a teacher qualified under this clause must fulfill at least 50 percent of in-service training requirements under section 142H.09, subdivision 10, with commissioner-approved trainings;

(3) a credential or diploma from the American Montessori Society, Association Montessori International, or an institution accredited by the Montessori Accreditation Council for Teacher Education;

(4) an accredited certificate in child development or early childhood education from a postsecondary institution;

(5) an accredited diploma, associate's degree, or bachelor's degree in child development or early childhood education from a postsecondary institution; or

(6) a Child Development Associate (CDA) credential.

History: *2026 c 127 art 12 s 6*

142H.07 ASSISTANT TEACHERS.

Subdivision 1. **Assistant teacher general qualifications.** An assistant teacher must work under the supervision of a teacher and be:

(1) at least 18 years old; and

(2) a graduate of a high school or hold an equivalent diploma attained through successful completion of the commissioner of education-selected high school equivalency test.

Subd. 2. **Assistant teacher education and experience requirements.** In addition to the general requirements in subdivision 1, an assistant teacher must have at least one of:

(1) at least six postsecondary semester credits;

(2) at least 50 hours of commissioner-approved training within the previous five years. After initial qualification, an assistant teacher qualified under this clause must fulfill at least 50 percent of in-service training requirements under section 142H.09, subdivision 9, with commissioner-approved trainings; or

(3) at least 160 hours of experience and be making progress toward any of the teacher qualifications in section 142H.06, subdivision 2, clauses (3) to (6). An assistant teacher qualified under this clause must be able to provide:

(i) documentation of current enrollment; and

(ii) evidence of working toward the successful completion of the credential.

History: *2026 c 127 art 12 s 7*

142H.08 AIDES, VOLUNTEERS, AND SUBSTITUTES.

Subdivision 1. **Aide qualifications.** (a) An aide must work under the supervision of a teacher or assistant teacher, except when performing the tasks in paragraph (b). An aide must be used pursuant to the staff distribution requirements in section 142H.10, subdivision 2.

(b) An aide may work without being supervised by a teacher or assistant teacher when they are assisting with the supervision of sleeping children; assisting children with washing, toileting, and diapering; or accompanying children to and from the bus stop.

(c) An aide must be at least 16 years old.

Subd. 2. **Volunteers.** (a) A volunteer may work as a teacher, assistant teacher, aide, or substitute if the volunteer meets the requirements of that position.

(b) The license holder must maintain a list of all volunteers with relevant information, including first and last name, whether the volunteer must be supervised at all times or may occasionally be unsupervised, and the first date of direct contact with children.

(c) Unsupervised volunteers must successfully complete training as required in section 142H.09.

(d) Supervised volunteers must successfully complete the training required in section 142H.09, subdivision 6.

Subd. 3. **Substitutes.** (a) A substitute must either meet the requirements for the assigned staff position or be designated as an unqualified substitute by the director or the director designee. A director or director designee can designate a substitute as unqualified if:

(1) a teacher is continuously on site, except as provided in section 142H.10, subdivision 2, paragraph (e);

(2) when substituting as a teacher or assistant teacher, the unqualified substitute is aware of the unqualified substitute's designated staffing position; and

(3) the unqualified substitute is at least 18 years of age.

(b) All substitutes must successfully complete the required training under section 142H.09.

Subd. 4. **Tracking unqualified substitute hours.** (a) The license holder must document the use of unqualified substitute hours on the day the unqualified substitute works.

(b) In a calendar year, a license holder must not use unqualified substitutes more than 60 hours multiplied by the number of the center's classrooms.

(c) A license holder must maintain a log of the use of unqualified substitutes in the center administrative record for review by the commissioner. The log must be on a form prescribed by the commissioner.

History: *2026 c 127 art 12 s 8*

142H.09 STAFF ORIENTATION AND TRAINING.

Subdivision 1. **Orientation training.** (a) Program staff persons must complete orientation training before providing direct contact services to a child.

(b) The orientation training must include the following topics:

(1) abusive head trauma for staff working with a child under school age pursuant to subdivision 7;

(2) the center's policy on administration of medication pursuant to section 142H.29, subdivision 5;

(3) the center's policy on allergy prevention and response pursuant to section 142H.15, subdivision 5;

(4) the center's policy on behavior guidance pursuant to section 142H.13;

(5) child passenger restraint systems pursuant to subdivision 8;

(6) the center's child care program plan pursuant to section 142H.11;

(7) the center's policy on cleaning, sanitizing, and disinfecting pursuant to section 142H.31;

(8) the center's emergency preparedness plan and procedures pursuant to section 142H.23, subdivision 1;

(9) procedures for the handling and disposal of bodily fluids pursuant to section 142H.29, subdivision 10;

(10) the center's emergency and accident policies pursuant to section 142H.23, subdivision 2;

(11) the center's health policies pursuant to section 142H.29;

(12) individual child care program plan or plans pursuant to section 142H.15, if applicable;

(13) job responsibilities specific to the individual's position at the center;

(14) prevention and control of infectious diseases pursuant to section 142H.18;

(15) the center's policy on research, cameras, and social media participation procedures pursuant to section 142H.22;

(16) the center's policy on the use of alcohol, drugs, and tobacco products pursuant to section 142B.10, subdivision 1, paragraph (c);

(17) recognition and reporting of maltreatment, abuse, and neglect pursuant to chapter 260E;

(18) the center's risk reduction plan pursuant to section 142H.24;

(19) reduction of risk of sudden unexpected infant death pursuant to the requirements of subdivision 6 and section 142B.46; and

(20) transportation and field trip safety procedures pursuant to section 142H.33.

(c) Training for orientation may be used to meet in-service training requirements.

Subd. 2. **Child care basics training.** (a) Any program staff person hired after July 1, 2027, must complete child care licensing basics training no more than 90 days after the first date of direct contact with a child, unless the person has completed the training within the previous two years.

(b) Child care basics training covers information on effectively working in a child care center setting in Minnesota. Child care basics training must be developed and updated by the commissioner. Child care basics training may be used to meet in-service training requirements.

Subd. 3. **Child development and learning training.** (a) Program staff persons must complete at least two hours of child development and learning training within 90 days after the first date of direct contact with a child and every two calendar years thereafter. For the purposes of this subdivision, "child development and learning training" means any training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community.

(b) An individual is exempt from this subdivision if the individual:

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

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

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

(4) has received a Montessori certificate or diploma issued by American Montessori Society, Association Montessori International, or an institution accredited by the Montessori Accreditation Council for Teacher Education within the past five years.

Subd. 4. **Pediatric first aid.** (a) Before direct contact with a child, a program staff person must satisfactorily complete pediatric first aid. Pediatric first aid training completed within the previous two calendar years meets this requirement.

(b) Notwithstanding paragraph (a), a program staff person who has yet to complete initial pediatric first aid training may provide direct contact services within 90 days after the first date of direct contact with a child while under the continuous direct supervision of an individual who has met the pediatric first aid training requirements of this subdivision. For purposes of this paragraph, "continuous direct supervision" means the program staff person is within sight or hearing of the program's supervising individual and the program's supervising individual is capable at all times of intervening to protect the health and safety of the children served by the program.

(c) The first aid training must have been provided by an individual approved to provide pediatric first aid instruction.

(d) A program staff person must complete training in pediatric first aid every two calendar years. Documentation of the training must be maintained at the center.

(e) Online training reviewed and approved by the commissioner satisfies the training requirement of this subdivision.

(f) Pediatric first aid training in this subdivision must not be used to meet in-service training requirements under subdivision 9.

Subd. 5. **Pediatric cardiopulmonary resuscitation.** (a) Before direct contact with a child, a program staff person must satisfactorily complete pediatric cardiopulmonary resuscitation (CPR) training, including CPR techniques for infants and children and the treatment of obstructed airways. Pediatric CPR training completed within the previous two calendar years meets this requirement.

(b) Notwithstanding paragraph (a), a program staff person who has yet to complete initial pediatric CPR training may provide direct contact services within 90 days after the first date of direct contact with a child, if they are under the continuous direct supervision of an individual who has met pediatric CPR training requirements under this subdivision. For the purposes of this paragraph, "continuous direct supervision" means the individual is within sight or hearing of the program's supervising individual to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the children served by the program.

(c) A program staff person must complete training in pediatric CPR every two calendar years. A center must maintain documentation of the trainings on site.

(d) A pediatric CPR training under this subdivision must incorporate a hands-on skill session to support the instruction and have been developed:

(1) by the American Heart Association or the American Red Cross; or

(2) using nationally recognized, evidence-based guidelines for pediatric CPR training.

(e) Pediatric CPR training must not be used to meet in-service training requirements under subdivision 10.

Subd. 6. **Sudden unexpected infant death training.** (a) Before direct contact with infants, program staff persons and volunteers must receive training on the standards under section 142B.46 and on reducing the risk of sudden unexpected infant death during orientation and each calendar year thereafter.

(b) Sudden unexpected infant death reduction training required under this subdivision must be at least one-half hour in length and include at minimum the infant sleep standards under section 142B.46, the risk factors related to sudden unexpected infant death, methods of reducing the risk of sudden unexpected infant death in child care, and license holder communication with parents regarding reducing the risk of sudden unexpected infant death. The training must be interactive and not only consist of reading or viewing information.

(c) Training taken under this subdivision may be used to meet the in-service training requirements under subdivision 9.

Subd. 7. **Abusive head trauma training.** (a) Before direct contact with children under school age, a program staff person must receive training on the risk of abusive head trauma during orientation and each calendar year thereafter.

(b) Abusive head trauma training under this subdivision must be at least one-half hour in length and include at minimum the risk factors related to shaking infants and young children, methods of reducing the risk of abusive head trauma in child care, and license holder communication with parents regarding reducing the risk of abusive head trauma. The training must be interactive and not only consist of reading or viewing information.

(c) Training taken under this subdivision may be used to meet the in-service training requirements under subdivision 9.

Subd. 8. **Child passenger restraint systems; training requirement.** (a) Before a license holder transports a child or children under age nine in a motor vehicle, the person placing the child or children in a passenger restraint must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles.

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

(c) Training required under this subdivision must be provided by individuals who are certified and approved by the Department of Public Safety, Office of Traffic Safety.

(d) Training completed under this subdivision may be used to meet in-service training requirements under subdivision 9. Staff training completed within the previous five years is transferable upon change in employment to another child care center.

Subd. 9. **In-service training requirements.** (a) A license holder must ensure that program staff persons complete in-service training.

(b) In-service training completed within the past 12 months by a program staff person that is not specific to a child care center is transferable upon the program staff person's change in employment to another child care program. The program staff person must provide documentation of the completed training to the new child care program.

(c) All program staff persons, except substitutes and unsupervised volunteers, who work more than 20 hours per week must complete at least 20 hours of in-service training each calendar year.

(d) All program staff persons, except substitutes and unsupervised volunteers, who work 20 hours or less per week must complete at least ten hours of in-service training each calendar year.

(e) Substitutes and unsupervised volunteers must complete a minimum of two hours of training each calendar year and the training must include the topics identified under subdivision 10.

(f) The number of in-service training hours may be prorated for center directors and program staff persons not employed for an entire year or on a documented leave of absence.

(g) Pediatric first aid and pediatric CPR training must not be used to meet in-service training requirements.

Subd. 10. **In-service content.** (a) Each calendar year, in-service training must include the following:

(1) abusive head trauma training of at least one-half hour duration for individuals working with a child under school age pursuant to subdivision 7;

(2) the center policies and procedures for maintaining health and safety, including:

(i) allergy prevention and response training pursuant to section 142H.15, subdivision 5;

(ii) emergency preparedness and procedures pursuant to section 142H.23, subdivision 1;

(iii) handling emergencies, accidents, incidents, and injuries pursuant to section 142H.23, subdivision 2; and

(iv) handling and disposal of bodily fluids pursuant to section 142H.29, subdivision 10;

(3) maltreatment, abuse, and neglect reporting pursuant to chapter 260E;

(4) reduction of risk of sudden unexpected infant death training of at least one-half hour duration for individuals working with infants pursuant to the requirements of subdivision 6 and section 142B.46;

(5) a risk reduction plan pursuant to section 142H.24;

(6) the center policies and procedures on behavior guidance pursuant to section 142H.13; and

(7) the center policies and procedures on supervision pursuant to section 142H.24.

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

(1) child development and learning pursuant to subdivision 3;

(2) at least one hour on cultural awareness and inclusion;

(3) pediatric first aid that meets the requirements of subdivision 4;

(4) pediatric cardiopulmonary resuscitation training that meets the requirements of subdivision 5; and

(5) at least one hour on identifying and supporting children with special needs.

(c) At least once every five calendar years, training must include child passenger restraint systems pursuant to subdivision 8, if applicable.

(d) The remaining hours of the in-service training requirement must be met by completing training in the Minnesota knowledge and competency framework areas.

Subd. 11. **Documentation required.** (a) The license holder must document completed training for program staff persons in a manner prescribed by the commissioner.

(b) For pediatric first aid and CPR trainings, the license holder must maintain copies of training cards or certificates issued by the training organization.

History: *2007 c 112 s 21; 2009 c 26 s 3; 2011 c 23 s 2; 2013 c 108 art 3 s 20; 2015 c 78 art 4 s 29-31; 1Sp2017 c 6 art 16 s 7-12; 1Sp2019 c 9 art 2 s 51; 1Sp2020 c 2 art 1 s 10; art 8 s 49; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 1Sp2025 c 3 art 14 s 10,11; 2026 c 127 art 9 s 5,6; art 12 s 9*

142H.10 STAFF RATIOS, GROUP SIZE, AND STAFF DISTRIBUTION.

Subdivision 1. **Staff-to-child ratios and maximum group size.** (a) Except as provided in this subdivision and section 142H.12 regarding naps and rest, the minimally acceptable staff-to-child ratios and the maximum group size within each age category are:

Age Category	Staff-to-Child Ratio	Maximum Group Size
Infant	1:4	8
Toddler	1:7	14
Preschooler	1:10	20
School-age child	1:15	30

(b) Except for groups that include an infant, the staff-to-child ratio may be doubled for no more than two hours during nap time. During the nap time, there must be enough program staff persons in the facility to meet staff-to-child ratio and staff distribution requirements under paragraph (a) and subdivision 2 for the groups in case of an emergency. The program must return to following the staff-to-child ratios and staff distribution requirements under paragraph (a) and subdivision 2 when the number of awake children exceeds the number of children who could be supervised by one program staff person under this subdivision.

(c) The maximum group size applies at all times except during meals, outdoor activities, field trips, naps and rest, and special activities at the center such as guest speakers and holiday programs.

Subd. 2. **Staff distribution.** (a) The license holder must ensure that the following requirements for staff distribution are met and a documented staff schedule is kept in the administrative record.

(b) Except as provided in paragraphs (d) and (e), staff distribution within each age category must be as follows:

(1) the first staff member needed to meet the required staff-to-child ratio must be a teacher;

(2) the second staff member must have at least the qualifications of an aide;

(3) the third staff member must have at least the qualifications of an assistant teacher; and

(4) the fourth staff member must have at least the qualifications of an aide.

(c) Only a program staff person can be included in meeting the staff-to-child ratios in this section.

(d) An aide must not work alone with a child unless the aide is performing certain duties as specified in section 142H.08, subdivision 1, paragraph (b).

(e) An assistant teacher or an aide may be substituted for a teacher during arrival and departure times if the total arrival and departure time does not exceed 25 percent of the center's daily hours of operation. For an aide to be substituted for a teacher under this subdivision, the aide must:

(1) be 18 years of age or older;

(2) have been employed by the child care center for a minimum of 30 days; and

(3) have completed the training required under section 142H.09, including orientation and the training required within the first 90 days of the first date of direct contact with a child.

(f) A volunteer who is included in the staff-to-child ratio must meet the requirements for the assigned staff position in sections 142H.06 to 142H.08.

(g) The pattern in paragraph (e) must be repeated until the number of staff needed to meet the staff-to-child ratio for each age category has been achieved.

Subd. 3. **Age category grouping.** (a) Each center must specify arrival and departure times of the day in their program's policies. Children in different age categories may be grouped according to paragraphs (b) and (c).

(b) During arrival and departure times, children in different age categories may be grouped together if:

(1) the staff-to-child ratio, group size, and staff distribution applied are for the age category of the youngest child present; and

(2) the group is divided when the number of children present reaches the maximum group size of the youngest child present.

(c) Outside of arrival and departure times, children in different age categories may be mixed within a group if:

(1) infants are not grouped with children of other age categories;

(2) there is no more than a 36-month range in age among children in a group, unless all children in the group are school age; and

(3) the staff-to-child ratios, group size, and staff distribution applied are for the youngest child present.

Subd. 4. **Age designation.** (a) Except as provided in this subdivision, a child must be designated as a member of the age category that is consistent with the date of birth of the child.

(b) A child with special health care needs must be included in the group that best meets the child's developmental needs, best interest of the child, and in accordance with the individual child care program plan for the child.

(c) A child may be designated as an "infant" up to the age of 18 months if the parent, teacher, and director determine that such a designation is in the best interest of the child. The center must document the determination and designation in the file of the child.

(d) A child may be designated as a "toddler" up to the age of 35 months if the parent, teacher, and director determine that the designation is in the best interest of the child. The center must document the determination and designation in the file of the child.

(e) A child may be designated as a "preschooler" at the age of 31 months if the parent, teacher, and director determine that the designation is in the best interest of the child. The center must document the determination and designation in the file of the child.

(f) When a child is transitioning age groups pursuant to subdivision 5 and with the child's new class, the child must be designated as if the child has already aged into the class.

Subd. 5. **Transitioning children.** (a) Transitions to the next age group may occur up to two weeks prior to the child aging into the next age group. The transition must be planned in advance based on the child's readiness and in consultation with parents and program staff.

(b) A center must develop a written policy on transitioning children to the next age group.

History: *2026 c 127 art 12 s 10*

142H.11 CHILD CARE PROGRAM PLAN AND ACTIVITIES.

Subdivision 1. **General requirements.** The child care program plan must:

(1) include a statement mandating that children are supervised at all times as defined in section 142H.01, subdivision 38, and pursuant to the requirements of section 142H.24, subdivision 1;

(2) specify the age categories and number of children to be served by the program;

(3) specify the days and hours of operation of the program;

(4) describe the general educational methods to be used by the program and the religious, political, or philosophical basis, if any;

(5) be developed and evaluated in writing each calendar year by a program staff person qualified as a teacher or director under sections 142H.05 and 142H.06. Documentation of the evaluation, the date of the evaluation, and the signature of the teacher or director completing the evaluation must be maintained in the center administrative records;

(6) specify planned activities designed to support and nurture the whole child in all areas of the development and learning of the child, including but not limited to the following: intellectual, social, emotional, and physical development. The activities must be in a manner consistent with the cultural and ethnic backgrounds of a child, as feasible;

(7) specify that the intellectual, social, emotional, and physical development of each child be documented in the record of the child and conveyed to the parent during the conferences specified under section 142H.20, subdivision 2;

(8) include a daily schedule of planned indoor and outdoor activities for each age category served;

(9) specify activities that are quiet, active, teacher directed, and child initiated;

(10) specify a variety of activities that require the use of varied equipment and materials;

(11) include a schedule if equipment is rotated between groups of children;

(12) describe use of technology and screen time for each age category; and

(13) be available to a parent for review upon request.

Subd. 2. **Outdoor activities.** (a) Child care activities must promote the physical, intellectual, social, and emotional development of the child. To facilitate child development, programs must include daily outdoor activities when weather conditions allow, as defined in this subdivision.

(b) The applicant must develop a written outdoor weather and activity policy. The license holder must ensure that the policies and procedures are carried out. The policies and procedures must incorporate guidance from national, state, or local authorities in public health and at a minimum require the provider to consider the following conditions when determining if outdoor play poses a health and safety risk:

(1) heat in excess of 100 degrees Fahrenheit accounting for heat index, or pursuant to advice of the local authority;

(2) cold less than 15 degrees Fahrenheit accounting for wind chill, or pursuant to advice of the local authority;

(3) extreme weather, including but not limited to a lightning storm, blizzard, tornado, or flooding;

(4) an air quality emergency order by a local or state authority on air quality or public health; or

(5) a lockdown notification ordered by a public safety authority.

(c) The center's outdoor weather and activity policy must specify, if children are to go outside beyond the temperature range specified in paragraph (b), clauses (1) and (2), what procedures will be used to keep the children safe, including but not limited to ensuring children have appropriate clothing, providing frequent indoor breaks, or matching the intensity of the activity level to the weather conditions.

(d) For toddlers, preschool, and school-age children attending four or more hours per day, the license holder must provide at least one opportunity for outdoor activity per day pursuant to paragraph (b).

(e) For infants attending four or more hours per day, the license holder must provide at least one opportunity for outdoor activity per day as practicable, pursuant to paragraph (b) and the individual needs of the infants in care.

(f) Programs operating three or fewer hours per day are exempt from the daily outdoor activity requirement.

(g) If the weather is not suitable for outdoor activities, the program must provide indoor gross motor play activities that support physical development.

History: *2026 c 127 art 12 s 11*

142H.12 NAPS AND REST.

Subdivision 1. **Naps and rest policy.** An applicant must develop and a license holder must implement a policy for naps and rest that is consistent with the developmental level of the children enrolled in the center. The policy must include but is not limited to the requirements in this section, as applicable.

Subd. 2. **Parent consultation.** The parent of each child must be informed at the time the child is enrolled of the center's policy on naps and rest and be offered the opportunity to provide information specific to their child.

Subd. 3. **General nap and rest requirements.** (a) The child care center must provide a quiet space for children to nap and rest.

(b) Nap and rest time must be in accordance with the developmental needs of the child. A child care center may not withhold sleep or rest from a child, including at a parent's request, if such time is allowed in the child care center's naps and rest policy.

(c) Nap and rest areas must be lighted to allow for visual supervision of all children at all times.

(d) Evacuation routes must not be blocked by resting or napping children. Each child must have a free and direct means of escape, and the staff must have a clear path to each resting child, including full access to at least one long side of a crib, cot, or mat.

(e) A crib that meets the safety requirements of section 142B.45 must be provided for each infant for whom the center is licensed to provide care.

(f) The license holder must follow the infant safe sleep requirements under section 142B.46.

(g) Cribs, cots, and mats must be placed directly on the floor and must not be stacked when in use.

Subd. 4. **Monitoring napping infants.** (a) An infant must be supervised as defined in section 142H.01, subdivision 38, and pursuant to section 142H.24, subdivision 1, paragraph (a).

(b) Staff must conduct in-person checks of the sleeping infant every 15 minutes.

(c) When a baby monitor or other mechanical equipment is used to hear or see infants during sleep, the monitoring equipment must be:

(1) able to pick up the sounds of all infants in the separate room;

(2) actively monitored by program staff at all times; and

(3) checked daily prior to use to ensure it is working correctly. If equipment is malfunctioning, a program staff person must put in place an alternate means of supervision until the equipment can be fixed.

Subd. 5. **Confinement limitation.** A child who has completed a nap or rested quietly for 30 minutes must not be required to remain on a cot, mat, or in a crib. Any child who does not fall asleep during a designated nap time must have the opportunity to engage in quiet activities.

Subd. 6. **Bedding and sleeping equipment.** Separate bedding must be provided and stored separately for each child in care.

History: *2026 c 127 art 12 s 12*

142H.13 BEHAVIOR GUIDANCE.

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

(b) "Behavior guidance" means an ongoing process where a program staff person offers constructive, positive, and developmentally appropriate guidance to a child to help manage the child's behavior in a socially acceptable manner.

(c) "Persistent unacceptable behavior" means when a child:

(1) exhibits behaviors that present a serious safety risk for the child or others and the program is not able to reduce or eliminate the safety concern; or

(2) significantly disrupts the learning environment and requires an increased amount of staff guidance and time to address the child's behavior. Significantly disruptive behavior may include physical aggression, verbal threats, or repetitive behaviors that have been addressed through standard behavior guidance techniques without improvement.

(d) "Redirection" means a positive guidance technique where a program staff person intervenes and guides a child away from potential problems toward constructive activity or talks with a child to help the child calm down and self-regulate.

(e) "Separation" means a form of behavior guidance that involves interruption of unacceptable behavior by the removal of a child from a situation with the intention of allowing the child an opportunity to pause and gain self-control. During a separation a child is isolated from participating in activities with other children. Separation of children must be done pursuant to subdivision 7.

Subd. 2. **Behavior guidance policies and procedures.** The applicant must develop written behavior guidance policies and procedures approved by the commissioner. The license holder must ensure that the policies and procedures are carried out. The policies and procedures must include:

(1) methods of promoting positive behavior as specified under subdivision 3;

(2) prohibited actions as specified under subdivision 4;

(3) addressing persistent unacceptable behavior as specified under subdivision 6; and

(4) separation from the group as specified in subdivision 7.

Subd. 3. **Methods of promoting positive behavior.** A license holder must promote positive behavior by:

(1) ensuring that each child is provided with a positive model of acceptable behavior;

(2) tailoring methods of promoting positive behavior to the developmental level of the children the center is licensed to serve;

(3) ensuring redirection is used, as appropriate in addressing the behavior of a child, to guide a child away from potential problems and toward constructive activity or to talk with a child to help them calm down and self-regulate;

(4) teaching children how to use acceptable alternatives to problem behavior to reduce conflict;

(5) protecting the safety and well-being of children, employees, and volunteers; and

(6) providing immediate and directly related consequences for the unacceptable behavior of a child.

Subd. 4. **Prohibited actions.** A license holder must prohibit the following actions by or at the direction of employees or volunteers:

(1) subjecting a child to corporal or physical punishment, including but not limited to rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, spitting, hitting, or spanking;

(2) subjecting a child to name calling, ostracism, shaming, derogatory remarks about the child or the child's family, cultural or racial slurs, yelling, or profane language that threatens, humiliates, or frightens the child;

(3) forcing a child to maintain an uncomfortable position or to continuously repeat physical movements;

(4) utilizing group punishments for the behavior of an individual child;

(5) separation of a child from the group except as provided in subdivision 7;

(6) punishment for not resting, napping, or sleeping; toileting accidents; failing to eat all or part of meals or snacks; or failing to complete an activity;

(7) denial of food or drink or forcing food or drink upon a child;

(8) denial of light, warmth, clothing, or medical care as a punishment for unacceptable behavior;

(9) the use of physical restraint other than to physically hold a child when containment is necessary to protect the child or others from harm;

(10) the use of mechanical restraints, including tying a child up, or any device or equipment intended to restrict or prevent movement as a means of discipline or for reasons unrelated to the child's care, safety, or planned activity;

(11) the use of prone or contraindicated restraints as prohibited in section 245A.211;

(12) the use of any substance given to a child to subdue or restrict movement or behavior;

(13) discipline and punishment must not be delegated to another child; and

(14) punishing or shaming a child for the actions of a parent, including but not limited to failure to pay fees, failure to provide appropriate clothing, failure to provide materials for an activity, or any conflict between the license holder or staff and the parent.

Subd. 5. **Additional provisions.** (a) When providing services to a child with a developmental disability or related condition, the license holder must follow section 142B.63.

(b) A program that cares for a child with a developmental disability or related condition must comply with the individual child care program plan requirements under section 142H.15.

Subd. 6. **Persistent unacceptable behavior.** (a) A program staff person who observes persistent unacceptable behavior must document the behavior of the child and staff response to the behavior, including:

(1) information on where the child was, what activity the child was doing, and the employees or volunteers present when the incident occurred; and

(2) staff actions, including the positive guidance techniques that were tried.

(b) When persistent unacceptable behavior as defined in subdivision 1, paragraph (c), occurs, a behavior plan must be developed to address the behavior documented in paragraph (a) in consultation with the child's parent, the program staff, and other professionals involved in the care and treatment of the child, as appropriate. The behavior plan must include but is not limited to the following:

(1) a description of the specific behavior;

(2) the planned behavior management method to be used in response to the behavior pursuant to subdivision 3 or any other previously approved methods; and

(3) an area to document the effectiveness of the plan and progress of the child.

(c) The plan must be signed and dated by the child's parent, the director, and other professionals involved in the care and treatment of the child, as applicable, and kept in the child's record.

(d) The plan and the child's progress must be reviewed at least twice each calendar year, or more frequently as needed, and changes must be made based on the child's needs and the input of the child's parent, program staff, or other individuals involved in the provision of care and treatment of the child. Documentation of the review must be kept in the child's record. If the child's parent and the program staff agree that the behavior plan is no longer needed, the license holder must document the date the behavior plan is no longer in effect.

(e) The license holder must ensure that all staff who work directly with the child are trained on the behavior plan prior to working with the child or when a new behavior plan is developed. Documentation of staff training must be maintained on file.

(f) The license holder must ensure that all staff who work directly with the child are trained on the behavior plan prior to working with the child or when a new behavior plan is developed. Documentation of staff training must be maintained on file.

Subd. 7. **Separation time from the group.** No child may be separated from the group unless the license holder has tried less intrusive methods of guiding the child's behavior that have been ineffective and the

behavior of the child threatens the well-being of the child or other children in the center. Separation from the group must meet the following requirements:

(1) the separation time must be limited to the amount of time necessary for the child to gain self-control and rejoin the group;

(2) the duration of separation of the child must be documented, including the beginning and end time of the separation;

(3) infants and toddlers must not be separated from the group as a means of behavior guidance. Positive behavior guidance techniques such as redirection may be used with toddlers; and

(4) the child must be supervised as defined under section 142H.01, subdivision 38, while separated.

History: *2026 c 127 art 12 s 13*

142H.14 FURNISHINGS, EQUIPMENT, MATERIALS, AND SUPPLIES.

Subdivision 1. **General requirements.** (a) Each center must have on the premises the quantity and type of equipment and materials necessary to implement the child care program plan under section 142H.11 and the indoor and outdoor equipment requirements in subdivisions 2 and 3.

(b) Equipment and furniture must be durable, in good repair, structurally sound, stable, and free of sharp edges, dangerous protrusions, points where extremities of a child could be pinched or crushed, and openings or angles that could trap part of a child.

(c) License holders and program staff must ensure equipment and furnishings are not hazardous objects as specified in section 142H.34, subdivision 17.

(d) Equipment designed and marketed for use by children must be appropriate to the age and size of children and used in accordance with the manufacturer's instructions. Equipment and play materials not designed or marketed for use by children, including but not limited to repurposed, homemade, and open-ended items, must be appropriate to the age and size of children, in good repair, and used under the supervision of a program staff person. Such equipment and play materials are not required to have manufacturer's instructions and are subject to the requirements of this subdivision.

Subd. 2. **Indoor play equipment.** The license holder must provide sufficient indoor play equipment and materials so that at any point in the day when children are indoors and using equipment every child can choose from at least three activities involving equipment or materials. The quantity of indoor equipment provided must be based on the maximum licensed capacity of the classroom and must be accessible to children as specified in subdivision 5.

Subd. 3. **Outdoor play equipment.** The license holder must provide sufficient outdoor play equipment and materials so that when all children are outdoors every child can choose from at least one activity involving equipment or materials. The quantity of outdoor equipment and materials provided must be based on the maximum licensed capacity and must be accessible to children as specified in subdivision 5.

Subd. 4. **Interest areas.** The license holder must have equipment and materials in each of the following developmental and interest areas to support a child's learning and growth:

(1) creative arts and crafts;

(2) construction and building;

(3) social interaction, dramatic play, or practical life activities;

(4) math and science;

(5) music;

(6) fine motor skills;

(7) physical and movement activities;

(8) sensory exploration activities; and

(9) language and literacy.

Subd. 5. **Equipment rotation and accessibility.** A child care program may rotate equipment throughout the day as specified in the child care program plan if the number of choices required in subdivisions 2 and 3 is available for each child in attendance. Equipment and materials from each interest area must be accessible to children at least once per day.

Subd. 6. **Furnishings.** The license holder must ensure that each child has access to furniture that is developmentally appropriate and the appropriate size, including at a minimum:

(1) one diaper changing table for every 12 infants or 14 toddlers. The same table may not be counted to fulfill the requirement under this clause for both infants and toddlers;

(2) one hands-free covered diaper container per diaper changing table;

(3) one crib and waterproof mattress per infant, including enough cribs with wheels to evacuate the number of infants the program is licensed to serve;

(4) one cot or mat per toddler or preschooler. This clause does not apply to programs operating for less than five hours per day if rest is not indicated as part of the center's child care program;

(5) for infants, one nonfolding seating option per child based on licensed capacity; and

(6) for toddlers, preschoolers, and school-age children, one nonfolding seating option per child based on licensed capacity, with a corresponding amount of table space to allow the child to do table work or eat a meal while seated.

Subd. 7. **Supplies.** (a) The license holder must maintain enough diapers, disposable paper for the diaper changing table, facial tissues, liquid hand soap, and single-service towels to maintain cleanliness and sanitation for children in care.

(b) The license holder must provide at least two sets of sheets for each crib.

History: *2026 c 127 art 12 s 14*

142H.141 NATURAL ELEMENTS AND MATERIALS.

Subdivision 1. **Natural elements and materials.** A license holder may provide children with access to natural elements and materials as equipment and play materials. Natural elements and materials and appropriate uses of natural elements and materials include, but are not limited to:

(1) natural loose parts, such as sticks, leaves, pine cones, acorns, seeds, pods, bark, and moss for construction, art, sensory exploration, and imaginative play;

(2) natural materials, such as dirt, mud, sand, water, ice, and snow for sensory play and exploration;

(3) plants, flowers, seeds, vegetables, and gardening materials for science exploration and learning;

(4) rocks, pebbles, stones, and minerals for counting, sorting, building, and art;

(5) natural areas such as gardens, prairie, forest, wetlands, and ponds for exploration and learning; and

(6) other natural elements as appropriate to age and development of children.

Subd. 2. **Supervision.** A program staff person must supervise a child's use of natural elements and materials and provide guidance on safe and appropriate use. Natural elements and materials that are a choking hazard must not be accessible to children under the age of three without direct supervision of a program staff person.

Subd. 3. **Other uses.** Natural elements and materials may qualify as equipment and materials from interest areas under section 142H.14, subdivision 4.

History: *2026 c 127 art 12 s 15*

142H.15 CHILDREN WITH SPECIAL HEALTH CARE NEEDS OR DISABILITIES.

Subdivision 1. **Child with special health care needs or disabilities.** For the purposes of this section, "child with special health care needs or disabilities" means a child who:

(1) has developmental disabilities or is otherwise eligible for case management pursuant to Minnesota Rules, parts 9525.0004 to 9525.0036;

(2) has been identified by the local school district as a child with a disability as defined in section 125A.02, subdivision 1; or

(3) has been determined by a health care provider as defined in section 142H.01, subdivision 22; licensed psychiatrist; licensed psychologist; or licensed consulting psychologist as having a special health care need or disability relating to physical, social, or emotional development.

Subd. 2. **Report to parent.** The license holder must inform the parent when there is a developmental concern or potential special health care need of a child that was not previously identified.

Subd. 3. **Individual child care program plan.** (a) When a license holder admits a child with a disability or special health care need or a special need is identified, the license holder must ensure that an individual child care program plan (ICCPP) is developed in a form and manner prescribed by the commissioner to meet the child's individual needs.

(b) When developing or updating the ICCPP, the license holder must obtain relevant information from the child's parent and program staff who work directly with the child.

(c) For a child who meets the criteria in subdivision 1, clause (1), the ICCPP must be coordinated with the child's individual service plan (ISP).

(d) For a child who meets the criteria in subdivision 1, clause (2), the ICCPP must be coordinated with the child's individualized educational plan (IEP).

(e) For a child who meets the criteria in subdivision 1, clause (3), the ICCPP must be coordinated with the child's health care provider or other necessary medical professionals.

(f) The license holder must ensure that all program staff who work directly with the child are trained on the ICCPP prior to working with the child. Documentation of staff training must be maintained on file.

(g) Before the ICCPP is implemented, the parent and the director must sign and date the form. The ICCPP must be kept in the child's record.

(h) The ICCPP must be reviewed and updated at least once each calendar year and more frequently if needed. The ICCPP must be signed and dated by the parent and the director upon their yearly review.

(i) The most recent ICCPP must be available at all times to program staff when the child is in care.

Subd. 4. **Inclusion.** All activities must be designed to include all children unless a specific medical contraindication exists or an exclusion is otherwise specified in a child's ICCPP.

Subd. 5. **Allergy prevention and response.** (a) An applicant must develop a written policy on allergy prevention and response. A license holder must ensure the policy is carried out and provided to parents at the time of enrollment.

(b) Before admitting a child for care, the license holder must obtain documentation of any known allergy from the child's parent or the child's health care provider.

(c) If a child has a known allergy, the license holder must maintain current information about the allergy in the child's record and develop an ICCPP pursuant to subdivision 3, including:

(1) a description of the allergy;

(2) specific triggers and avoidance techniques;

(3) symptoms of an allergic reaction;

(4) procedures for responding to an allergic reaction, including medication to be administered in an emergency situation and dosages; and

(5) the child's health care provider contact information.

(d) If a child has an ICCPP related to a food allergy, the ICCPP must be readily available to the person in the area where food is prepared and served to the child. If food is prepared off site, the center must notify the person or entity preparing the food of any food allergies of children in their care. Food allergy information for all children in care must be readily available to staff in the classroom and wherever food is served.

(e) The license holder must contact the parent of the child immediately after any instance of exposure or allergic reaction.

(f) The license holder must call 911 when epinephrine is administered to a child in care.

Subd. 6. **Temporary physical needs.** If a child has a temporary physical need as identified by their health care provider, including but not limited to a brace, cast, or helmet, the license holder must maintain current documentation about the temporary physical need from the child's health care provider and any necessary accommodations in the child's record. The license holder must ensure staff who work with the child are aware of the child's temporary physical need and follow the identified necessary accommodations.

An ICCPP is not required for documenting a temporary physical need under this subdivision and the accommodation.

History: *2017 c 6 art 16 s 13; 2019 c 9 art 2 s 52; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 2026 c 127 art 12 s 16*

142H.16 NIGHT CARE PROGRAM.

Subdivision 1. **Applicability.** A license holder providing overnight care must comply with this section.

Subd. 2. **Furnishings.** Each child enrolled in a night care program must be provided with a crib or bed, described as follows:

(1) a crib that meets the requirements under section 142B.45 and two sets of sheets must be provided for each infant and meet the requirements under section 142H.14;

(2) an individual age-appropriate bed with two sets of sheets and a blanket or quilt must be provided for each toddler, preschooler, or school-age child;

(3) each bed or crib must have a waterproof mattress or mattress pad that can be cleaned and disinfected;

(4) bedding and sleeping equipment must be cleaned and disinfected as specified in section 142H.31, subdivision 4, clause (3); and

(5) separate bedding must be provided and stored separately for each child in care.

Subd. 3. **Clothing intended for sleeping.** The license holder must ensure that all children are put to bed in clothing for sleeping as designated by the parent of the child.

Subd. 4. **Personal care items.** The license holder must ensure that all children have personal items needed to clean up and prepare for sleep. The items must include an individual washcloth, towel, toothbrush, toothpaste, and liquid hand soap.

Subd. 5. **Meals and snacks.** (a) The license holder must ensure that a child who will be present in the center has had or will be provided with an evening meal. A bedtime snack must be available for all children in attendance. Eating times and schedules for the individual child must be consistent with patterns established in consultation with the parent of the child.

(b) Night care programs are exempt from the requirements of section 142H.32, subdivision 7.

Subd. 6. **Staffing.** At least two program staff persons, one of whom must qualify as a teacher under section 142H.06, must be present in the center at all times during the hours the night program is in operation. When more than 80 percent of the children present are asleep, the remaining program staff persons needed to meet the required staff-to-child ratio must have at least the qualifications of an aide. Program staff must be awake, dressed, and provide supervision as specified in sections 142H.01, subdivision 38, and 142H.12 to children who are sleeping.

Subd. 7. **Hygiene assistance.** The license holder must ensure that children have the opportunity to wash up and brush their teeth before bedtime. Program staff must assist children during washing and changing clothes according to the developmental needs of the child.

Subd. 8. **Showers and bathtubs.** The license holder must ensure bathtubs and showers are equipped to prevent slipping, if the center provides bathing.

Subd. 9. **Bathing procedures.** The center must have written permission from the parent prior to allowing the child to bathe and ensure bathtubs and showers are cleaned and disinfected after each use. The tub or showers do not have to be disinfected between uses if the children are siblings and the parent has provided written consent. All children must bathe separately unless the children are siblings and the parent has provided written consent that the children can be bathed together.

Subd. 10. **Privacy.** To ensure privacy, school-age boys and girls must be separated during bedtime washing and changing activities.

Subd. 11. **Sleeping arrangements.** The center must provide sleeping arrangements so that sleeping children are cared for separately from children who are awake and so that sleeping children are not disturbed by arrivals and departures. Infants must have a sleep area separate from the center's play and activity areas.

Subd. 12. **Bedtime.** A child's bedtime must be scheduled in consultation with the child's parent.

Subd. 13. **Light.** The center must provide adequate lighting indoors in all areas, including bathrooms, hallways, and sleeping rooms to ensure that staff are able to see all children at all times.

Subd. 14. **Outdoor illumination.** The center must ensure that parking areas, outdoor walkways, and all building entrances are adequately lighted for safety and security.

Subd. 15. **Program emphasis.** A license holder operating a night care program must comply with the child care program standards in section 142H.11.

Subd. 16. **Exceptions.** The outdoor activity area required by section 142H.34, subdivision 7; outdoor activities required by section 142H.11, subdivision 2; and outdoor equipment required by section 142H.14 need not be provided for children enrolled in a night care program.

History: *2026 c 127 art 12 s 17*

142H.17 DROP-IN CHILD CARE PROGRAMS.

Subdivision 1. **Drop-in child care programs.** If a license holder chooses to operate as a drop-in child care program, the license holder must comply with the requirements in this section.

Subd. 2. **Exemptions.** (a) Drop-in child care programs that meet one of the requirements in paragraph (b) are exempt from:

(1) section 142H.10;

(2) section 142H.11, subdivision 1, clauses (6) and (7); and

(3) section 142H.12, subdivisions 3 and 5, except for infants and toddlers.

(b) A drop-in child care program is exempt from the requirements in paragraph (a) if the program operates:

(1) in a child care center that houses no child care program except the drop-in child care program;

(2) in the same child care center but not during the same hours as a regularly scheduled ongoing child care program with a stable enrollment; or

(3) in a child care center at the same time as a regularly scheduled ongoing child care program with a stable enrollment, but activities, except for bathroom use and outdoor play, are conducted separately from each other.

Subd. 3. **Staffing requirements.** (a) A drop-in child care program must have at least two program staff persons on site whenever the program is operating: the director or a designee and a program staff member who is qualified as a teacher.

(b) If the drop-in child care program has additional staff who are on call as a mandatory condition of their employment, the minimum child-to-staff ratio may be exceeded only for preschool and school-age children by a maximum of four children for no more than 20 minutes while additional staff are in transit. If the ratio is exceeded for more than 20 minutes, the license holder must review the mandatory on-call staff procedures and revise as necessary to ensure compliance with this section, including hiring additional on-call staff as needed.

(c) Whenever there is a total of 20 children or more at a drop-in child care center, children that are younger than 30 months must be cared for in a separate group. The group may contain children up to 60 months old. The group must be cared for in an area that is physically separated from older children.

(d) In drop-in care programs that serve both infants and older children, children up to 30 months old may be supervised by assistant teachers as long as other staff are present in appropriate ratios.

(e) A drop-in child care program may care for siblings who are all at least 16 months old together in any group. For purposes of this section, "sibling" is defined as sister or brother, half sister or half brother, or stepsister or stepbrother.

Subd. 4. **Staff-to-child ratio requirements in a drop-in program.** The minimum staff-to-child ratio that a license holder may maintain in a drop-in program is:

(1) for infants, one program staff person for every four infants;

(2) for toddlers, one program staff person for every seven children;

(3) for preschoolers, one program staff person for every ten children; and

(4) for school-age children, one program staff person for every 15 children.

Subd. 5. **Staff distribution.** (a) The minimum staff distribution pattern for a drop-in child care program is:

(1) the first staff member needed to meet the required staff-to-child ratio must be a teacher;

(2) the second and third staff members must have at least the qualifications of a child care aide; and

(3) the fourth staff member must have at least the qualifications of an assistant teacher.

(b) The pattern in paragraph (a) must be repeated until the number of staff needed to meet the staff-to-child ratio for each age category has been achieved.

History: *1989 c 282 art 2 s 85; 1Sp1989 c 2 s 10; 1990 c 426 art 1 s 28; 1991 c 142 s 2; 1993 c 338 s 8; 1995 c 158 s 5; 1995 c 207 art 2 s 20; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 2026 c 127 art 12 s 18*

142H.18 EXCLUSION OF SICK CHILDREN.

Subdivision 1. **Care of sick children.** If a child becomes sick while at the center, the child must be isolated from other children in care and the child's parent called immediately. When determining if a child is sick and exclusion is necessary, license holders must follow:

(1) the requirements on reportable diseases in Minnesota Rules, parts 4605.7040, 4605.7070, and 4605.7080; and

(2) guidelines from the commissioner of health on infectious diseases in child care settings.

Subd. 2. **Notification.** (a) A child care center's program policies must require a parent to inform the center within 24 hours, exclusive of weekends and holidays, when a child is diagnosed by a child's health care provider or dental care provider as having a reportable or infectious disease as specified in subdivision 1.

(b) The license holder must ensure that the commissioner of health is notified of any suspected case of reportable disease as specified in Minnesota Rules, part 4605.7040, 4605.7050, or 4605.7080, within 24 hours of receiving the parent's or staff report. Documentation of the notification must be kept at the center.

(c) The license holder must notify the parents of exposed children within 24 hours of when a parent, employee, or volunteer notifies the center of a reportable disease under subdivision 1, lice, scabies, impetigo, ringworm, or chicken pox. The notice must be posted in a clearly visible, accessible place or provided individually to each parent of a child who was exposed.

Subd. 3. **Return to center.** Children with a reportable or infectious disease as specified in subdivision 1 must be excluded from the center for a length of time as specified in the commissioner of health guidelines on infectious diseases in child care settings and until the child can participate in routine activities without more staff supervision than usual. The center must exclude a child for a longer period if the child's health care provider determines that it is necessary.

History: *2026 c 127 art 12 s 19*

142H.19 SICK CARE PROGRAM.

Subdivision 1. **Licensure of sick care programs.** If a license holder chooses to operate as a sick care program, the license holder must operate a sick care program that complies with the requirements in this section.

Subd. 2. **Review of admission and health policies and practices.** (a) A licensed physician, physician assistant, or advanced practice registered nurse with a specialization in pediatric care must review and approve a sick care program's admission policy at the time of initial license application, after the first six months of initial operation, and at least once each calendar year.

(b) The review must include consultation with the licensed registered nurse or physician responsible for admissions.

(c) A report of the findings must be sent to the commissioner with the initial application for licensure, and subsequent reports must be placed in the center's administrative record.

Subd. 3. **Evaluation of a sick child.** (a) A license holder that operates a sick care program must evaluate the condition of a sick child before admitting the child to the center.

(b) The evaluation must be based on the physical symptoms of the child each day of admission, the probable contagion and risk to the health of others present, the ability of the program to provide the care the child requires, and whether the child can be grouped together with other children in care with contagious or noncontagious illnesses. Documentation of the evaluation must be placed in the child's record.

(c) Before admitting a child to a sick care program:

(1) a parent must describe the child's symptoms over the phone;

(2) a health care provider affiliated with the center must tell the parent whether the parent may bring the child to the center for further evaluation; and

(3) the health care provider must conduct a physical assessment of the child and obtain a health history from the parent at the center.

Subd. 4. **Information to parents.** A summary of the sick care program's health care policies and practices and the center's procedures for notification of parents in the event of an emergency must be given to the parent the first time a child is admitted and every admission following a change to any of the information.

Subd. 5. **Parent conference exception.** Centers licensed to provide child care exclusively to sick children are not required to provide parent conferences under section 142H.20, subdivision 2.

Subd. 6. **Child care program emphasis exception.** A sick care program does not need to meet the child care program plan requirements under section 142H.11. However, the child care program plan for the care of sick children must emphasize quiet activities.

Subd. 7. **Group size and age category grouping exceptions.** The maximum group sizes specified under section 142H.10, subdivision 1, and the age category grouping restrictions under section 142H.10, subdivision 3, do not apply to sick care programs. There must be no more than 16 children in sick care in the same room at the same time.

Subd. 8. **Staff-to-child ratios and staff distribution requirements.** (a) A one-to-four staff-to-child ratio must be maintained at all times in a room used to care for sick children.

(b) At least two program staff persons must be present in a center operating a sick care program whenever sick children are in care.

(c) The first program staff person must be a registered nurse. The remaining program staff persons must at least meet the qualifications and follow the staff distribution pattern under section 142H.10.

Subd. 9. **Limitation on staff assignment.** Staff must not care for nonsick children or prepare food for nonsick children on the same day as sick children. Staff caring for sick children must not enter the kitchen used to prepare food for nonsick children.

Subd. 10. **Food preparation.** Food provided by the license holder and prepared at the center must be prepared in a room separate from rooms where sick care is provided and must be delivered to each sick care room in individual servings and in covered containers. Procedures for preparing, handling, and serving food and washing food, utensils, and equipment must comply with the requirements in the Minnesota Food Code, Minnesota Rules, chapter 4626.

Subd. 11. **Menus.** Menus for sick children must be modified to meet the individual needs of the child.

Subd. 12. **Additional facility requirements.** A license holder operating a sick care program must provide:

(1) a room or rooms that are exclusively used to care for sick children and that are not used at any time for any other child care purpose; and

(2) toilets and hand sinks that are within or immediately adjacent to the room or rooms used for sick care and are not used by well children in care.

Subd. 13. **Outdoor activity area, activities, and equipment exception.** Sick care programs under this section are exempt from the requirements for an outdoor activity area under section 142H.34, subdivision 7; outdoor activities under section 142H.11, subdivision 2; and outdoor equipment under section 142H.14.

Subd. 14. **Cleaning and disinfection.** Floors in rooms where sick care is provided and all linens, toileting equipment, sinks, furnishings, objects, and equipment used by sick children must be cleaned and disinfected at least daily and as needed pursuant to the requirements under section 142H.31.

Subd. 15. **Bedding and sleeping equipment.** (a) Each sick child must be provided appropriate bedding and sleeping equipment, depending on the age of the child, as follows:

(1) a crib and crib sheets pursuant to the requirements of section 142B.45, cot, mat, or bed, depending on the age of the child;

(2) a pillow, except if the child is an infant;

(3) a pillowcase, except if the child is an infant; and

(4) a blanket or quilt, except if the child is an infant.

(b) Bedding provided by the center must be laundered after each use. Sleeping equipment must be cleaned and disinfected after each use.

History: *2026 c 127 art 12 s 20*

142H.20 INFORMATION TO PARENTS.

Subdivision 1. **Policies provided to parents.** At the time of a child's enrollment, the center must provide the parent with written notification of the:

(1) ages and numbers of children the center is licensed to serve;

(2) hours and days of operation;

(3) child care program options the center is licensed to operate, including a description of the program's educational methods; the program's religious, political, or philosophical basis, if any; and how parents may review the center's child care program plan;

(4) policy on parent conferences and notification to a parent of a child's intellectual, physical, social, and emotional development;

(5) policy requiring a health care summary and immunization record of a child;

(6) policies and procedures for the care of children who become sick at the center and parent notification practices for the onset of or exposure to a contagious illness or condition pursuant to section 142H.18 or when there is an emergency or injury requiring medical attention;

(7) policies and procedures for administering first aid and sources of care to be used in case of emergencies;

(8) policies on the administration of medicine;

(9) procedures for obtaining written parental permission for transportation of children and field trips as required in section 142H.33, subdivision 4, paragraph (d);

(10) procedures for obtaining written parental consent for research, cameras, and social media participation pursuant to section 142H.22;

(11) policies on transitioning a child to the next age group, pursuant to section 142H.10;

(12) policies on the provision of meals and snacks;

(13) behavior guidance policies and procedures;

(14) presence of pets;

(15) policy on visitation and parental access to children pursuant to section 142H.21;

(16) policy on the prohibition of smoking, use of tobacco products, vaping, electronic cigarettes, alcohol, and drugs on the premises of the program pursuant to section 142H.29, subdivision 11;

(17) policy on use of technology and screen time pursuant to section 142H.11, subdivision 1, clause (12);

(18) telephone number of the Department of Children, Youth, and Families, Division of Licensing;

(19) policy on naps and rest pursuant to section 142H.12; and

(20) procedures for notifying parents of an evacuation, including procedures for reunification with families.

Subd. 2. **Parent conferences.** The license holder must inform the parent of a child's progress and:

(1) complete individual assessments of each child's intellectual, physical, social, and emotional development at least twice a year. Individual assessments for school-age children must be completed at least once a year;

(2) plan and offer parent conferences by program staff at least twice a year to review and discuss the child's assessment. Parent conferences for school-age children must be planned and offered at least once a year; and

(3) maintain documentation of the child's assessment and that individual parent conferences were planned and offered in each child's record.

Subd. 3. **Daily reports for infants and toddlers.** Daily written individualized reports must be provided to the parent of an infant or toddler about the child's food intake, elimination, sleeping patterns, and general behavior.

History: *2026 c 127 art 12 s 21*

142H.21 PARENT VISITATION AND ACCESS TO PROGRAM.

(a) The center must have a parent visitation and access policy that meets the requirements of this section at a minimum.

(b) An enrolled child's parent must be allowed access to their child at any time while the child is in care unless a legal restriction or court order restricts access.

(c) A copy of the order or other legal restriction in paragraph (b) must be kept in the child's record.

History: *2017 c 6 art 16 s 4; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 2026 c 127 art 12 s 22*

142H.22 CONSENT FOR RESEARCH, CAMERAS, AND SOCIAL MEDIA PARTICIPATION.

Subdivision 1. **Policy.** A center must have and follow a policy governing the center's use of social media and the use of photos and videos of children in care. The policy must include:

(1) procedures for obtaining written consent from parents for release of photos and videos of children for promotional or publicity purposes, including on social media accounts or public digital platforms; and

(2) a statement prohibiting any employee or volunteer from posting content of children in care or enrolled families on a personal social media account or public digital platform, including photos, videos, or personal identifying information of the children.

Subd. 2. **Participation in research, fundraising, or public relations projects.** (a) The license holder must obtain written permission from a parent before a child is involved in research, fundraising, or public relations projects while at the center. A separate written permission form must be obtained before each occasion of a research, fundraising, or public relations activity.

(b) The permission form must be maintained in the child's record.

History: *2026 c 127 art 12 s 23*

142H.23 EMERGENCY AND ACCIDENT POLICIES AND RECORDS.

Subdivision 1. **Emergency preparedness plan.** (a) An applicant must develop a written plan for emergencies that require evacuation, relocation, sheltering in place, or lockdown resulting from a fire, blizzard, tornado, or other natural disaster, or other threatening situations that may pose a health or safety hazard to a child, such as an intruder or violence at the facility. A license holder must carry out the emergency plan during emergencies. The plan must be written on a form developed by the commissioner and include:

(1) procedures for an evacuation, including building evacuation routes and identification of primary and secondary exits;

(2) procedures for relocation, including a designated relocation site;

(3) procedures for sheltering in place and lockdown;

(4) procedures for notifying a child's parent of an evacuation, relocation, sheltering in place, or lockdown, including procedures for reunification with families;

(5) accommodations for a child with a disability or a chronic medical condition;

(6) accommodations for infants and toddlers;

(7) procedures for storing a child's medically necessary medicine that facilitates easy removal during an evacuation or relocation;

(8) procedures for continuing operations in the period during and after a crisis; and

(9) procedures for communicating with local emergency management officials, law enforcement officials, or other appropriate state or local authorities.

(b) A license holder must review and update the emergency plan at least once each calendar year and as needed when changes to the circumstances or facilities necessitate an updated plan. Documentation of the yearly review and when changes are made must be maintained in the program's administrative records.

(c) Program staff must be trained on the emergency plan at orientation as specified under section 142H.09 when changes are made to the plan and at least once each calendar year. Training must be documented and maintained on site.

(d) A center must have an operable on-site flashlight for use in an emergency situation. A cell phone may not be used to meet this requirement.

(e) A license holder must conduct fire drills every month and hold tornado drills monthly from April 1 through September 30. Fire and tornado drills must be documented and include the date of the drill, the start and end time of the drill, and the name of the program staff person completing the documentation. Documentation must be maintained in the program's administrative records.

(f) Primary and secondary exits and evacuation routes must remain unblocked.

Subd. 2. **Emergencies, accidents, incidents, and injuries.** (a) The policies and procedures for emergencies, accidents, incidents, and injuries must include:

(1) procedures for administering first aid;

(2) procedures for the daily inspection of potential hazards;

(3) procedures for fire prevention and procedures to follow in the event of a fire, persons responsible for the evacuation of children and areas for which they are responsible, instruction on how to use a fire extinguisher, and instructions on how to close off the fire area;

(4) procedures to follow when a child is missing, including when a school-age child does not arrive at the center when expected after school;

(5) procedures to follow if a person who is unknown, unauthorized, incapacitated, or suspected of abuse attempts to pick up a child or if no one comes to pick up a child. The procedure must include a practice for verifying a person's identity;

(6) procedures for obtaining emergency medical care; and

(7) procedures for recording emergencies, accidents, incidents, and injuries involving a child enrolled in the center. The written record must include:

(i) the name and age of the child involved;

(ii) the name of employees or volunteers present;

(iii) the date, time, and place of the emergency, accident, incident, or injury;

(iv) the type of injury;

(v) actions taken by staff; and

(vi) to whom the emergency, accident, incident, or injury was reported.

(b) At a minimum, the emergency, accident, incident, or injury must be reported in writing to the parent and as otherwise required in section 142H.28.

(c) Each calendar year, the license holder must conduct an analysis of the emergencies, accidents, incidents, and injuries that have been documented pursuant to paragraph (a), clause (7). Documentation of

the yearly analysis and any modification of the center's policies based on the analysis must be maintained in the program's administrative records.

(d) The license holder must post a facility floor plan in a visible location in each classroom and other areas in the facility where child care is provided. The posted floor plan in each area must include:

(1) identification of primary and secondary exits;

(2) building evacuation routes;

(3) identification of tornado shelter and other shelter-in-place locations;

(4) identification of staff positions responsible for the evacuation or sheltering of children;

(5) the name and address of the designated relocation site; and

(6) phone numbers and sources of emergency medical services, the poison control center, the fire department, and the department's licensing division.

(e) The license holder must ensure program staff are trained on the emergency, accident, incident, and injury policies and procedures at orientation as required in section 142H.09 when changes are made to the policies and procedures and at least once each calendar year. Training must be documented and maintained on site.

History: *2017 c 6 art 16 s 13; 2019 c 9 art 2 s 52; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 1Sp2025 c 3 art 14 s 12; 2026 c 127 art 12 s 24*

142H.24 SUPERVISION AND RISK REDUCTION.

Subdivision 1. **Supervision; sight and hearing exceptions.** (a) A child is still supervised as defined in section 142H.01, subdivision 38, when:

(1) an infant is placed in a crib to sleep and a program staff person is within sight or hearing of the infant pursuant to section 142H.12, subdivision 4;

(2) a single school-age child uses a restroom that is not available to the public when the child care center is operating and serving children and a program staff person has knowledge of the child's activity and location and checks on the child at least every five minutes. When services are provided away from the child care facility, including but not limited to field trips, a school-age child who uses a restroom that is available to the public must be accompanied by a program staff person;

(3) a school-age child leaves the classroom but remains within the licensed child care center space to deliver or retrieve items from the child's personal storage space and a program staff person has knowledge of the child's activity and location and checks on the child at least every five minutes; or

(4) a single preschool child uses an individual, private restroom within the classroom with the door closed and a program staff person has knowledge of the child's activity and location, can hear the child, and checks on the child at least every five minutes.

(b) A program must account for each exception in paragraph (a) in the risk reduction plan under subdivision 2.

Subd. 2. **Risk reduction plan.** (a) The license holder must develop a risk reduction plan that identifies the general risks to children served by the child care center in a form and manner prescribed by the commissioner.

(b) The license holder must establish procedures to minimize identified risks, train staff on the procedures, and review the procedures each calendar year.

(c) The risk reduction plan must include an assessment of risk to children the center serves or intends to serve and identify specific risks based on the outcome of the assessment. The assessment of risk must be composed of:

(1) an assessment of the risks presented by the facility where the licensed services are provided, including an evaluation of:

(i) the condition and design of the facility and its outdoor space, bathrooms, and storage areas;

(ii) the accessibility of medications and cleaning products that are harmful to children; and

(iii) the existence of areas that are difficult to supervise, including restrooms with multiple entrances; and

(2) an assessment of the risks presented by the environment for each facility and for each site, including an evaluation of the type of grounds and terrain surrounding the building and the proximity to hazards, busy roads, and publicly accessed businesses.

(d) The risk reduction plan must include a statement of measures that will be taken to minimize the risk of harm presented to children for each risk identified in the assessment under paragraph (c) related to the facility and environment.

(e) In addition to any program-specific risks identified in paragraph (c), the plan must include specific policies and procedures that minimize the risk of harm or injury to children, including from:

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

(2) leaving children in the community without supervision;

(3) children leaving the facility without supervision;

(4) dislocation of children's elbows by program staff pulling or lifting children by the hands or wrists or swinging by the arms;

(5) burns, including from hot food or beverages, whether served to children or being consumed by program staff, and devices used to warm food and beverages;

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

(7) sunburn;

(8) feeding children foods to which they are allergic;

(9) children falling from changing tables;

(10) children accessing dangerous items or chemicals or coming into contact with residue from harmful cleaning products;

(11) traffic and pedestrian accidents, including when walking with children on neighborhood walks, to an off-site outdoor play area, or in areas with heavy traffic or difficult terrain such as railroad tracks; and

(12) children choking or suffocating.

(f) The plan must ensure hazardous objects as defined in section 142H.34, subdivision 17, are inaccessible to children.

(g) The plan must include specific policies and procedures to ensure adequate supervision of children at all times as defined in subdivision 1 and section 142H.01, subdivision 38, and pursuant to the staffing requirements of section 142H.10, subdivision 1, with particular emphasis on:

(1) times when children are transitioned from one area within the facility to another, including the use of a name-to-face check during transition time;

(2) nap-time supervision, including infant sleep supervision;

(3) child arrival and departure times, including when children arrive or depart from the center by bus;

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

(5) supervision of children in hallways;

(6) supervision of preschool children when using an individual private restroom within the classroom; and

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

Subd. 3. **Yearly review of risk reduction plan.** (a) The license holder must review the risk reduction plan each calendar year and document the review.

(b) When conducting the review, the license holder must consider incidents that have occurred in the center since the last review, including:

(1) incidents covered by the assessment factors in subdivision 2;

(2) the internal reviews conducted under section 142H.36, if any;

(3) substantiated maltreatment findings, if any; and

(4) any other incidents that caused injury or harm to a child.

(c) Within ten days following any change to the risk reduction plan, the license holder must train program staff on the change and document that the staff were trained on the change.

History: *2026 c 127 art 12 s 25*

142H.25 CENTER ADMINISTRATIVE RECORDS.

(a) In addition to the personnel records requirements under section 142B.03, subdivision 1, paragraph (a), a center must maintain the following records:

(1) a record of the information given to parents specified in section 142H.20;

(2) the personnel records specified in section 142H.26;

(3) the children's records specified in section 142H.27;

(4) health consultant reviews of the center's health policies and practices as specified in section 142H.29, subdivision 2;

(5) the child care program plan specified in section 142H.11;

(6) the emergencies, accidents, incidents, and injuries records specified in section 142H.23, subdivision 2;

(7) the child separation reports mandated in section 142H.13;

(8) daily center and classroom attendance records specified in section 142H.30; and

(9) staffing schedules.

(b) The requirements in section 142B.03, subdivisions 1 and 2, apply to records retained pursuant to this section.

History: *2026 c 127 art 12 s 26*

142H.26 PERSONNEL RECORDS.

A license holder must maintain a current personnel record for each program staff person in a manner prescribed by the commissioner and consistent with section 142B.03. The personnel record for each program staff person must contain:

(1) the program staff person's name, home address, telephone number, date of birth, and emergency contact information;

(2) the program staff person's first date of direct contact and first date of unsupervised direct contact with a child;

(3) documentation indicating that the program staff person meets the requirements of the staff person's job in sections 142H.05 to 142H.08; and

(4) the program staff person's hire date and last day of employment, as applicable.

History: *2026 c 127 art 12 s 27*

142H.27 CHILDREN'S RECORDS.

Subdivision 1. **Requirements.** Prior to or on the day of enrollment in the center, the license holder must maintain a record on site for each child served by the program. The record must contain:

(1) the child's full name, date of birth, and current home address;

(2) the child's date of enrollment in the program;

(3) the name, address, and telephone number of the child's parent;

(4) the name and telephone number of at least one emergency contact person who can be contacted if a parent cannot be reached in an emergency or when there is an injury requiring medical attention;

(5) the names and telephone numbers of any additional persons authorized by the parent to pick up the child from the center;

(6) the child's health and immunization information required by section 142H.29, subdivisions 3 and 4;

(7) written authorization for the license holder to act in an emergency or when a parent or designee cannot be reached or is delayed;

(8) the hours and days of the week the child will attend the center;

(9) for infants and toddlers, a description of the child's eating, sleeping, toileting, and communication habits and effective methods for comforting the child;

(10) documentation of any dietary or medical needs of the child;

(11) documentation of a child's individual child care program plan as required by section 142H.15; and

(12) the date of parent conferences and a summary of the information provided to the parent at the conferences.

Subd. 2. **Disclosure.** The license holder must not disclose a child's record to any person other than the child, the child's parent, the child's legal representative, employees of the license holder, or the commissioner unless the child's parent has given written consent. This subdivision does not apply to information needed by a first responder in the case of an emergency.

History: *2026 c 127 art 12 s 28*

142H.28 REPORTING REQUIREMENTS.

Subdivision 1. **Maltreatment, abuse, and neglect reporting.** The license holder must comply with the reporting requirements for abuse and neglect specified in chapter 260E.

Subd. 2. **Other reporting.** Within 24 hours, the license holder must notify the commissioner of the following in a manner prescribed by the commissioner:

(1) of the death or notification of the death of a child enrolled in the center as required under section 142B.10, subdivision 24;

(2) of the occurrence or notification of any injury to a child in care in the program that required treatment by a dentist or health care provider as defined in section 142H.01, subdivision 22. Treatment does not include application of or recommendation to use nonprescription medication or diagnostic testing;

(3) of the occurrence of structural damage to the building or a fire that requires the service of a fire department; and

(4) of the provision of any emergency medical service to a child while in care.

History: *2026 c 127 art 12 s 29*

142H.29 HEALTH.

Subdivision 1. **Health policies.** An applicant must develop written health policies approved by the commissioner.

Subd. 2. **Health consultation.** (a) The center must have a health consultant as defined in section 142H.01, subdivision 23, review the center's health policies and practices in person and certify that the policies and practices are adequate to protect the health of children in care.

(b) The health consultant's review, including an on-site visit, must be done before initial licensure and must be repeated each calendar year.

(c) For programs serving infants, an in-person review must be done before initial licensure and at least quarterly thereafter. At least every other quarter, a health consultant may conduct the health review visit virtually.

(d) A health consultant must review the center's health policies and practices before implementing a change in the center's health policies or practices and after an outbreak of a contagious reportable illness as specified in Minnesota Rules, parts 4605.7040, 4605.7050, and 4605.7080.

(e) The consultant must review and approve:

(1) the emergencies, accidents, incidents, and injuries policies and procedures required by section 142H.23, subdivision 2;

(2) the diapering procedures and practices specified in subdivision 6;

(3) the programs' cleaning and disinfecting products and procedures; and

(4) the sanitation procedures and practices for food catered in or provided by the child's parent as specified in section 142H.32, subdivision 6, and for infants as specified in section 142H.32, subdivision 11.

Subd. 3. **Health information at admission.** Before a child is admitted to a center or within 30 days of admission, the license holder must obtain a report on a current physical examination of the child signed by the child's health care provider.

Subd. 4. **Immunizations.** (a) Before a child is admitted to a center, the license holder must obtain documentation of current immunization records according to section 121A.15 and Minnesota Rules, chapter 4604; a signed notarized statement of parental objection to the immunization; or a medical exemption. The license holder must maintain record of current immunizations, a signed notarized statement of parental objection to the immunization, or a medical exemption throughout the child's enrollment at the center.

(b) License holders must file an immunization report each calendar year with the Department of Health, as required under the Minnesota School and Child Care Immunization Law, section 121A.15, subdivision 8, and Minnesota Rules, part 4604.0410.

Subd. 5. **Administration of medication.** (a) A license holder that administers medication must:

(1) get written permission from the child's parent before administering medication;

(2) get written permission from the child's parent before administering items that may be applied externally, including but not limited to diapering products, sunscreen lotions, hand sanitizer, lip balm, body lotion, and insect repellents. Items under this clause must be administered according to the manufacturer's instructions unless a dentist or health care provider gives alternative written instructions;

(3) get and follow written instructions from a dentist or a health care provider before administering each prescription. Medication with the child's name and current prescription information on the label constitutes instructions;

(4) follow written dosage instructions from a child's parent or health care provider for over-the-counter medication that is intended to be ingested and does not include dosage information within the manufacturer's instructions;

(5) keep all medication in its original container and have a legible label stating the child's first and last name. The medication must be given only to the child whose name is on the label, unless as described in paragraph (b);

(6) not give medication after an expiration date on the label, return any unused portion to the child's parent if possible, and destroy any unused portion that cannot be returned;

(7) document the administration of any ingested nonprescription medication and all prescription medication. The documentation must include the first and last name of the child, name of the medication or prescription number, date, time, dosage, and printed name and signature or initials of the person who administered the medication. This documentation must be available to the parent and maintained in the child's record;

(8) store all medications, insect repellents, sunscreen lotions, and diaper rash control products according to directions on the original container and in a place inaccessible to children; and

(9) not use herbal remedies and essential oils, unless prescribed or recommended by a dentist or a health care provider. If these are administered, they must be administered in compliance with the requirements of this subdivision.

(b) Sunscreen lotions and insect repellents supplied by the license holder may be used on more than one child and must be labeled for use for all children. A product to control or prevent diaper rash, including premoistened commercial wipes that cannot be dispensed in a manner that prevents cross contamination of the product and container as determined by the health consultant, must be labeled with the child's first and last name and used only for the individual child whose name is written on the label.

Subd. 6. **Diapers, changing areas, and disposal.** Sanitary diaper procedures must be used to reduce the spread of communicable disease. A license holder must:

(1) make an adequate supply of clean diapers available for each child and store the diapers in a clean place;

(2) change diapers following the diaper changing procedure reviewed and approved by the center's health consultant pursuant to subdivision 2, paragraph (e), clause (2);

(3) post diaper changing procedures reviewed and certified by the center's health consultant in the diaper changing area;

(4) keep children in diapers clean and dry. Diapers and clothing must be changed immediately or as soon as practicable when wet or soiled. Soiled clothing must be placed in a plastic bag and sent home with the parent daily;

(5) use single-service wipes for cleaning a wet or soiled child;

(6) clean and disinfect changing tables and changing pads between children;

(7) use smooth, nonabsorbent surfaces for the diaper changing area and flooring;

(8) require the program staff person to maintain a hand on the child at all times during diapering. Children must not be left unattended on the changing table;

(9) clean and disinfect diaper changing areas, including but not limited to counters, sinks, and floors, daily or immediately when soiled;

(10) keep a covered diaper disposal receptacle lined with a disposable plastic bag in the diaper changing area. Diapers cannot be disposed of in a kitchen disposal area;

(11) empty, clean, and disinfect diaper receptacles daily or more often as needed; and

(12) only change a diaper in the diaper changing area. The diaper changing area must be separate from areas used for food storage, food preparation, and eating.

Subd. 7. **Hand washing; child.** (a) A child's hands must be washed with soap and water after a diaper change, after use of a toilet or toilet training chair, and immediately before eating a meal or snack.

(b) Program staff must monitor hand washing and assist a child who needs help.

(c) The use of a common basin or a hand sink filled with standing water is prohibited.

(d) Hands must be dried on a single-use towel or warm air hand dryer. The use of a common or shared cloth or towel is prohibited.

(e) In sinks accessible to children, the water temperature must not exceed 120 degrees Fahrenheit to prevent children from scalding themselves while washing.

(f) A hand sanitizer with at least 60 percent alcohol may be used to clean a child's hands when soap and water are unavailable.

Subd. 8. **Hand washing; program staff.** Program staff must wash their hands with soap and water after changing a child's diaper, after assisting a child on the toilet, after washing the diapering surface, after using toilet facilities, and before handling food or eating. Hands must be dried on a single-use towel or warm air hand dryer. The use of a common or shared cloth or towel is prohibited. Program staff may use a hand sanitizer with at least 60 percent alcohol when soap and water are unavailable.

Subd. 9. **First aid kit.** The license holder must have a first aid kit that is accessible in the center at all times and whenever children are off site that includes:

(1) adhesive bandages in assorted sizes and tape;

(2) sterile compresses;

(3) elastic bandage wrap;

(4) scissors;

(5) ice bag or cold pack;

(6) digital thermometer;

(7) mild liquid soap or hand sanitizer that is at least 60 percent alcohol;

(8) bottled water;

(9) disposable powder-free, latex-free gloves;

(10) face shield or protective barrier for giving CPR; and

(11) first aid instructions.

Subd. 10. **Handling and disposal of bodily fluids.** A license holder must comply with the following procedures for safely handling and disposing of bodily fluids:

(1) surfaces that come in contact with urine, feces, vomit, and blood must be cleaned and disinfected;

(2) blood-contaminated material must be disposed of in a plastic bag with a secure tie;

(3) sharp items used for a child with special care needs must be disposed of in a sharps container. The sharps container must be inaccessible to a child when stored;

(4) the license holder must have bodily fluid disposal supplies in the center, including disposable gloves, disposal bags, and eye protection; and

(5) each employee and volunteer must follow universal precautions to reduce the risk of spreading infectious disease.

Subd. 11. **Tobacco products, vaping, drugs, and alcohol use prohibitions.** (a) A license holder must comply with the drug and alcohol policy requirements in section 142B.10, subdivision 1, paragraph (c), including ensuring that no employee, subcontractor, or volunteer is under the influence of a chemical that impairs the individual's ability to provide services or care.

(b) The possession or use of marijuana, products containing THC, alcohol, and illegal drugs is prohibited on the premises of the program during operating hours, including all indoor and outdoor licensed program environments and in any vehicles used by the program.

(c) The use of tobacco products, vaping devices, and electronic cigarettes is prohibited indoors, in vehicles used by the program, and in outdoor areas where children are present.

(d) The license holder must post in a prominent location at the main entrance of the center a notice stating that use of tobacco products is prohibited inside the building and in outdoor areas where children are present.

History: *2017 c 6 art 16 s 13; 2019 c 9 art 2 s 52; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 2026 c 127 art 12 s 30*

142H.30 ATTENDANCE RECORDS.

Subdivision 1. **Attendance records.** A child care center must maintain documentation of actual attendance for each child receiving care. The records must be accessible to the commissioner during the program's hours of operation, be completed on the actual day of attendance, and include:

(1) the first and last name of the child;

(2) the time of day that the child was dropped off; and

(3) the time of day that the child was picked up.

Subd. 2. **Daily classroom tracking.** (a) A license holder must ensure that program staff track children in their classroom on a daily basis to ensure the center has an active roster of children present in their classroom.

(b) Children must be tracked as they arrive in and depart from the classroom.

(c) Tracking must include the first and last name of each child.

(d) The classroom tracking documentation must remain with each group at all times throughout the day including outdoor play, emergency evacuations, field trips, and when groups are combined.

History: *2012 c 216 art 17 s 2; 2015 c 78 art 4 s 16; 2022 c 98 art 7 s 1; 2024 c 80 art 2 s 19,74: art 6 s 4; art 8 s 70; 2024 c 115 art 16 s 41,43; 2026 c 127 art 12 s 31*

142H.31 CLEANING, SANITIZING, AND DISINFECTING.

Subdivision 1. **Products and procedures.** Cleaning and disinfecting must be done in accordance with policies, procedures, and products approved by the program's health consultant as specified in section 142H.29, subdivision 2.

Subd. 2. **Indoor and outdoor equipment.** (a) The indoor and outdoor space and equipment of the program must be clean.

(b) Natural elements and materials used as equipment and play materials under section 142H.141; natural features used for outdoor play under section 142H.34, subdivision 7, paragraph (h); and play materials used in outdoor settings are exempt from being clean, as defined under section 142H.01, subdivision 12. A program staff person must inspect natural elements and materials, natural features, and play materials used for outdoor play for hazardous objects and other safety hazards, including animal feces, and remove or mitigate the hazard before a child's use.

Subd. 3. **Pacifiers.** Pacifiers must be labeled with each child's name or other individual identifier and stored separately.

Subd. 4. **Cleaning frequency.** The license holder must develop and follow a cleaning schedule that requires:

(1) cleaning and sanitizing food preparation areas, tables, high chairs, and food service counters before and after each meal and snack. Sanitizing must be done by using an Environmental Protection Agency-registered sanitizer or a bleach solution or by heating to temperatures sufficient to destroy most germs, pursuant to guidelines from the commissioner of health on infectious diseases in child care settings;

(2) cleaning and sanitizing items that have been inside a child's mouth or come into contact with bodily fluids prior to being used by another child;

(3) cleaning sleeping equipment and bedding, including:

(i) washing bedding used by a child before being used by another child;

(ii) washing bedding used by the same child weekly or when soiled;

(iii) cleaning and disinfecting sleeping equipment used by a child before being used by another child; and

(iv) cleaning and disinfecting sleeping equipment used by the same child weekly or when soiled;

(4) cleaning toileting areas daily, including:

(i) emptying and disinfecting toilet training chairs after each use; and

(ii) disinfecting toilets and seats when soiled or at least daily; and

(5) emptying garbage cans and diaper receptacles on a daily basis and cleaning and disinfecting the cans and receptacles as needed.

History: *2026 c 127 art 12 s 32*

142H.32 FOOD, DRINKING WATER, AND NUTRITION.

Subdivision 1. **On-site food preparation.** A license holder that prepares, handles, or serves food or washes food, utensils, or equipment on site must comply with applicable requirements for food and beverage service establishments in chapter 157 and Minnesota Rules, chapter 4626, and local health department requirements.

Subd. 2. **Off-site food preparation.** (a) Meals or snacks may be provided by an off-site, licensed food and beverage service establishment.

(b) The center must maintain on file a copy of the off-site food and beverage service establishment's current license and the contract to provide food for the center.

Subd. 3. **Providing food.** A license holder must provide meals and snacks to the children in attendance. The license holder must supplement food provided by the parent if it does not meet United States Department of Agriculture Child and Adult Care Food Program (CACFP) nutritional requirements.

Subd. 4. **Drinking water.** (a) The center must have a safe supply of drinking water pursuant to section 142H.35.

(b) Drinking water must be available to children throughout the hours of operation and offered at frequent intervals. Drinking water for children must be provided in single-service drinking cups, in reusable water bottles, in reusable cups, or from drinking fountains accessible to children.

(c) A license holder may provide drinking water to a child in a reusable water bottle or reusable cup if the center develops and ensures implementation of a written policy that at a minimum includes the following procedures:

(1) each day the water bottle or cup is used, the license holder must clean the water bottle or cup or allow the child's parent to bring the water bottle or cup home to clean it;

(2) a water bottle or cup must be assigned to a specific child and labeled with the child's first and last name;

(3) water bottles and cups must be stored in a manner that reduces the risk of a child using the wrong water bottle or cup; and

(4) a water bottle or cup must be used only for water.

Subd. 5. **Menus.** The license holder must ensure:

(1) meals and snacks prepared or provided by the license holder or catered by a licensed food and beverage caterer comply with the meal pattern and nutritional requirements contained in the most current edition of the CACFP standards in Code of Federal Regulations, title 7, section 226.20;

(2) menus comply with the meal pattern and nutritional requirements contained in the most current edition of the CACFP standards in Code of Federal Regulations, title 7, section 226.20;

(3) the current menu is posted or made readily available to parents; and

(4) any food substitutions are noted on the menu at the time of the change.

Subd. 6. **Sanitation.** (a) Procedures for preparing, handling, storing, and serving food and washing food, utensils, and equipment must comply with the requirements for food and beverage establishments in Minnesota Rules, chapter 4626.

(b) If the food is prepared off site by another facility or if food service is provided according to a contract with a food service provider, the facility or license holder must ensure that food is prepared in compliance with Minnesota Rules, chapter 4626.

(c) The license holder must provide refrigeration for dairy products and other perishable foods, whether supplied by the license holder or supplied by the parent. The refrigeration must have a temperature of 41 degrees Fahrenheit or less.

Subd. 7. **Meals and snacks.** Except for infants under subdivision 11, the license holder must serve meals and snacks to children as follows:

(1) one snack for a child in attendance for two to five hours;

(2) one meal and two snacks or two meals and one snack for a child in attendance for five to ten hours;

(3) a minimum of two meals and two snacks for a child in attendance for more than ten hours; and

(4) a minimum of three meals and two snacks for a child in attendance for more than 14 hours.

Subd. 8. **Prescribed diet requirements.** (a) If a child is unable to follow the CACFP meal pattern requirements due to a diet-related medical condition, a prescribed diet accommodation is required.

(b) The license holder must obtain documentation from the child's health care provider about the child's special dietary needs and keep that information current. The license holder must use this information to accommodate the child's dietary needs.

(c) When a license holder enrolls a child who requires a prescribed diet, the license holder must ensure that an individual child care program plan is developed and maintained in the child's record, pursuant to sections 142H.15, subdivision 3, and 142H.27.

(d) The license holder must provide for a child's prescribed dietary needs or require the parent to provide the prescribed diet items that are not part of the center's menu plan.

Subd. 9. **Cultural or religious diet accommodations.** (a) When special diets are requested for cultural or religious reasons, the center must obtain written, dated, and signed instructions from the child's parent on how to accommodate the diet.

(b) The license holder must provide for a child's special diet for cultural or religious reasons or require the parent to provide the food items that are not part of the center's menu plan.

Subd. 10. **Food allergy information.** Information about food allergies of the children in the center must follow the requirements in section 142H.15, subdivision 5.

Subd. 11. **Infant food and feeding schedule.** The diet and feeding schedule of an infant must be determined by the infant's parent. The license holder of a center serving infants must:

(1) obtain written dietary instructions from the parent of the child that are used to develop the infant's feeding schedule and are updated as needed as the child's feeding needs change;

(2) have each individual infant's feeding schedule available in the food preparation area;

(3) offer the child formula or milk and nutritionally adequate solid foods in quantities at specified time intervals as determined by the parent;

(4) ensure infants are held or fed sitting up for bottled feedings until the infant can independently sit up and feed themselves. A bottle must not be propped at any time for an infant or fed to an infant in a crib, infant seat, or playpen;

(5) use sanitary procedures and practices to prepare, handle, and store formula, milk, breast milk, solid foods, and supplements, including having procedures to ensure bottles are matched to the correct infant. Procedures must be reviewed and certified by a health consultant;

(6) not warm or heat bottles in a microwave;

(7) not allow children access to bottle-warming devices; and

(8) label all bottles, breast milk, or prepared parent-provided food with the child's first and last name and date of preparation. All formula must be refrigerated immediately after preparation or upon arrival if the formula is prepared by the parent.

Subd. 12. **Additional requirements.** (a) The center must serve food that is not a choking hazard and that is developmentally appropriate in size, amount, and texture.

(b) Program staff must be seated with the children during meal and snack times.

History: *2019 c 9 art 2 s 43; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 2026 c 127 art 12 s 33*

142H.33 TRANSPORTATION AND FIELD TRIP REQUIREMENTS.

Subdivision 1. **Requirements.** A license holder that provides transportation for children or that takes children off site must comply with the requirements in this section.

Subd. 2. **Driver requirements.** (a) A driver who transports children for a license holder must:

(1) be at least 18 years old;

(2) hold a current and valid driver's license appropriate to the vehicle used to transport children;

(3) have a copy of the driver's current driver's license on file at the center;

(4) be free from the influence of any substance that could impair driving abilities; and

(5) follow seat belt and child passenger restraint system requirements under sections 169.685 and 169.686.

(b) Parents who are not employed by the center who use personal vehicles for transportation to occasional field trips do not have to meet the requirements of paragraph (a), clause (3). For the purposes of this subdivision, "occasional" means three or fewer times per calendar year.

Subd. 3. **Requirements during transportation.** (a) One program staff is required per vehicle when transporting school-age children. Two program staff are required per vehicle when transporting infants, toddlers, and preschoolers. An additional program staff person is required in the vehicle if there are 12 or

more infants and toddlers. The driver of the vehicle is considered a program staff person, unless the driver is employed by a contractor or third party.

(b) A two-way communication system and first aid kit must be present in the vehicle during transportation.

(c) Once children have exited, the vehicle must be checked to ensure that no child has been left in the vehicle.

(d) When the license holder provides transportation to and from the center, children must not be transported more than one hour per one-way trip.

(e) When children board or exit the vehicle, the license holder must ensure that each child safely boards and exits the vehicle from the curb side of the street whenever physically possible and out of the path of moving vehicles.

(f) Drop off or pick up must be conducted in a safe manner with supervision by the program staff responsible for the child.

Subd. 4. **Field trip requirements.** (a) For the purposes of this section, a field trip is defined as any time the center takes children off the property, including routine outings such as walking around the neighborhood. A center providing transportation for children to and from the center is not considered a field trip.

(b) Staff-to-child ratios must be maintained on all field trips.

(c) Written permission must be obtained from each child's parent before taking a child on a field trip. The written permission form must be obtained before each field trip or on a form that yearly summarizes all field trips that will be taken. The permission forms must be kept on file at the center.

(d) The parent's written permission form must include:

(1) the date and destination of the field trip;

(2) the times of departure from and return to the facility;

(3) the method of transportation; and

(4) if the method of transportation is walking, an estimated total distance of the walk.

(e) Unscheduled neighborhood walks may be taken, provided the program has obtained advance written parental permission for the general plan for neighborhood walks.

(f) A child care program that includes daily or regular off-site outdoor activities in its child care program plan may use an annual permission form for these activities. Parents must be informed of specific destinations and any substantial changes to the general plan outlined in the annual permission form through the child care program's regular communication methods. The annual permission form must include the following information:

(1) the general geographic area or areas where the off-site outdoor activities will occur;

(2) the general hours during which off-site activities may occur;

(3) the typical method of transportation; and

(4) the typical maximum distance of walks, if the method of transportation is walking.

(g) When centers take children on a walk or field trip, program staff must bring:

(1) a first aid kit as required under section 142H.29, subdivision 9;

(2) a child's allergy information as required under section 142H.15, including the individual child care program plan;

(3) the name and telephone number of each child's parent and at least one emergency contact person;

(4) medication and supplies needed for a child who has a health condition that could need medication, special procedures, or precautions during the course of the trip; and

(5) a working cell phone or other means of immediate communication.

History: *2019 c 9 art 2 s 42,52; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 2026 c 127 art 12 s 34*

142H.34 FACILITY.

Subdivision 1. **Occupancy designation.** (a) At initial licensure, an applicant must demonstrate compliance with the standards specified by the State Building Code and any applicable local building ordinances.

(b) Prior to the child care facility being remodeled, substantially improved, renovated, or reconstructed, the license holder must verify whether approval from the applicable state or local building officials is needed. If needed, the license holder must obtain written verification of compliance with the State Building Code and any applicable local building ordinances.

Subd. 2. **Fire inspection.** (a) The center must be inspected by a fire marshal within 12 months prior to initial licensure. The commissioner must not grant an initial license until receiving written approval of compliance with the State Fire Code from the fire marshal with jurisdiction.

(b) Pursuant to the time frames in paragraph (d), the center must have a fire inspection at least once every five calendar years from the date of the last fire inspection report. The fire inspection must include written approval of compliance with the State Fire Code from the fire marshal with jurisdiction.

(c) Prior to the use of any areas of the structure not previously inspected and approved for child care use, the center must:

(1) receive written confirmation from the state fire marshal that approval from the state fire marshal is not needed; or

(2) conduct a fire inspection, which must include written approval of compliance with the State Fire Code from the fire marshal with jurisdiction.

(d) For centers holding a valid license as of July 1, 2029:

(1) centers initially licensed before January 1, 1998, must meet the requirement under paragraph (b) no later than July 1, 2029;

(2) centers initially licensed on or after January 1, 1998, but before January 1, 2013, must meet the requirement under paragraph (b) no later than July 1, 2030;

(3) centers initially licensed on or after January 1, 2013, but before January 1, 2021, must meet the requirement under paragraph (b) no later than July 1, 2031; and

(4) centers initially licensed on or after January 1, 2021, must meet the requirement under paragraph (b) no later than July 1, 2032.

(e) Centers that have already completed a fire inspection within five years of July 1, 2029, are exempt from paragraph (d).

Subd. 3. **Reinspection for cause.** If the commissioner has reasonable cause to believe that a potential hazard exists or the license holder is operating out of compliance with applicable codes, the commissioner may request another inspection and written report by a fire marshal, building official, or health authority.

Subd. 4. **Facility floor plan and designated areas.** (a) Indoor and outdoor space to be used for child care must be designated on a facility floor plan.

(b) Space designated on a facility floor plan must be exclusively used for child care by the center during the hours of operation.

(c) The initial application for licensure and the center's administrative record must contain a floor plan of the center. Precise scale drawings are not required. The plan must indicate:

(1) the dimensions and location of all areas of the center designated for the provision of child care including planned use of each area; and

(2) the size and location of areas used for outdoor activity.

Subd. 5. **Child's personal storage space.** A center must have storage space for each child's clothing and personal belongings. The space must be at a height appropriate for the age of the child.

Subd. 6. **Space for children who become sick.** (a) Space must be provided in the center for a child who becomes sick at a center not licensed to operate a sick care program under section 142H.19.

(b) The space must be separate from activity areas used by other children but may still be within the classroom.

(c) A cot, mat, or crib and blanket must be provided as appropriate to the developmental level of the child.

(d) The space must be supervised by a program staff person when occupied by a sick child.

Subd. 7. **Outdoor learning environment and play space.** (a) A center must provide or have available an outdoor activity area that complies with this subdivision unless licensed to exclusively provide night care as specified under section 142H.16, licensed to provide drop-in care as specified under section 142H.17, licensed to provide sick care as specified under section 142H.19, or operating for fewer than three hours a day.

(b) A center must have an outdoor activity area of at least 1,500 square feet, and there must be at least 75 square feet of space per child within the outdoor play area at any given time during use.

(c) The outdoor activity area must be enclosed if it is located adjacent to a hazard, including but not limited to traffic, rail, water, or machinery, unless the area is a public park or playground.

(d) An outdoor activity area used daily by children under school age must be within 2,000 feet of the center or transportation must be provided by the license holder. The outdoor activity area must not be farther than one-half mile from the center.

(e) The area must contain the outdoor equipment required under section 142H.14.

(f) The play area must be free of potential hazards, including but not limited to broken glass, toxic materials, machinery, unlocked vehicles, feces, and sewage contaminants.

(g) An energy-absorbing surface is required under installed climbing equipment, swings, and slides. An energy-absorbing surface can be loose sand, pea gravel, or mulch in a depth of at least nine inches; any material that meets ASTM F1292 specifications; or shredded rubber and poured energy-absorbing surfacing installed to manufacturer's specifications based on the height of the equipment. A fall zone is required around the equipment.

(h) Natural features used for outdoor play that are not installed as equipment are not subject to the requirements of paragraph (g). When a child uses natural features for outdoor play, a program staff person must remove hazardous objects as specified in subdivision 17 and mitigate hazards whenever possible from the surrounding area where children might fall. Natural features used for outdoor play must be appropriate to the age and size of children, in safe condition, and used under the supervision of a program staff person.

Subd. 8. **Indoor space.** A center must have a minimum of 35 square feet of indoor space available per child in attendance. Hallways, stairways, closets, utility rooms, restrooms, kitchens, and space occupied by cribs are not indoor space for the purposes of this subdivision. Twenty-five percent of the space occupied by furniture or equipment used by staff or children may be counted as indoor space.

Subd. 9. **Shielding of hot surfaces.** Heating appliances must be installed and maintained in accordance with the manufacturer's instruction and the State Building Code. Radiators, fireplaces, hot pipes, and other hot surfaces in areas used by children must be shielded or insulated to prevent burns.

Subd. 10. **Electrical outlets.** Except in a center that serves only school-age children, electrical outlets must be tamper proof or shielded when not in use.

Subd. 11. **Water hazards.** Bodies of water within or adjacent to the center must be inaccessible to children. When using a pool or beach, children must be supervised at all times.

Subd. 12. **Room temperature.** An indoor temperature of 68 degrees Fahrenheit to 82 degrees Fahrenheit must be maintained in all rooms used by children.

Subd. 13. **Hazardous areas.** Kitchens, stairs, and other hazardous areas must be inaccessible to children except during periods of supervised use.

Subd. 14. **Fire extinguisher inspection.** Fire extinguishers must be serviced by a qualified inspector at least once every 365 days. The name of the inspector and date of the inspection must be written on a tag attached to the extinguisher.

Subd. 15. **Toilet articles.** As needed, a license holder must provide and make available toilet paper, liquid hand soap, facial tissues, and single-use paper towels or warm air hand dryers.

Subd. 16. **Toilets and hand sinks.** (a) The center must have at least one hand sink for every 15 children in the center's licensed capacity.

(b) The center must have at least one toilet for every 15 children, excluding infants, in the center's licensed capacity. Toilet training chairs may be used for toddlers in lieu of a toilet.

(c) The center must provide handwashing sinks within three feet of the diaper changing surface. The sink must have hot and cold running water. In newly constructed centers or those undergoing major remodeling to the plumbing system, foot- or wrist-operated sinks must be provided in the diaper changing area.

(d) Any hand sink required for children other than infants must be in the toilet area. The temperature of hot water in the hand sinks used by children must not exceed 120 degrees Fahrenheit. Hand sinks for children must not be used for custodial work or food preparation, including preparing infant bottles. Single-service towels or air dryers must be available to dry hands and designed for easy use by children.

(e) Toilets, sinks, faucets, and hand-drying devices in the toilet area used by children under school age other than infants must be placed at a height appropriate to the ages of the children. A sturdy nonslip platform on which children may stand may be used to meet the height requirement in this paragraph for toddlers and preschoolers.

(f) Plungers and toilet-cleaning devices must be inaccessible to children.

Subd. 17. **Hazardous objects.** (a) The license holder must prevent children from accessing hazardous objects, including any item that could reasonably cause injury, choking, poisoning, burning, cutting, or other harm to a child, or any item designated by the manufacturer to be stored out of reach of children.

(b) Activities that are part of the program plan may include the use of hazardous objects when supervised by program staff.

(c) Supplies and materials used by children must be labeled "nontoxic" by the manufacturer.

Subd. 18. **Telephone.** (a) A working telephone that is capable of making outgoing calls and receiving incoming calls must be located within the licensed child care center at all times. The telephone must be accessible to staff as needed and be sufficiently charged for use at all times.

(b) Program staff must have access to a working telephone while providing care and supervision to children in care outside of the child care facility.

Subd. 19. **Animals.** A license holder must:

(1) keep each animal housed in the program up to date on vaccines required for that species under state law or local ordinance and maintain documentation of vaccinations, if any;

(2) notify parents prior to their child's enrollment of the presence of animals in the program, before new animals are housed, and prior to any animals visiting the program;

(3) not let children handle animals without adult supervision; and

(4) notify the parent of a child whose skin is broken by an animal bite or scratch or who is otherwise injured by an animal in writing of the injury.

Subd. 20. **Pest control.** (a) Effective measures must be taken to protect the center against rodents and insects. If rodents, insects, or other pests are found, the license holder must take steps to remove or exterminate them. Chemicals, baits, and traps for insect and rodent control must not be used in areas accessible to children when children are present and must be used according to the manufacturer's instructions.

(b) Chemicals to control weeds, rodents, insects, and other pests must be used only after other means have been used for control, such as eliminating harborages, removing access to food, and sealing points of entry. These compounds must be used according to labeled instructions. If chemicals are used, the license

holder must notify the parents of enrolled children what pesticide will be applied and where it will be applied no less than 48 hours before application, unless in cases of emergency. Only approved, United States Environmental Protection Agency-registered insecticides, rodenticides, and herbicides may be used. Application must strictly follow all label instructions and must be authorized by the director.

Subd. 21. **Posting license.** A license holder must post the license in a clearly visible place within the child care center that is accessible to parents and guardians.

History: *2019 c 9 art 2 s 52; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 2026 c 127 art 12 s 35*

142H.35 ENVIRONMENTAL HEALTH.

Subdivision 1. **Water supply.** A child care center must have a safe water supply. Child care centers that obtain water from privately owned wells or sources must test any water used for cooking or drinking by a Department of Health-certified laboratory to verify safety. License holders must follow the lead testing requirements in section 145.9273.

Subd. 2. **Radon testing.** (a) The license holder must notify parents whether radon testing has been conducted in the program upon enrollment and within 30 days of any subsequent testing done after enrollment.

(b) When notifying parents, the license holder must use a form prescribed by the commissioner. The notice must include information from the Department of Health about what radon is and the potential risks associated with radon exposure. If testing has been completed, the notice must include:

(1) the date of the most recent test;

(2) the rooms or areas tested; and

(3) the detected radon level or levels, stated in picocuries per liter.

(c) A license holder must keep a copy of the most recent notice to parents and the radon test results on site and make the notice and results available to parents and the commissioner upon request. The provider may meet this requirement by posting the radon testing results in a conspicuous place.

History: *2026 c 127 art 12 s 36*

142H.36 MALTREATMENT OF MINORS INTERNAL REVIEW.

If a license holder has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the license holder must:

(1) establish and maintain policies and procedures to ensure that an internal review is completed within 30 calendar days and that corrective action is taken if necessary to protect the health and safety of children in care. The review must include an evaluation of whether:

(i) related policies and procedures were followed;

(ii) the policies and procedures were adequate;

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

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

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

(2) develop, document, and implement a corrective action plan designed to correct any current lapses and prevent future lapses in performance by individuals or the license holder, based on the results of the review;

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

(4) document and make internal reviews accessible to the commissioner immediately upon the commissioner's request. For the purposes of this section, the documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.

History: *2026 c 127 art 12 s 37*