CHAPTER 142I

FAMILY CHILD CARE LICENSING

NOTE: This chapter, as added by Laws 2026, chapter 127, article 13, sections 1 to 23, is effective July 1, 2027. Laws 2026, chapter 127, article 13, section 26.

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142I.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 used 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 federal Department of Education.

Subd. 4. **Adult.** "Adult" means a person at least 18 years of age.

Subd. 5. **Age categories.** (a) "Newborn" means a child from birth up to six weeks old.

(b) "Infant" means a child who is at least six weeks old but less than 12 months old.

(c) "Toddler" means a child who is at least 12 months old but less than 24 months old.

(d) "Preschooler" means a child who is at least 24 months old but less than five years of age.

(e) "School age" means a child who is at least five years of age but is less than 11 years of age.

Subd. 6. **Agency.** "Agency" means a county or multicounty social or human services agency governed by a county board or a multicounty human services board.

Subd. 7. **Annual or annually.** "Annual" or "annually" means at least once each calendar year.

Subd. 8. **Applicant.** "Applicant" has the same meaning as section 142B.01, subdivision 4.

Subd. 9. **Behavior guidance.** "Behavior guidance" means an ongoing process whereby caregivers offer constructive, positive, and developmentally appropriate guidance to children to help them manage their own behavior in a socially acceptable manner.

Subd. 10. **Bodily fluid.** "Bodily fluid" means urine, feces, vomit, blood, and other bodily fluids with blood present.

Subd. 11. **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. 12. **Caregiver.** "Caregiver" means the license holder, primary provider of care, second adult caregiver, intermittent caregiver, helper, or substitute.

Subd. 13. **Child.** "Child" means a person receiving child care services who falls within the age categories in subdivision 5.

Subd. 14. **Child care.** "Child care" means the care of a child in a family child care program. This includes the children of the license holder and any other caregivers in the family child care program who receive child care during child care hours.

Subd. 15. **Child with special health care needs or disabilities.** "Child with special health care needs or disabilities" means a child who:

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

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

(3) has been determined to be a child with a disability by a health care provider as defined in subdivision 25.

Subd. 16. **Clean.** "Clean" means free from dirt or other contaminants that can be detected by sight, smell, or touch.

Subd. 17. **Commissioner.** "Commissioner" means the commissioner of children, youth, and families or the commissioner's designated representative, including county agencies and private agencies.

Subd. 18. **Community-based family child care program.** "Community-based family child care program" means a family child care program that operates at a location other than the primary residence of the license holder.

Subd. 19. **Department.** "Department" means the Department of Children, Youth, and Families.

Subd. 20. **Disinfect.** "Disinfect" means the chemical process to kill most germs and viruses on surfaces and objects after the surfaces and objects have been cleaned.

Subd. 21. **Emergency replacement.** "Emergency replacement" means an adult who supervises children in a family child care program due to an emergency and who has not completed the training requirements under this chapter or the background study requirements under chapter 245C.

Subd. 22. **Family child care program.** "Family child care program" means a child care program licensed under this chapter and chapter 142B operating from the license holder's residence or other approved space that serves up to 18 children and is provided for less than 24 hours a day.

Subd. 23. **Fire marshal.** "Fire marshal" means the person designated by section 299F.011 to administer and enforce the State Fire Code or a local fire code inspector approved by the fire marshal.

Subd. 24. **Hazardous materials.** "Hazardous materials" means 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.

Subd. 25. **Health care provider.** "Health care provider" means a physician or physician's assistant licensed to practice medicine under chapter 147; an advanced practice registered nurse licensed under section 148.171; or a licensed psychiatrist, licensed psychologist, or licensed consulting psychologist.

Subd. 26. **Helper.** "Helper" means a minor, 14 through 17 years of age, who assists an adult caregiver with the care of children.

Subd. 27. **Inaccessible to children.** "Inaccessible to children" means not capable of being reached or utilized by a child without the aid of an adult.

Subd. 28. **Intermittent caregiver.** "Intermittent caregiver" means an adult who cares for children in a family child care program alongside another adult caregiver for a cumulative total of no more than 500 hours annually.

Subd. 29. **License.** "License" has the meaning given in section 142B.01, subdivision 16.

Subd. 30. **License holder.** "License holder" has the meaning given in section 142B.01, subdivision 17, for a family child care program.

Subd. 31. **Licensed capacity.** "Licensed capacity" means the total number of children ten years of age or younger permitted at any one time on the premises of a family child care program. All children ten years of age or younger on the premises count toward the capacity of the family child care program.

Subd. 32. **Medication.** "Medication" means any substance or preparation that is used to prevent or treat a wound, injury, infection, or disease; maintain health; heal; or relieve pain, including substances purchased over the counter or prescribed by a health care provider or dentist. Medication includes substances taken internally or applied externally.

Subd. 33. **Owner or renter.** "Owner" or "renter" means the individual, individuals, organization, or government entity listed in the property title, deed, lease, or equivalent legal document.

Subd. 34. **Parent.** "Parent" means a person who has the legal responsibility for a child, such as the child's mother, father, or legally appointed guardian.

Subd. 35. **Pests.** "Pests" means any animals, insects, or other living creatures that are not housed within the family child care program and are considered harmful or detrimental to the health, safety, and well-being of individuals within a family child care program. This includes but is not limited to ants, rodents, cockroaches, bedbugs, or bats.

Subd. 36. **Pets.** "Pets" means all animals housed at the family child care program or that have contact with children.

Subd. 37. **Premises.** "Premises" means the indoor and outdoor space in which a family child care program is located.

Subd. 38. **Primary provider of care.** "Primary provider of care" means the person responsible for providing care to children during the hours of operation and operating a family child care program in compliance with all applicable laws and regulations under this chapter and chapters 142B and 245C. All

individual license holders are primary providers of care, as are individuals designated under section 142I.22, paragraph (f).

Subd. 39. **Radon testing.** "Radon testing" means the measurement of radon gas levels in the indoor air of the building.

Subd. 40. **Related.** "Related" means any of the following relationships by marriage, blood, or adoption: a spouse, a parent, an adoptive parent, a birth or adopted child or stepchild, a stepparent, a stepbrother, a stepsister, a niece, a nephew, a grandparent, a grandchild, a sibling, an aunt, an uncle, or a legal guardian.

Subd. 41. **Second adult caregiver.** "Second adult caregiver" means an adult who cares for children in the family child care program for a cumulative total of more than 500 hours annually along with the primary provider of care or substitute caregiver.

Subd. 42. **Separation.** "Separation" is 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 not allowed to participate in activities with other children.

Subd. 43. **State Building Code.** "State Building Code" means the codes and regulations adopted by the commissioner of administration pursuant to section 326B.107 and contained in Minnesota Rules, chapter 1300.

Subd. 44. **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. 45. **Substitute.** "Substitute" means an adult who is responsible for the duties of a primary provider of care when the primary provider of care is not present at the family child care program. A substitute may not provide care for more than 500 hours per calendar year.

Subd. 46. **Supervision.** "Supervision" means:

(1) caregivers must be within sight or hearing of newborns, infants, toddlers, and preschoolers at all times and must intervene in an effort to protect the health and safety of the child. Electronic monitoring devices can only be used to monitor infants, toddlers, and preschoolers when they are asleep;

(2) for a school-age child, a caregiver must be available and in close enough proximity to provide in-person assistance and care to ensure the child's health and safety is protected. Electronic devices may be used to support supervision, but must not replace the caregiver's ability to provide assistance or care in person; and

(3) the caregiver has an awareness of and responsibility for the activity of each child and is near enough to respond and reach children immediately, including responding to the child's basic needs and intervening to protect them from harm.

Subd. 47. **Variance.** "Variance" means written permission from the department pursuant to the requirements in section 142B.10, subdivision 16, paragraph (c), for a license holder or applicant to depart from a specific requirement in this chapter or chapter 142B.

History: *1999 c 36 s 1; 2014 c 291 art 1 s 1; 2024 c 80 art 2 s 74; 2026 c 127 art 13 s 1*

142I.02 LICENSING OF PROGRAMS.

Subdivision 1. **Purpose.** The purpose of this chapter is to establish procedures and standards for licensing family child care and community-based family child care programs to ensure that minimum standards of care and service are given and the protection, care, health, safety, and development of the children are assured.

Subd. 2. **Applicability.** A family child care program must be licensed under this chapter and chapter 142B to operate in Minnesota.

History: *2026 c 127 art 13 s 2*

142I.03 LICENSING PROCESS.

Subdivision 1. **License application.** (a) An applicant for a family child care license must follow the requirements of this section and section 142B.10.

(b) Applicants must use the application issued by the department. The application must be made in the county where the family child care program will operate.

(c) Applicants must be the proposed license holders of the family child care program.

(d) An application for licensure is complete and ready for the agency's review after the applicant completes, signs, and submits all department forms and documentation needed for licensure to the agency and the agency receives all inspection, zoning, evaluation, and investigative reports, documentation, and information required to verify compliance with this chapter and applicable statutes, including a completed background study for individuals subject to a study, as required under chapter 245C.

Subd. 2. **Licensing study.** (a) The applicant must give the agency access to the family child care program for a licensing study to determine compliance with all applicable rules and statutes.

(b) If the commissioner determines a potentially hazardous condition exists due to noncompliance with this chapter or local ordinances, the applicant must obtain an inspection from a fire marshal, building official, or authorized community health board agent under section 145A.04 to verify the absence of hazard or identify needed corrections. Any condition cited as hazardous and creating an immediate danger of fire or threat to life or safety must be corrected.

(c) An applicant must undergo an initial inspection of the family child care program by a fire marshal to determine compliance with the State Fire Code and compliance with orders issued if the program:

(1) has freestanding solid-fuel-heating appliances;

(2) will operate in a manufactured or mobile home;

(3) will use a basement for child care;

(4) is located in mixed- or multiple-occupancy buildings. For the purposes of this clause, "mixed-occupancy building" means a structure that contains nonresidential occupancies, such as an attached garage, and "multiple-occupancy building" means a structure with two or more residential dwelling units, such as a duplex, apartment building, or townhome; or

(5) is located in a commercial space.

Subd. 3. **Ineligibility factors.** (a) An applicant, caregiver, or any person who resides where the family child care program operates and who is present when children are in care or works with the children in care is prohibited from:

(1) abusing prescribed or nonprescribed drugs or using alcohol or controlled substances specified in chapter 152 to the extent that the use or abuse has or may have a negative effect on the ability of the primary provider of care to give care or is apparent during the hours of operation;

(2) having had a child placed in foster care within the prior 12 months for reasons that the agency determines reflect on the ability of the license holder or the primary provider of care to safely provide family child care. This clause does not apply if the primary reason for the placement was due to a physical illness of the parent due to a disability of the child, including developmental disability of the child; or for the temporary care of a newborn or infant being relinquished for adoption;

(3) having had a child placed in a residential facility within the prior 12 months for reasons that the agency determines reflect on the ability of the license holder or the primary provider of care to safely provide family child care; or

(4) exhibiting behavior that could pose a risk to children being served in the family child care program. Additional assessments or documentation may be requested to determine the impact on the provider's ability to provide care.

(b) Caregivers who have abused prescribed or nonprescribed drugs or have been dependent on alcohol or controlled substances specified in chapter 152, such that the use, abuse, or dependency has negatively affected the ability to give care, was apparent during the hours of operation, or required treatment or therapy, must have 12 months of verified abstinence before licensure.

Subd. 4. **Variances.** The department may grant variances to this chapter. Upon receipt of a variance request, the department must make a determination on the variance request within 30 business days.

Subd. 5. **Posting license.** The license holder must post the license in the family child care program in a location where parents, visitors, and authorized representatives of the commissioner can easily access and view the license.

Subd. 6. **Change in license terms.** A license holder must submit a new application form in accordance with section 142B.10 before:

(1) relocating the family child care program;

(2) changing from family child care to community-based family child care;

(3) changing from community-based family child care to family child care;

(4) changing between any class A and class C license type; or

(5) changing a current C license class to a higher C license class.

Subd. 7. **Number of licenses.** Each individual applicant is limited to one family child care license.

Subd. 8. **Access to program.** As required in section 142B.10, subdivision 12, caregivers must give authorized representatives of the commissioner access to the family child care program premises during the hours of operation.

Subd. 9. **Disposal of license.** When a family child care program is closed, or if a license is revoked, suspended, or not renewed, the license holder must remove the license from being posted in the home within 14 days of ceasing operation or upon the final order of revocation, denial, or suspension of license; stop all advertising; and refrain from providing care to children as required in section 142B.05, subdivision 1.

Subd. 10. **Local government authority.** The authority of local units of government to establish requirements for family child care programs is limited by section 299F.011, subdivision 4a, paragraph (a), clauses (1) and (2).

Subd. 11. **Background studies.** All individuals subject to a background study must comply with the requirements of chapter 245C.

Subd. 12. **Child care license holder insurance.** (a) The license holder must complete and provide to parents a form prescribed by the commissioner that includes information about the license holder's liability insurance status. The license holder must update the form and obtain each parent's signature whenever insurance coverage changes, a policy lapses, or a new policy takes effect. If the license holder has a continuous insurance policy that renews each year, the license holder may indicate the policy's renewal date in the initial written notice to parents, and no further notices are required until the insurance coverage changes or the policy lapses.

(b) The form under this subdivision must include the date of the policy's expiration or renewal or indicate if the license holder does not carry liability insurance.

(c) A copy of the current certificate of liability insurance must be made available upon request to parents, the commissioner, and agency licensing staff.

History: *2013 c 108 art 3 s 19; 2018 c 200 s 7; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 2026 c 127 art 13 s 3*

142I.04 AGENCY RECORDS.

Subdivision 1. **Agency records.** An agency must maintain the following records for each license holder:

(1) a copy of the completed licensing application form signed by the applicant and the agency;

(2) a physical health report on any adult caregiver that was submitted prior to giving care in the family child care program. The physical health report must verify that the adult caregiver is physically able to care for children;

(3) any written reports from a fire marshal, building official, or agent of a community health board authorized under chapter 145A;

(4) if the applicant has been licensed through another jurisdiction, a reference from the licensing authority in that jurisdiction;

(5) the initial and annual inspection by the agency of the license holder. Any comments of the license holder about the inspections by the agency must also be noted in the agency record;

(6) a copy of the notification given to parents, prior to a child's admission, indicating that pets are present in the residence and documentation as required in section 142I.19, subdivision 4;

(7) documentation of any variance requests and the approval or denial of the request in accordance with section 142I.03; and

(8) the results of each background study required under chapter 245C.

Subd. 2. **Data privacy.** The agency, commissioner, and authorized agent as defined in section 142B.01, subdivision 5, must have access to license holder records on children in care to determine compliance with this chapter. All caregivers must maintain the privacy of records on children by refraining from discussing or disclosing any records, including electronic records, or information on children in care to any persons other than the parent of the child, the agency, the commissioner, and medical or public safety persons if the information is necessary to protect the health and safety of the child.

History: *2026 c 127 art 13 s 4*

142I.05 REPORTING TO AGENCY.

Subdivision 1. **Maltreatment, abuse, and neglect reporting.** All caregivers who suspect, know, or have reason to believe a child is being or has been maltreated under section 260E.03, subdivision 12, must immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, county sheriff, Tribal social services agency, or Tribal police as required by chapter 260E.

Subd. 2. **Other reporting.** Primary providers of care must notify the agency:

(1) prior to anyone moving into the residence where family child care services are provided. A background study must be completed in accordance with section 245C.13, subdivision 2;

(2) within ten calendar days after a household member has moved out of the residence where family child care services are provided;

(3) before a new caregiver provides direct contact services for the first time, unless an individual is acting as an emergency replacement according to section 142I.09, subdivision 2;

(4) of any damage to the premises that may affect compliance with this chapter or any incident at the premises that results in the loss of utility services, within 24 hours after the occurrence;

(5) within 24 hours after the occurrence of any serious injury, head injury, hospitalization, or death of a child in care. For the purposes of this clause, "serious injury" means an injury that reasonably requires the care of a health care provider or dentist; and

(6) within 24 hours after the occurrence of an animal bite in accordance with section 142I.19, subdivision 4.

History: *2026 c 127 art 13 s 5*

142I.06 ADMISSIONS; RECORDS; REPORTING.

Subdivision 1. **Admission and ongoing information.** (a) Prior to admission of a child and annually while the child is enrolled, the parents and primary provider of care must discuss family child care program policies and licensing requirements.

(b) The license holder must not disclose a child's record to any person other than the child, the child's parent or guardian, the child's legal representative, employees of the license holder, and the agency unless the child's parent or guardian has given written consent or as otherwise required by law.

Subd. 2. **Statutory summary for parents.** A descriptive summary of this chapter must be distributed to the parent by the license holder at the time a child is admitted to care. The summary must be provided by the department to the agencies for distribution to license holders and must:

(1) state that this chapter and chapter 142B govern the licensing of family child care programs;

(2) specify the section headings contained in this chapter; and

(3) state that a complete copy of this chapter is available at the family child care program, agency, department, or State Law Library or through the revisor of statutes website.

Subd. 3. **Parental access.** A parent who has enrolled a child must be allowed access to the child and the licensed space at any time while the child is in care unless a court order or other legal documentation restricts access. A copy of the order or other legal documentation must be kept in the child's record at the family child care program.

Subd. 4. **Attendance records.** A license holder must maintain documentation of attendance for each child receiving care for a minimum of five years. The records must be accessible to the commissioner during the family child care program's hours of operation, must be completed on the day of attendance, and must include:

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

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

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

Subd. 5. **License holder policies.** (a) The license holder must follow and monitor implementation of the policies and procedures by all caregivers as required in section 142B.10, subdivision 21.

(b) When applicable for the program, the license holder must have written policies available for discussion with parents and the commissioner and provide an electronic or hard copy to the parent at the time of admission or upon request. The policies must include, at a minimum:

(1) program operation policies, including:

(i) the ages and numbers of children the family child care program is licensed to serve;

(ii) the hours and days of operation, including plans for holiday closings, personal time, and policies for inclement weather closings;

(iii) fees, including payment schedule, overtime charges, and registration fees as applicable;

(iv) parental access to the family child care program that states a parent who enrolls a child must be allowed access to the child and the licensed space at any time while the child is in care;

(v) nondiscrimination practices to comply with section 142I.21;

(vi) the termination of child care and expulsion notice procedures; and

(vii) the use of a helper, a substitute for personal leave or holidays, and an emergency substitute according to the licensing requirements in section 142I.09;

(2) health and safety policies, including on:

(i) allergy prevention and response;

(ii) the administration and storage of medication and topical products;

(iii) the care of ill children, isolation precautions, symptoms for discharge and return, immunizations, medicine permission policies, and whether the license holder will care for an ill child;

(iv) disease notification procedures, including notifying the parents of exposed children within 24 hours of a parent or caregiver notifying the license holder of a reportable disease under section 142I.19, subdivision 9. The notice must be posted in a clearly visible, accessible place or provided individually to each parent of a child who was exposed;

(v) meals, snacks, infant formula, breast milk, and supplemental foods to be provided, including labeling requirements for food brought from the child's home;

(vi) sleeping and resting arrangements;

(vii) emergency procedures, fire and storm plans, and transportation in an emergency, including whether parent permission is required;

(viii) how the license holder prevents abuse of prescription medication or being in any manner under the influence of a chemical that impairs the caregiver's ability to provide services or care as required under section 142B.10, subdivision 1, paragraph (c); and

(ix) the legal requirements for firearms in a family child care program through a statement that must include the language under section 142I.19, subdivision 7; and

(3) program environment policies, including:

(i) behavior guidance and discipline;

(ii) field trips, including by foot, and whether parent permission is required;

(iii) the presence of pets in the family child care program, including notification prior to the introduction of a new pet to the program;

(iv) the use of screen time; and

(v) the use of social media, images, and video in accordance with subdivision 7.

Subd. 6. **Records for each child.** (a) The license holder must obtain the records in this subdivision from parents prior to the admission of a child. The license holder must keep this information up to date and on file for each child. The license holder must have a parent annually review the information in a child's record, update the information as necessary, and keep the information on file.

(b) For each enrolled child, the license holder must maintain a signed and completed admission and arrangement form, as prescribed by the commissioner, and a completed enrollment form, as developed and approved by the commissioner.

(c) Immunization records must be kept in accordance with section 121A.15 and Minnesota Rules, chapter 4604. Prior to enrollment, a license holder must request a child's immunization record. The record must be kept on file and updated as follows:

(1) for an infant, every six months;

(2) for a toddler, annually;

(3) for a preschooler, every 18 months; and

(4) for a school-age child, every three years.

(d) For each enrolled child, the license holder must obtain signed written consent from a parent allowing the license holder to obtain emergency medical care or treatment for the child.

(e) A license holder must release a child from care only to a parent or other person authorized in writing by the parent. The information must be reviewed at least annually by the parent and updated when information changes.

Subd. 7. **Social media, images, and video sharing.** (a) Caregivers are prohibited from sharing photos, videos, or other personal identifying information of enrolled children, except to provide updates to parents who have provided written consent. If a license holder wishes to use photos or videos of the family child care program and the enrolled children for promotional or publicity purposes, including on social media accounts or public digital platforms, the license holder must obtain written consent from parents prior to use.

(b) Notwithstanding paragraph (a), the license holder must share photos, videos, and other personal identifying information of enrolled children with the commissioner upon request.

Subd. 8. **Nondiscrimination.** A caregiver is prohibited from discriminating in relation to enrollment in their program based on race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, or familial status.

History: *2012 c 216 art 17 s 2; 2015 c 78 art 4 s 16; 2017 c 6 art 16 s 4; 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 13 s 6*

142I.07 CAPACITY AND RATIOS.

Subdivision 1. **Capacity limits.** License holders must be licensed for the total number of children ten years of age or younger who are present on the premises of the family child care program at any one time during child care hours, including the caregiver's own children and foster children.

Subd. 2. **Capacity, ratios, and age distribution restrictions.** (a) The commissioner must issue licenses based on the capacity and ratios in this subdivision.

(b) License holders with a class A license must meet the following requirements:

Class	Capacity	Minimum Adult Caregivers	Maximum Children Under School Age	Maximum Total Infants and Toddlers	Maximum Infants
A	10	1	6	3	2

(c) License holders with a class C license must meet the following requirements:

Class	Capacity	Minimum Adult Caregivers	Maximum Children Under School Age	Maximum Total Infants and Toddlers	Maximum Infants
C1	5	1	5	3	3
C2	10	1	8	4	2
C3	12	1	10	3	2
C4	14	2	10	6	4
C5	18	2	12	5	2

Subd. 3. **Newborn care.** When a newborn is in care and only one adult caregiver is present, the newborn must be the only child under 12 months of age present, and the license holder must not care for more than two other children at the same time unless the newborn is the license holder's child. When a second adult caregiver is also present or the newborn is the child of the license holder, then the newborn is considered an infant for the purposes of child-to-adult ratios and age distribution restrictions.

Subd. 4. **Supervision, primary provider of care, and use of substitutes.** (a) Children in care must be supervised by an adult caregiver. The adult caregiver must have knowledge of each child's needs, including but not limited to developmental and behavioral needs and parental preferences, and be accountable for each child's care at all times. A caregiver must be within sight or hearing of newborns, infants, toddlers, and preschoolers at all times without the use of monitoring devices, except as provided in section 142I.18.

(b) The primary provider of care must be the primary caregiver in the family child care program unless a substitute is being used in accordance with section 142I.09. A helper may be used in place of a second adult caregiver when there is no more than one newborn, infant, or toddler present.

(c) The use of a substitute caregiver must be in accordance with section 142I.09.

Subd. 5. **Overnight care.** When a family child care program has a child in care after 11 p.m. and before 5 a.m.:

(1) at least one adult caregiver must remain awake and available to respond to children's needs at all times. The program must maintain required caregiver-to-child ratios. Additional caregivers may sleep when ratios are maintained and must be available to resume supervision when needed;

(2) all awake children must be given the opportunity to engage in age-appropriate activities in a separate room away from sleeping children; and

(3) the child care emergency plan must include a plan tailored to sleeping children.

Subd. 6. **Class C5 licenses.** (a) Class C5 licenses must always operate at the level of exit discharge.

(b) A family child care program with a class C license may operate as a lower C-class level family child care program on days when the adult-to-child ratios allow it to operate at a lower capacity.

Subd. 7. **Care of the license holder's own child or children.** (a) With the license holder's consent, an individual may be present in the licensed space and care for the license holder's own child both inside and outside of the licensed space and is exempt from the training and supervision requirements of section 142I.10 if the individual:

(1) is related to the license holder or to the license holder's child, as defined in section 142I.01, subdivision 40, or is a household member who the license holder has reported to the county agency;

(2) is not a caregiver for the family child care program at the time that they are supervising the license holder's own child;

(3) only cares for the license holder's own child; and

(4) does not have direct, unsupervised contact with any nonrelative children in care.

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

(c) Where a caregiver is also a parent providing care to their own child in the family child care program, sections 142I.13; 142I.17; 142I.20, subdivisions 1 to 3; and 142I.21 do not apply to caregivers with regards to the care of their own children.

(d) Notwithstanding paragraph (c), family child care programs with license holders or caregivers providing care to their own child are not exempt from the capacity, ratio, and age distribution requirements under this section. License holders and caregivers remain subject to chapters 260E and 609 and other applicable statutes and rules.

(e) Notwithstanding paragraph (c), the agency may enforce the standards in sections 142I.13; 142I.17; 142I.20, subdivisions 1 to 3; and 142I.21 when the caregiver's actions with regards to the care of their own children affect the other children in the caregiver's care.

History: *1Sp2019 c 9 art 2 s 46; 1Sp2020 c 2 art 1 s 8; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 2026 c 127 art 13 s 7*

142I.08 QUALIFICATIONS.

Subdivision 1. **Age.** An applicant for a family child care license must be an adult at the time of application.

Subd. 2. **Physical and behavioral health.** (a) An adult caregiver must be physically and mentally able to care for children. An applicant or primary provider of care must provide documentation to the agency along with the license application verifying that the applicant has had a physical examination by a licensed physician, advanced practice registered nurse, or physician assistant within 12 months prior to the application for initial licensure and that the applicant or primary provider of care is physically able to care for children. Prior to assisting in the care of children, the applicant must also provide documentation verifying that any adult caregiver has had a physical examination by a licensed physician, advanced practice registered nurse, or physician assistant within the past 12 months and is physically able to care for children.

(b) The commissioner may require a caregiver to provide reports on the caregiver's physical or mental health from a health care provider when there is reason to believe that a caregiver exhibits physical or mental health symptoms that could impair the caregiver's ability to ensure the health and safety of children. The reports must not be used for any other purpose than to determine whether the caregiver's physical or mental health impacts the health and safety of children.

Subd. 3. **Additional class C5 license requirements.** (a) An applicant or primary provider of care receiving a class C5 license must have at least one of:

(1) a minimum of one year of substantial compliance with this chapter as a Minnesota-licensed family child care license holder, primary provider of care, or second adult caregiver and a minimum of 1,500 hours of direct care in a family child care program serving children;

(2) a minimum of six months of substantial compliance with this chapter as a family child care license holder, primary provider of care, or second adult caregiver in Minnesota and:

(i) a minimum of 520 hours of experience as an assistant teacher, student teacher, or intern in an elementary school, after-school program, or Minnesota-licensed child care center or as an adult caregiver in a Minnesota-licensed family child care program and 30 hours of child care, health, and nutrition training as specified in section 142I.10; or

(ii) a minimum of 520 hours of experience as a licensed practical or registered nurse, and 30 hours of child development or early childhood education training, as specified in section 142I.10;

(3) certification or licensure indicating completion of one of the following:

(i) a two-year child development or early childhood education associate or certificate program at an accredited college or university;

(ii) a child development associate certification;

(iii) a certification from a recognized Montessori organization;

(iv) a bachelor's degree or higher in early childhood education from an accredited college or university; or

(v) an elementary education degree from an accredited college or university that includes a minimum of 30 hours of child development training; or

(4) six months' experience working an average of 30 hours a week or more as a teacher, as defined in section 142H.06, at a Minnesota-licensed child care center.

(b) An applicant or primary provider of care must complete an additional large group training created by the commissioner as a condition of receiving a class C5 license.

History: *2026 c 127 art 13 s 8*

142I.09 SUBSTITUTE CAREGIVERS AND REPLACEMENTS.

Subdivision 1. **Total hours allowed.** The use of a substitute caregiver in a family child care program is limited to a cumulative total of not more than 500 hours annually. When a substitute is used, prior to the end of each business day the license holder must document the name, date, and number of hours of each substitute who provided care.

Subd. 2. **Emergency replacement supervision.** (a) In an emergency, a license holder may allow an adult who has not completed the training requirements under this chapter or the background study requirements under chapter 245C to supervise children in a family child care program. For purposes of this subdivision, "emergency" means a situation in which the license holder has begun operating the family child care program for the day and for reasons beyond the control of the license holder, including but not limited to a serious illness or injury, accident, or situation requiring the immediate attention of the license holder, the license holder needs to leave the licensed space and close the program for the day.

(b) To the extent practicable, the license holder must attempt to arrange for emergency care by a substitute caregiver before using an emergency replacement.

(c) When an emergency occurs:

(1) the license holder or emergency replacement must contact the parents of the children attending the family child care program and inform the parents that the program is closing for the day and that the children need to be picked up as soon as practicable;

(2) the license holder must not knowingly use a person as an emergency replacement who has committed an action or has been convicted of a crime that would cause the person to be disqualified from providing care to children if a background study was conducted under chapter 245C;

(3) the license holder must make reasonable efforts to minimize the amount of time the emergency replacement has unsupervised contact with the children in care not to exceed 12 hours per emergency incident;

(4) the family child care program must be closed for the day once the last unrelated child has left the program; and

(5) the license holder must notify the county licensing agency within seven days that an emergency replacement was used and specify the circumstances that led to the use of the emergency replacement.

(d) The county licensing agency must notify the commissioner within three business days after receiving the license holder's notice that an emergency replacement was used and specify to the commissioner the circumstances that led to the use of the emergency replacement.

(e) A license holder is not required to provide the names of persons who may be used as replacements in emergencies to parents or the county licensing agency. However, once an emergency replacement has been used, the license holder must provide the name of the individual used to the county licensing agency.

History: *1Sp2019 c 9 art 2 s 58; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 2026 c 127 art 13 s 9*

142I.10 APPLICANT, PRIMARY PROVIDER OF CARE, AND SECOND ADULT CAREGIVER TRAINING REQUIREMENTS.

Subdivision 1. **Initial training; applicant, primary provider of care, and second adult caregiver.** (a) Before providing care, an applicant, a primary provider of care, and each second adult caregiver must have completed all required initial training within the prior 24 months.

(b) Initial training does not need to be completed before providing care in the following circumstances:

(1) a primary provider of care who voluntarily closes a license and reopens within 12 months has one year from the new license's effective date to complete annual and ongoing training and is exempt from repeating initial training;

(2) a primary provider of care who relocates within the state has until the end of the calendar year to complete annual and ongoing training and is not required to repeat initial training previously completed; and

(3) a primary provider of care who relocates to a new county must not be required by the new county to complete orientation or other training required for new applicants.

(c) Each applicant, primary provider of care, and second adult caregiver must complete and document the following before providing care:

(1) at least four hours of child development, learning, or behavior guidance training. An individual is exempt if the individual provides documentation verifying that the individual:

(i) has completed a three-credit early childhood development course within the past five years;

(ii) holds a baccalaureate or master's degree in early childhood education or school-age child care;

(iii) holds a Minnesota teaching license in early childhood education, kindergarten through grade 6, or special education; or

(iv) holds a Montessori certificate;

(2) the six-hour supervising for safety for family child care course developed by the commissioner;

(3) pediatric first aid training provided by an instructor certified to teach pediatric first aid. Current training documentation must be maintained at the family child care program and made available upon request. Online training reviewed and approved by the county licensing agency satisfies this requirement;

(4) pediatric cardiopulmonary resuscitation (CPR) training that:

(i) is instructor led or blended with a hands-on skills component. Online-only CPR courses without a hands-on component do not meet this requirement;

(ii)(A) is developed by the American Heart Association or the American Red Cross; or

(B) uses nationally recognized, evidence-based guidelines for CPR training; and

(iii) is provided by an instructor approved by the commissioner to teach CPR;

(5) for programs licensed for children younger than school age, training on reducing the risk of sudden unexpected infant death and abusive head trauma, which may be combined in a single commissioner-approved course. This training must, at a minimum, address the risk factors related to sudden unexpected infant death and abusive head trauma and the means of reducing the risk of each;

(6) training on proper use and installation of child passenger restraint systems under section 169.685 of at least one hour in length that is provided by an instructor certified and approved by the Department of Public Safety. At a minimum, the training must address the proper use of child restraint systems based on the child's size, weight, and age and the proper installation of a car seat or booster seat in the motor vehicle used by the caregiver to transport the child or children. This requirement does not apply to family child care programs that transport only school-age children as defined in section 142I.01, subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e);

(7) training on the child care emergency plan required under section 142I.19, subdivision 2;

(8) training on allergy prevention and response required under section 142I.06, subdivision 5, paragraph (b);

(9) training on the community-based family child care program plan required under section 142I.22, if applicable;

(10) training on the family child care program policies and procedures required under section 142I.06;

(11) training on reporting suspected maltreatment of children as required under chapter 260E; and

(12) swimming pool training under section 142I.14, subdivision 6, if a pool at the family child care program is used by children in care.

(d) County licensing staff must accept approved training on the primary provider of care or second adult caregiver's learning record in the Develop data system for early education and school-age care.

Subd. 2. **Annual training; primary provider of care and second adult caregiver.** (a) A primary provider of care and each second adult caregiver must annually complete and document the following training:

(1) at least two hours of child development, learning, or behavior guidance training. A three-credit early childhood development course completed within the calendar year meets this requirement;

(2) a two-hour active supervision course developed or approved by the commissioner;

(3) training on reducing the risk of sudden unexpected infant death if caring for infants and training on reducing the risk of abusive head trauma if caring for children under school age, which must:

(i) be completed in person or online at least once every two years; and

(ii) in alternating years, be completed through a commissioner-approved video not exceeding one hour in length; and

(4) at least four hours of ongoing training each calendar year that must include topics identified in the Minnesota knowledge and competency framework. Repeat of topical training requirements in subdivision 1 counts toward the annual ten-hour requirement.

(b) A caregiver who is approved as a trainer through the Develop data system may count up to two hours of training instruction toward the annual ten-hour training requirement in paragraph (a), clause (4), if:

(1) the training is the first instance in which the caregiver delivers a particular content-specific training during each training year;

(2) the caregiver is a Develop-approved active trainer; and

(3) the hours counted as training instruction are approved through the Develop data system with attendance verified on the trainer's individual learning record and are in the knowledge and competency framework content areas VII A, establishing healthy practices, or B, ensuring safety.

(c) Unless specifically authorized in this section, one training does not fulfill two different training requirements. Courses within the identified knowledge and competency areas that are specific to child care centers or legal nonlicensed programs do not fulfill the requirements of this section.

(d) County licensing staff must accept training designated by the commissioner as satisfying training requirements if the training is within the knowledge and competency framework for child development and learning, behavior guidance, and active supervision as indicated on the department's website.

Subd. 3. **Ongoing training; primary provider of care and second adult caregiver.** (a) A primary provider of care and each second adult caregiver must complete and document the following training:

(1) pediatric cardiopulmonary resuscitation training that meets the requirements of subdivision 1, paragraph (c), clause (4), and is repeated every two years within 90 days of the second anniversary of the previous training. Documentation must be maintained at the family child care program or electronically and made available upon request;

(2) pediatric first aid training by a certified instructor repeated every two years within 90 days of the second anniversary of the previous training. Documentation of the training must be maintained at the family child care program or electronically and made available upon request;

(3) commissioner-developed Health and Safety I and Health and Safety II training at least once every five years. Completion of either course in a given year meets the annual active supervision training requirement in subdivision 2, paragraph (a), clause (2);

(4) proper use and installation of child passenger restraint systems under section 169.685 that meets the requirements of subdivision 1, paragraph (c), clause (6), and is repeated at least once every five years. This requirement does not apply to family child care programs that transport only school-age children as defined in section 142I.01, subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e); and

(5) fire safety training developed by the State Fire Marshal's Office that must be completed once every five years.

(b) If a license holder changes any of the policies and procedures under section 142I.06, subdivision 5, the primary provider of care and each second adult caregiver must review the revised policies and procedures within ten days of the change.

(c) The license holder must maintain documentation of each review of the revised policies and procedures at the family child care program. The documentation requirements under this paragraph may be met by a date noted on the revised policies or procedures.

Subd. 4. **Commissioner designated training.** Training designated by the commissioner satisfies the training requirements under this section if the training is within the knowledge and competency framework for child development and learning, behavior guidance, and active supervision, as indicated on the department's website.

History: *2007 c 112 s 22: 2009 c 26 s 4; 2009 c 142 art 2 s 21; 2010 c 329 art 1 s 11; 2013 c 108 art 3 s 21; 2014 c 228 art 2 s 14; 2014 c 291 art 1 s 4; 2015 c 21 art 1 s 47; 2015 c 78 art 4 s 32; 1Sp2017 c 6 art 7 s 24; art 16 s 14-16; 1Sp2019 c 9 art 2 s 53; 1Sp2020 c 2 art 1 s 11; 1Sp2021 c 7 art 2 s 9,10; 2023 c 70 art 8 s 27-31; 2024 c 80 art 2 s 74; art 8 s 70; 2024 c 115 art 15 s 3,4; art 16 s 41; 1Sp2025 c 3 art 14 s 13,14; 2026 c 127 art 13 s 10*

142I.11 SUBSTITUTE AND INTERMITTENT CAREGIVER TRAINING REQUIREMENTS.

Subdivision 1. **Initial training; substitute and intermittent caregiver.** (a) Before providing care, each substitute and intermittent caregiver must complete the following training requirements within the previous 12 months:

(1) the four-hour basics of family child care for substitutes course developed by the commissioner;

(2) pediatric first aid training provided by an instructor certified to teach pediatric first aid. Current training documentation must be maintained at the family child care program and made available upon request. Online training reviewed and approved by the county licensing agency satisfies this requirement;

(3) pediatric cardiopulmonary resuscitation training that meets the requirements of section 142I.10, subdivision 1, paragraph (c), clause (4);

(4) for programs licensed for children younger than school age, training on reducing the risk of sudden unexpected infant death and abusive head trauma, which may be combined in a single commissioner-approved

course. This training must, at a minimum, address the risk factors related to sudden unexpected infant death and abusive head trauma and the means of reducing the risk of each;

(5) training on proper use and installation of child passenger restraint systems under section 169.685 of at least one hour in length, provided by an instructor certified and approved by the Department of Public Safety. This requirement does not apply to family child care programs that transport only school-age children as defined in section 142I.01, subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e). At a minimum, the training must address the proper use of child restraint systems based on the child's size, weight, and age and the proper installation of a car seat or booster seat in the motor vehicle used by the caregiver to transport the child or children;

(6) training on the child care emergency plan required under section 142I.19, subdivision 2;

(7) training on allergy prevention and response required under section 142I.06, subdivision 5, paragraph (b);

(8) training on the community-based family child care program plan required under section 142I.22, if applicable;

(9) training on the family child care program policies and procedures required under section 142I.06;

(10) training on reporting suspected maltreatment of children as required under chapter 260E; and

(11) swimming pool training under section 142I.14, subdivision 6, if a pool at the family child care program is used by children in care.

(b) County licensing staff must accept approved training on the substitute or intermittent caregiver's learning record in the Develop data system for early education and school-age care.

Subd. 2. **Annual training; substitute and intermittent caregiver.** (a) Substitutes and intermittent caregivers must complete a minimum of one hour of training each calendar year, and the training must include the requirements in this section.

(b) Each calendar year, a substitute or intermittent caregiver must receive training on reducing the risk of abusive head trauma from shaking infants and young children if caring for children under school age and reducing the risk of sudden unexpected infant death if caring for infants. A substitute must complete each applicable course at least once every two years either in person or online. In a year a substitute or intermittent caregiver is not completing an applicable course under this paragraph in person or online, the individual must watch a video on the respective topic of no more than one hour in length. The video must be developed or approved by the commissioner. A license holder must maintain documentation of compliance with this paragraph for each substitute and intermittent caregiver employed.

Subd. 3. **Ongoing training; substitute and intermittent caregiver.** (a) At least once every three years, a substitute or intermittent caregiver must complete the four-hour basics of family child care for substitutes course.

(b) A substitute or intermittent caregiver must complete the following training:

(1) pediatric cardiopulmonary resuscitation training that meets the requirements of section 142I.10, subdivision 1, paragraph (c), clause (4), and is repeated every two years within 90 days of the second anniversary of the previous training. Documentation must be maintained at the family child care program or electronically and made available upon request;

(2) pediatric first aid that is given by an instructor certified to provide pediatric first aid and is repeated every two years within 90 days of the second anniversary of the previous training. Documentation of the training must be maintained at the family child care program or electronically and made available upon request; and

(3) proper use and installation of child passenger restraint systems under section 169.685 that meets the requirements of section 142I.10, subdivision 1, paragraph (c), clause (6), and is repeated at least once every five years. This requirement does not apply to family child care programs that transport only school-age children as defined in section 142I.01, subdivision 5, paragraph (e), in child care buses as defined in section 169.448, subdivision 1, paragraph (e).

History: *2026 c 127 art 13 s 11*

142I.12 HELPER TRAINING REQUIREMENTS.

Subdivision 1. **Initial training; helper.** (a) Before assisting in care, a helper who assists with care must complete a minimum of four hours of training within the previous 12 months. The four hours must include courses on:

(1) reducing the risk of sudden unexpected infant death if the program is licensed to care for infants;

(2) abusive head trauma if the program is licensed to care for children younger than school age; and

(3) reporting suspected maltreatment of children as required under chapter 260E.

(b) The trainings required under paragraph (a) may be combined in a single commissioner-approved course.

(c) A license holder must maintain written or electronic documentation showing that each helper has complied with this subdivision.

Subd. 2. **Annual training; helper.** (a) Each calendar year, a helper who assists in the care of children must receive training on reducing the risk of sudden unexpected infant death if the program is licensed to care for infants, and abusive head trauma if the program is licensed to care for children younger than school age. The trainings under this paragraph may be combined in a single commissioner-approved course and must, at a minimum, address risk factors, methods of risk reduction in child care, and communication with parents regarding risk reduction.

(b) A license holder must maintain documentation showing each helper has complied with this subdivision.

(c) County licensing staff must accept approved training on the helper's learning record in the Develop data system.

History: *2026 c 127 art 13 s 12*

142I.13 BEHAVIOR GUIDANCE.

Subdivision 1. **Methods of promoting positive behavior.** A license holder must:

(1) positively role model acceptable behavior to each child;

(2) tailor methods of promoting positive behavior to the developmental level of the children the family child care program is licensed to serve;

(3) ensure redirection is used as appropriate in addressing a child's behavior, to guide a child away from potential challenges toward constructive activity. For the purposes of this clause, "redirection" means when a caregiver intervenes and guides a child toward constructive activity through positive techniques;

(4) teach children how to use acceptable alternatives to reduce conflict; and

(5) protect the safety and well-being of children and caregivers.

Subd. 2. **Prohibited actions.** A license holder must prohibit every caregiver from:

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

(2) subjecting a child to name calling, ostracism, shaming, making derogatory remarks about the child or the child's family, cultural or racial slurs, and yelling or using 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) separating a child from the group except as provided in subdivision 3;

(5) punishing a child for:

(i) not resting, napping, or sleeping;

(ii) toileting accidents;

(iii) failing to eat all or part of meals or snacks; or

(iv) failing to complete an activity;

(6) denying a child food or drink or forcing food or drink upon a child;

(7) denying light, warmth, clothing, or medical care as a punishment for unacceptable behavior;

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

(9) the use of prone restraints, as prohibited by section 245A.211;

(10) the use of mechanical restraints, such as tying, 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) giving a child any nonprescribed substance to subdue or restrict movement or behavior;

(12) delegating the discipline or punishment of a child to another child; and

(13) punishing or shaming a child for the actions of a parent. This includes but is 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 caregiver and the parent.

Subd. 3. **Separation time from the group.** A caregiver must not separate a child from the child's group as a means of behavior guidance unless the caregiver has tried less intrusive methods of guiding the child's

behavior that have been ineffective and the child's behavior threatens the well-being of the child or other children in the family child care program. Separation from the group must meet the following requirements:

(1) children younger than three years old must not be separated from the group as a means of behavior guidance;

(2) the separation time must be limited to the amount of time necessary for the child to gain self-control and rejoin the group while being supported by the caregiver;

(3) the child must be supervised;

(4) the child must not be placed in a locked room to separate the child from the group; and

(5) the caregiver must provide the separation time in an age-appropriate, nonhumiliating manner for the child.

History: *2026 c 127 art 13 s 13*

142I.14 PHYSICAL SPACE REQUIREMENTS.

Subdivision 1. **Indoor space.** (a) The licensed capacity of the family child care program must be limited by the amount of usable indoor space available to children. A minimum of 35 square feet of usable indoor space is required per child.

(b) Bathrooms, closets, space occupied by major appliances, and other space not used by children may not be counted as usable space. Space occupied by adult furniture, if it is used by children, may be counted as usable indoor space.

(c) Usable indoor space may include a basement if it has been inspected and approved by a fire marshal, is free of hazards, and meets the requirements of subdivision 4.

(d) All exits leading from indoor to outdoor space must be fully clear of obstruction.

Subd. 2. **Escape routes.** (a) The main means of escape must be a stairway or door leading to the floor with an exit to the outside.

(b) Any room that has sleeping children must have an escape route separate from the main exit referenced in paragraph (a). This escape route must be a door or an egress window leading directly outside.

(c) When the basement is used for care, the basement must have at least one escape route separate from the main exit under paragraph (a). This escape route must be a door or an egress window leading directly outside.

(d) Required escape routes must not be obstructed and must be accessible and openable without special knowledge.

Subd. 3. **Outdoor learning environment and play space.** (a) A family child care program must have an outdoor play space of at least 50 square feet per child the program is licensed to serve for regular use or a park, playground, or play space within 1,500 feet of the family child care program.

(b) During outdoor play:

(1) the adult caregiver must remain outdoors with infants, toddlers, and preschoolers at all times;

(2) school-age children may be permitted in the approved outdoor play space at the family child care program without a caregiver if:

(i) the children are engaged in age-appropriate activities using age-appropriate equipment; and

(ii) a caregiver remains accessible to provide supervision when needed in accordance with section 142I.01, subdivision 46; and

(3) when the outdoor play space is not at the family child care program, a caregiver must accompany and supervise all children in transit and at the outdoor play space.

(c) Caregivers must prevent children from accessing hazardous materials.

(d) Outdoor play areas must be protected from traffic and nearby hazards. If traffic or other hazards are present, the family child care program must have:

(1) a continuous fence in good condition with functioning gates or a continuous natural barrier or a combination of fence and naturally occurring or landscaping barrier. The fence or natural barrier must ensure that children are not able to leave the outdoor play area unsupervised; or

(2) a supervision and safety plan if a fence is not used that includes alternative methods to ensure the health, safety, and protection of children in care.

(e) Electrical fences must be inaccessible to children in care.

(f) Caregivers must take measures to protect children from the dangers of sun exposure, extreme heat or cold, and air quality.

(g) Outdoor equipment, whether stationary or portable, must be safe, be in good repair, be assembled according to the manufacturer's guidelines, and meet the developmental needs of the age groups of children using the space.

(h) Equipment including but not limited to climbing gyms, swings, and slides must:

(1) not have openings between 3-1/2 inches and nine inches in size to prevent entrapment of the head or other body parts;

(2) have guardrails or protective barriers on platforms that are 30 inches or higher. A protective barrier is a continuous structure surrounding the platform that is designed to prevent a person from falling or passing through, whether intentionally or accidentally; and

(3) be assembled, installed, and utilized according to the manufacturer's guidelines.

Subd. 4. **Conditions of the program.** The licensed space must be maintained in a manner that protects the health and safety of children in care. The license holder must ensure that:

(1) the family child care program space is free from conditions that endanger the health or safety of children, including unsanitary conditions or excessive accumulation of materials that can start a fire or create other safety hazards;

(2) the furnishings, equipment, and materials are arranged and stored so that hallways, stairways, doors, and exit routes remain unobstructed and usable for safe exit; and

(3) the amount and placement of stored items do not create an increased risk of fire or injury or impede the safe supervision of children.

Subd. 5. **Portable wading pools.** (a) A child must not use a portable wading pool as defined in section 144.1222, subdivision 2a, at a family child care program unless the parent of the child has provided written consent. The written consent must include a statement that the parent has received and read material provided by the Department of Health on wading pool safety for parents related to the risk of disease transmission as well as other health risks associated with the use of portable wading pools.

(b) The license holder must empty wading pools daily.

(c) A caregiver must supervise children at all times while a wading pool is in use and must be able to clearly see all parts of the wading area. When not in use under the supervision of a caregiver, wading pools must be inaccessible to children.

Subd. 6. **Swimming pools.** (a) For the purposes of this subdivision, "swimming pool" has the meaning in section 144.1222, subdivision 2b, and does not include a portable wading pool as defined in section 144.1222, subdivision 2a, or a spa pool as defined in Minnesota Rules, part 4717.0250.

(b) A license holder must comply with the following requirements in order for children in the program to use a swimming pool located at the program:

(1) not have had a licensing sanction under section 142B.18 or a correction order or conditional license under section 142B.16 relating to the supervision or health and safety of children during the prior 24 months;

(2) notify the county agency before initial use of the swimming pool each calendar year;

(3) obtain written consent from a child's parent allowing the child to use the swimming pool and renew the parent's written consent at least annually. The written consent must include a statement that the parent has received and read materials provided by the Department of Health related to the risk of disease transmission as well as other health risks associated with swimming pools. The written consent must also include a statement that neither the Department of Health nor the county agency will monitor or inspect the license holder's swimming pool;

(4) attend and successfully complete a swimming pool supervision training course annually;

(5) attend and successfully complete one of the following swimming pool operator training courses once every five years:

(i) both of the National Spa and Pool Institute Tech I and Tech II courses; or

(ii) the National Recreation and Park Association aquatic facility operator course;

(6) ensure all toilet-trained children use the bathroom before the children enter the swimming pool;

(7) require all children who are not toilet trained to wear swim diapers while in the swimming pool;

(8) if fecal material enters the swimming pool water, add three times the normal shock treatment to the pool water to raise the chlorine level to at least 20 parts per million and close the pool to swimming for the 24 hours following the entrance of fecal material into the water or until the water pH and disinfectant concentration levels have returned to the standards specified in clause (10), whichever is later;

(9) prevent any person from entering the swimming pool who has an open wound or has or is suspected of having a communicable disease;

(10) maintain the swimming pool water at a pH of not less than 7.2 and not more than 8.0, maintain the disinfectant concentration between two and five parts per million for chlorine or between 2.3 and 4.5 parts

per million for bromine, and maintain a daily record of the swimming pool's operation with pH and disinfectant concentration readings on days when children cared for at the family child care program are present;

(11) have a disinfectant feeder or feeders;

(12) have a recirculation system that will clarify and disinfect the swimming pool volume of water in ten hours or less;

(13) maintain the swimming pool's water clarity so that an object on the pool floor at the pool's deepest point is easily visible;

(14) comply with the provisions in section 144.1222, subdivisions 1c and 1d;

(15) have in place and enforce written safety rules and swimming pool policies;

(16) have in place at all times a safety rope that divides the shallow and deep portions of the swimming pool;

(17) maintain compliance with any existing local ordinances regarding swimming pool installation, decks, and fencing;

(18) maintain a water temperature of not more than 104 degrees Fahrenheit and not less than 70 degrees Fahrenheit;

(19) cover the swimming pool when not in use;

(20) follow the requirements of subdivision 7; and

(21) for lifesaving equipment, have a United States Coast Guard-approved life ring attached to a rope, an exit ladder, and a shepherd's hook available at all times to the caregiver supervising the swimming pool.

Subd. 7. **Water hazards.** (a) Swimming and wading pools, beaches, wells, or other bodies of water on or adjacent to the site of the family child care program must be inaccessible to children except during periods of supervised use.

(b) All water hazards, such as inground or aboveground swimming pools, hot tubs, stationary wading pools, fish ponds, and water retention or detention basins on the site of the family child care program must be enclosed with a permanent fence, wall, building wall, other physical barrier, or combination thereof that is at least four feet in height. A house exterior wall can constitute one side of a fence if the wall has no openings capable of providing direct access to the hazard, including but not limited to doors or windows.

(c) The family child care program may not allow a child in care to use a swimming pool or beach without an adult caregiver trained in first aid and CPR present.

(d) Bodies of water must be separated from the play area by a fence or other physical barrier that prevents children from accessing the water. The house door alone is not a sufficient barrier.

Subd. 8. **Water play.** (a) Parental permission is not required for children to use splash pads, sprinklers, or other water toys that spray or jet water on the users and do not have standing water. Splash pads, sprinklers, or other water toys that retain water are considered wading pools and are required to meet the requirements of subdivision 5.

(b) Water tables designed for children to play with their hands must be emptied daily. The caregiver must supervise children at all times while a water table is in use and must be able to clearly see all parts of

the water table. When not in use under the supervision of a caregiver, water tables must be inaccessible to children.

Subd. 9. **Separation between attached garage and family child care program.** The separation wall between the residence and garage must meet the requirements of Minnesota Rules, part 1309.0302.

Subd. 10. **Ventilation, heating, and cooling systems.** (a) Heating, ventilation, and air conditioning systems must be operated according to the manufacturer's instructions and in good repair. Gas, coal, wood, kerosene, or oil heaters must be vented to the outside in accordance with the State Building Code.

(b) Items that can be ignited and support combustion, including but not limited to plastic, fabric, and wood products, must not be located within:

(1) 18 inches of a gas or fuel-oil heater or furnace; or

(2) 36 inches of a solid-fuel-burning appliance.

(c) If a license holder produces manufacturer instructions listing a distance closer than the requirements under paragraph (b), the manufacturer instructions control the required distance of combustible items from gas, fuel-oil, or solid-fuel-burning heaters or furnaces.

(d) When in use, fireplaces, wood-burning stoves, solid-fuel-burning appliances, space heaters, steam radiators, outdoor fire pits, and other potentially hot surfaces, such as steam pipes, must be protected by guards or protective covering to keep hands and bodies away, prevent burns, and prevent fires. All fireplaces, wood-burning stoves, space heaters, steam radiators, and furnaces must be installed according to the State Building Code. The furnace, hot water heater, and utility rooms must be inaccessible to children.

(e) Ventilation of usable space must meet the requirements of the State Building Code. Outside doors and windows used for ventilation in summer months must be screened when biting insects are prevalent. The screens must be in good repair. Sources of harmful and unpleasant odors including urine and pet waste must be removed to the extent possible by removing the source of the odor or by removing odors through cleaning and ventilation.

Subd. 11. **Temperature.** A minimum temperature of 62 degrees Fahrenheit must be maintained in indoor areas used by children.

Subd. 12. **Sewage disposal.** Family child care programs must have working toilets and a sewage disposal system that conform to the State Building Code or local septic system ordinances. Toilet training equipment must be emptied and cleaned after each use. Outdoor toilets, including compostable toilets, are permissible in accordance with local septic system ordinances.

Subd. 13. **Construction or remodeling.** During construction or remodeling, children must not have access to construction or remodeling areas within or around the premises.

Subd. 14. **Interior walls and ceilings.** The walls and ceilings within a family child care program, including those in corridors, stairways, and lobbies, must have a flame spread rating of 200 or less.

Subd. 15. **Electrical services.** (a) All electric outlets in a family child care program accessible to children must be tamperproof or shielded when not in use. All major electrical appliances must be properly installed and grounded in accordance with the State Electrical Code and in good working order.

(b) Electrical wiring must be sized to provide for the load and be in good repair. Extension cords must not be used as a substitute for permanent wiring.

Subd. 16. **Fire extinguisher.** A portable, operational, multipurpose, and dry chemical fire extinguisher with a minimum 2-A 10-BC rating must be located near the required exit door of the program at all times. The fire extinguisher must be serviced annually by a qualified inspector and evidence of annual service must be documented. All caregivers must know how to properly use the fire extinguisher.

Subd. 17. **Carbon monoxide and smoke alarms.** (a) A family child care program must have an approved and operational carbon monoxide alarm installed within ten feet of each area used for sleeping children in care.

(b) A family child care program must properly install and maintain smoke alarms models that have been approved by the Underwriter Laboratory on all levels, including basements, and in hallways outside rooms used for sleeping children in care. Smoke alarms are not required in crawl spaces and uninhabitable attics. For family child care programs in buildings that began construction on or after March 31, 2020, smoke alarms must be installed and maintained in each room used for children in care to sleep.

Subd. 18. **Stairways.** All family child care programs with stairways must:

(1) have handrails on at least one side of stairways of four or more steps;

(2) enclose any open area between the handrail and stair tread with a protective guardrail as specified in the State Building Code. The back of the stair risers must also be enclosed;

(3) use gates at the top and bottom of stairways when children who are six to 18 months old are in care; and

(4) keep stairways well lit, in good repair, and free of clutter and obstructions.

Subd. 19. **Lofted spaces.** Decks, balconies, or lofts that are used by children and are more than 30 inches above the ground or floor must be surrounded by a protective guardrail and be constructed in compliance with the State Building Code. The State Building Code allows appropriate openings for access to the spaces under this subdivision, such as a doorway or a gate. Wooden decks must be free of splinters and in good repair.

Subd. 20. **Locks and latches.** (a) A door latch on a closet or other confining space must be able to be unlatched so that the door can be opened from inside the closet or other confining space.

(b) Every interior door lock must permit opening of the locked door from the outside and the opening device must be readily accessible to all caregivers.

(c) Exit doors must not have double cylinder locks where a key is required on both sides.

(d) Locks may not be used in place of supervision.

Subd. 21. **Tobacco products, cannabis, vaping, drugs, and alcohol use prohibitions.** (a) Smoking of tobacco, cannabis, or any other product, including through electronic delivery devices, is prohibited in both indoor and outdoor family child care program environments and in any vehicles used by the family child care program during hours of operation.

(b) The use of alcohol or illegal or recreational drugs is prohibited on the premises of a family child care program during hours of operation.

(c) If the license holder allows smoking of tobacco, cannabis, or any other product, including through electronic delivery devices, on the premises outside of child care hours, the license holder must verbally provide notice to parents and must post written notice in an obvious location disclosing this information.

(d) While caring for children, a caregiver must not be under the influence of any substance that impairs the individual's ability to supervise children or perform the individual's duties.

History: *2002 c 279 s 6; 2002 c 333 s 2; 1Sp2019 c 9 art 2 s 57; 2023 c 25 s 125; 2023 c 70 art 8 s 32-35; 2024 c 80 art 2 s 74; art 8 s 70; 2024 c 115 art 16 s 41; art 19 s 7,8; 2026 c 127 art 13 s 14*

142I.15 CLEANING AND DISINFECTING.

Subdivision 1. **General requirements.** (a) The family child care program must be free from accumulations of dirt, peeling paint, visible or known debris, soiled items, hazardous clutter, and pet waste.

(b) Disinfectants must:

(1) not be used prior to or in place of cleaning compounds;

(2) be mixed and used according to the manufacturer's instructions; and

(3) be used on surfaces that are contaminated with bodily fluids.

Subd. 2. **Toys.** A caregiver must clean and disinfect a toy that has been in a child's mouth prior to use by another child. Toys that come into contact with bodily fluids must be cleaned and disinfected prior to next use. Toys must be cleaned and disinfected as needed if there are visible or known contaminants or debris on them.

Subd. 3. **Food and eating areas.** Surfaces and tools that are used for preparing or serving food must be cleaned.

Subd. 4. **Indoor and outdoor equipment.** (a) The indoor and outdoor space and equipment of the family child care program must be clean.

(b) Natural features, elements, and materials used as equipment and play materials for outdoor play under section 142I.14, subdivision 3, are exempt from being clean, as defined under section 142I.01, subdivision 16. A caregiver must inspect natural features, elements, and 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. 5. **Sleeping.** Bedding, as defined in section 142I.17, subdivision 10, must be cleaned and disinfected at least weekly or when visibly dirty.

Subd. 6. **Toilet training equipment.** Toilet training chairs and seats must be cleaned and disinfected after each use.

Subd. 7. **Hand washing.** (a) A child's hands must be washed with soap and running water when soiled, after the use of a toilet or toilet training chair, and before eating a meal or snack. The caregiver must monitor and assist a child who needs help. Children's hands must be dried on a separate or single-use towel.

(b) In sinks and tubs accessible to children, the water temperature must not be able to exceed 120 degrees Fahrenheit.

(c) Caregivers must wash their hands with soap and water after each diaper change, after assisting a child on the toilet, after washing the diapering surface, and before food preparation. The caregiver's hands must be dried on a separate or single-use towel.

Subd. 8. **Diapers, changing areas, and disposal.** (a) An adequate supply of clean diapers must be available for each child who uses diapers. Diapers may be disposable or made of cloth. Diapers must be stored in a clean space that is inaccessible to children.

(b) If a family child care program uses cloth diapers, then:

(1) the cloth diapers must have an absorbent inner layer that is completely covered with an outer waterproof layer that has a waist closure;

(2) the cloth diaper and waterproof layer must be changed at the same time; and

(3) the cloth diapers supplied by parents, except those supplied by a commercial diaper service, must be labeled with the child's name and must be placed in a plastic bag after removal with any soiled clothing and sent home with the parent daily.

(c) Single-service disposable wipes or clean washcloths must be used for washing a soiled child before rediapering.

(d) The diaper changing area must be covered with a smooth, nonabsorbent surface. Changing tables, changing pads, and other diaper changing areas must be cleaned and disinfected between children, even if using a nonabsorbent covering that is discarded after each use. Diapering must not take place in a food preparation area.

(e) Disposable diapers must be disposed of in a covered container located in the diaper changing area and lined with a disposable plastic bag or directly outdoors in a garbage can.

History: *2026 c 127 art 13 s 15*

142I.16 ENVIRONMENTAL HEALTH.

Subdivision 1. **Water supply.** (a) All family child care programs must have a safe water supply.

(b) Family child care programs that draw water from privately owned wells must test the water annually by a Department of Health-certified laboratory for coliform bacteria and nitrate nitrogen and receive confirmation that the water is safe. The family child care program must submit a copy of the test results with the agency. Retesting and corrective measures may be required by the agency if results do not meet state drinking water standards or where the supply may be subject to off-site contamination. A copy of the most recent water testing results must be kept on the licensed premises. If the water test results are at or above Department of Health-recommended levels or if the license holder declines to test the water supply in the program, the license holder must:

(1) supply bottled or packaged water;

(2) use water filtration devices that have been certified by the National Science Foundation or American National Standards Institute to remove the contaminant. The water filtration device must be attached directly to water faucets, inserted into the refrigerator water dispenser, or inserted into water pitchers or bottles. The water filtration device must be maintained according to manufacturer guidelines; or

(3) close the family child care program to prevent children from using or consuming unsafe water.

Subd. 2. **Radon testing.** (a) The license holder must notify parents whether radon testing has been conducted in the family child care 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 (pCi/L).

(c) A copy of the most recent notice to parents and the radon test results must be kept on site and made available to parents and the commissioner upon request.

(d) The notification requirements under this subdivision may be met by posting the form in a prominent place.

History: *2026 c 127 art 13 s 16*

142I.17 ACTIVITIES AND EQUIPMENT.

Subdivision 1. **General activities.** Child care activities must provide for the physical, intellectual, emotional, and social development of the children in care at a family child care program. Activities must include infants, toddlers, preschoolers, and school-age children and:

(1) be scheduled indoors and outdoors daily, weather permitting. When determining if the weather permits outdoor play, a license holder must defer to weather advisory notifications, including air quality emergencies, provided by local weather experts, local or state authorities on air quality, or public health;

(2) be appropriate to the age and developmental stage of the child;

(3) include active and quiet activity; and

(4) include both caregiver- and child-directed activities.

Subd. 2. **Equipment.** (a) A license holder must provide children in a family child care program with:

(1) sufficient play equipment to allow each child a choice of at least three activities involving equipment when all children are using equipment;

(2) early learning materials, play equipment, and space that are age and developmentally appropriate and support understanding of the culturally diverse world; and

(3) play equipment that is safe, in good repair, and used in accordance with the manufacturer's instructions, if applicable. 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 caregiver. Such equipment and play materials are not required to have manufacturer's instructions and are subject to the requirements of this subdivision.

(b) Equipment provided to children under this section may be new, used, commercially made, or homemade. The equipment must be appropriate for the ages of the children and for the activities for which it will be used. As appropriate, nature material may be used in place of any equipment.

Subd. 3. **Newborn or infant activities.** A caregiver must:

(1) hold a newborn or infant during feedings until the child can hold the bottle. A bottle cannot be propped up for a newborn or infant;

(2) respond to a newborn's or infant's attempts to communicate;

(3) develop infant language and communication by responding to a newborn's or infant's attempts to communicate by mirroring similar sounds, sharing the child's focus of attention, talking to the newborn or infant, naming objects, and describing actions;

(4) provide a newborn or infant with freedom of movement to sit safely and comfortably, crawl, toddle, walk, and play both indoors and outdoors throughout the day;

(5) provide a newborn or infant an opportunity to stimulate the senses by providing a variety of activities and objects to see, touch, feel, smell, hear, and taste;

(6) provide activities for a newborn or infant that develop the child's manipulative and fine motor skills;

(7) provide activities for self-awareness;

(8) provide activities to support a newborn or infant to develop social-emotional skills;

(9) provide activities to support a newborn or infant to develop gross motor skills; and

(10) allow a newborn or infant actively supervised tummy time. For the purposes of this clause, "tummy time" means placing a newborn or infant in a nonrestrictive prone position, lying on their stomach. Tummy time should occur throughout the day when a newborn or infant is awake. A newborn or infant must not be wearing anything to restrict movement during tummy time.

Subd. 4. **Newborn and infant equipment.** When caring for newborns or infants, a license holder must provide:

(1) an infant seat or high chair, as appropriate, for each newborn and infant in attendance;

(2) a crib or portable crib with a mattress or pad for each newborn and infant in attendance that is in compliance with current Consumer Product Safety Commission safety standards and section 142B.45. The license holder must maintain documentation on site that the equipment used meets these requirements and provide it to the commissioner and parents as requested;

(3) books and literacy materials;

(4) gross motor activity equipment; and

(5) fine motor activity materials.

Subd. 5. **Toddler activities.** When caring for toddlers, a license holder must:

(1) provide the toddler with freedom of movement and freedom to explore outside the crib or portable crib and allow the toddler to comfortably sit, crawl, toddle, walk, and play according to the toddler's stage of development;

(2) talk to, listen to, and interact with the toddler to encourage language development;

(3) provide the toddler with activities that develop the toddler's fine and gross motor skills;

(4) give the toddler opportunities to stimulate the senses by providing a variety of age-appropriate activities and objects to see, touch, feel, smell, hear, and taste; and

(5) provide activities to support the toddler to develop social-emotional skills.

Subd. 6. **Toddler equipment.** When caring for toddlers, a license holder must provide:

(1) separate sleeping equipment for each toddler such as a mat, crib, cot, bed, sofa, or sleeping bag that is cleaned and maintained as required in subdivision 10 and section 142I.15, subdivision 5;

(2) gross motor play equipment;

(3) books and literacy materials;

(4) fine motor, math, and science materials; and

(5) music, movement, and art activity materials.

Subd. 7. **Preschooler activities.** When caring for preschoolers, a license holder must:

(1) encourage conversation between the preschooler and other children and adults;

(2) provide opportunity to play near and with other children, provide time and space for individual and group play, allow for quiet times to talk or rest, and allow for unplanned time and individual play time;

(3) foster understanding of personal and peer feelings and actions and allow for the constructive release of a range of feelings through discussion or play;

(4) give assistance in toileting and provide time to carry out self-help skills and provide opportunities to be responsible for activities;

(5) provide opportunities for each preschooler to make decisions about daily activities and to learn from the decision-making experiences;

(6) provide time and areas for age-appropriate gross motor play;

(7) provide learning, fine-motor, manipulative, creative, or sensory activities; and

(8) read stories, look at books, and talk about new words and ideas with the preschooler.

Subd. 8. **Preschooler equipment.** When caring for preschoolers, a license holder must provide:

(1) separate sleeping equipment for each preschooler such as a mat, bed, cot, sofa, or sleeping bag for each preschooler that is cleaned and maintained as required under subdivision 10 and section 142I.15, subdivision 5;

(2) dramatic play equipment;

(3) books and literacy materials;

(4) fine motor materials;

(5) gross motor play equipment;

(6) math materials;

(7) science materials;

(8) music and movement materials; and

(9) art materials.

Subd. 9. **School-age activities and equipment.** When caring for school-age children, a license holder must:

(1) provide opportunities for individual discussion about the day and planning for activities;

(2) provide space, opportunities, and materials or equipment for games, activities, or sports using the whole body;

(3) have available space, bedding materials, and opportunities for individual rest and quiet time required under subdivision 10;

(4) allow increased freedom as the school-age child demonstrates increased responsibility;

(5) provide opportunities for group experiences with other children;

(6) provide opportunities to develop or expand self-help skills or real-life experiences; and

(7) provide opportunities and materials for creative and dramatic activity, arts, and crafts.

Subd. 10. **Bedding.** Clean, separate, and individual bedding such as sheets, towels, blankets, or sleeping bags must be available for each child in care. For children not using cribs or portable cribs, the license holder must provide developmentally appropriate mats, cots, or other sleep equipment that can be cleaned and disinfected according to section 142I.15. Mats, cots, and other sleep equipment used in the family child care program must be in good condition and have no tears or holes and be covered in individual bedding.

Subd. 11. **Separation of personal articles.** Separate towels, wash cloths, water bottles, and drinking cups must be used for each child and labeled appropriately.

History: *2026 c 127 art 13 s 17*

142I.171 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 caregiver 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 caregiver.

Subd. 3. **Other uses.** Natural elements and materials may qualify as equipment and materials under section 142I.17, subdivisions 4, 6, 8, and 9.

History: *2026 c 127 art 13 s 18*

142I.18 INFANT SLEEP AND CRIB REQUIREMENTS.

Subdivision 1. **Safety.** All caregivers must follow the crib safety requirements in section 142B.45 and the requirements to reduce the risk of sudden unexpected infant deaths in section 142B.46. During routine licensing inspections and when investigating complaints regarding alleged violations of this section, the commissioner must review the license holder's documentation required under section 142B.45.

Subd. 2. **Monitoring sleeping newborns and infants.** (a) Caregivers must directly supervise newborns once they are placed in a crib or portable crib.

(b) License holders of programs that serve infants are encouraged to monitor sleeping infants by conducting in-person checks on each infant in the license holder's care every 30 minutes.

(c) Upon enrollment of an infant, the license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes during the first four months of care.

(d) When an infant has an upper respiratory infection, the license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes throughout the hours of sleep.

(e) Monitors may be used to supervise infants when the infants are sleeping. However, the use of monitors does not replace the in-person checks encouraged under paragraphs (b) to (d). When in use, monitors must meet the following conditions:

(1) the sound monitoring equipment must be able to pick up the sounds of all infants in the separate room;

(2) the receiver of the sound monitoring equipment must be actively monitored by the adult caregiver at all times; and

(3) sound monitoring equipment must be checked daily prior to use to ensure it is working correctly. If the sound equipment is not functioning, infants must sleep in the same room as the adult caregiver.

(f) If music or other sounds are played in the infant sleep area, the music or other sound equipment must not be played at a volume that would prevent infants from being heard by the adult caregiver. This paragraph applies to fans used to create sound.

History: *2013 c 108 art 3 s 18; 2024 c 80 art 2 s 62,74; 2024 c 115 art 16 s 41; 2026 c 127 art 13 s 19*

142I.19 HEALTH POLICIES AND SAFETY REQUIREMENTS.

Subdivision 1. **Handling and disposal of bodily fluids.** (a) Surfaces that come in contact with bodily fluids must be cleaned and disinfected as described in section 142I.15.

(b) Blood-contaminated material must be disposed of in a plastic bag and securely tied.

(c) If a program cares for a child with a health care need that requires injectable medication, the program must have a sharps container available.

(d) A license holder must keep disposable gloves, disposal bags, and eye protection available. Prescription eyewear does not meet the requirements of this paragraph.

Subd. 2. **Emergencies.** (a) A license holder must have a written child care emergency plan for emergencies that require evacuation, sheltering, or other protection of children, including for fires, natural disasters, intruders, or other threatening situations that may pose a health or safety hazard to children. The plan must be written on a form prescribed by the commissioner and updated at least annually. The plan must include:

(1) procedures for an evacuation, relocation, shelter-in-place, or lockdown;

(2) a designated relocation site and evacuation route;

(3) procedures for notifying a child's parent of an evacuation, shelter-in-place, or lockdown, including procedures for reunification with families;

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

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

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

(7) procedures for communicating with local emergency management officials, law enforcement officials, or other appropriate state or local authorities; and

(8) accommodations for infants and toddlers.

(b) The license holder must train each caregiver on the child care emergency plan before the caregiver provides care and document this training. The information must be reviewed at least annually and updated when information changes.

(c) The child care emergency plan must be available for review by the agency during inspections.

(d) In addition to the emergency plan required under paragraph (a), the license holder must maintain preparedness for emergencies. An operable telephone must be located in the family child care program. A cellular telephone may be used if it is sufficiently charged for use at all times. Emergency phone numbers for parents must be readily available within the program and taken on all emergency drills and evacuations.

(e) For severe storms and tornadoes, the license holder must have a designated area that children can go to for shelter, a battery-operated flashlight, and a portable radio or TV available. An application on a smartphone may be used to meet the requirements of this paragraph. The license holder must follow guidance and instructions from the Emergency Alert System or local alerting systems.

(f) The license holder must have a written fire escape plan that includes:

(1) the address of the family child care program;

(2) emergency phone numbers;

(3) a designated place to meet and confirm that all children in attendance are present;

(4) fire extinguisher locations;

(5) plans for monthly fire and storm drills; and

(6) escape routes to the outside from all levels used by children. In buildings with three or more dwelling units, enclosed exit stairs must be indicated.

(g) The license holder must complete a monthly fire and storm drill and have documentation of completed fire drills available for review by the agency during inspections. The log must include the date of the drill, the time of day the drill occurred, the name of the caregiver who conducted the drill, and the length of time taken to evacuate all children safely.

Subd. 3. **Transporting children.** Children must only be transported in an enclosed passenger vehicle capable of using car seats or a bus operated by a common carrier. When transporting children in an enclosed passenger vehicle other than a bus operated by a common carrier, a license holder must:

(1) ensure compliance with all seat belt and child passenger restraint system requirements under sections 169.685 and 169.686;

(2) ensure that the child is fastened in a safety seat, seat belt, or harness appropriate to the age and weight of the child and the restraint is installed and used in accordance with the manufacturer's instructions;

(3) only use a vehicle licensed in accordance with the laws of the state and driven by a caregiver with a current, valid driver's license. A copy of the current driver's license for each caregiver who transports a child in care must be kept at the family child care program;

(4) receive written permission to transport children from parents prior to transport; and

(5) not allow a child to remain unattended in any vehicle.

Subd. 4. **Pets and animals.** When keeping pets or animals on the site of a family child care program or allowing children to have contact with pets or animals, the primary provider of care must:

(1) maintain the pets or animals in good health and proper housing. Pets or animals must be appropriately immunized, and rabies vaccinations must be documented with a current certificate from a veterinarian when appropriate;

(2) follow all local and state ordinances regarding the keeping, licensing, number, and health status of animals;

(3) restrict any animals that pose a risk of injury or illness to children from indoor and outdoor areas used by children;

(4) inform parents in writing of the presence of pets and animals on the premises. If pets or animals are allowed to roam in areas occupied by children, the license holder must obtain written acknowledgment from parents. Parents must be notified in writing prior to the introduction of a new pet;

(5) keep any reptiles, amphibians, ferrets, poisonous animals, psittacine birds, exotic animals, and wild animals inaccessible to children. Licensed animal exhibitions, such as mobile petting zoos, reptile shows, and educational presentations are exempt from this clause with written parental notice and consent;

(6) not allow any contact between children and pets or animals that is not directly supervised by an adult caregiver who is in close physical proximity and able to immediately intervene if the child or animal shows distress or aggression or if the child is treating the animal inappropriately;

(7) immediately intervene to protect a child when necessary;

(8) prevent pets and animals from accessing food preparation, storage, and serving areas when food is being prepared or served, unless confined in a cage or kennel. Litter boxes are prohibited in any food preparation, storage, or serving areas;

(9) keep indoor and outdoor areas accessible to children free of animal waste, including litter boxes and their contents. Pet cages, enclosures, and aquariums accessible to children must be located and cleaned away from food areas;

(10) immediately notify a parent of a child who receives an animal bite or scratch;

(11) notify the local animal authority whenever an individual is bitten by an animal on the day of injury. The notification must be made before any steps are taken to euthanize the animal, and the license holder must take reasonable steps to confine the animal; and

(12) notify the licensing agency within 24 hours of any animal bite from an animal housed at the family child care program.

Subd. 5. **Pest control.** (a) A license holder must take effective measures to protect the family child care program against pests. The license holder must take steps to prevent attracting pests and, if pests are present inside the family child care program, to remove or exterminate the pests.

(b) Chemicals for pest control must not be applied in areas accessible to children when children are present. The license holder must use chemicals according to manufacturer instructions. Only approved, Environmental Protection Agency-registered insecticides, rodenticides, and herbicides may be used. Application must strictly follow all label instructions.

Subd. 6. **Garbage.** Garbage must be inaccessible to infants and toddlers. Garbage is considered inaccessible when the garbage container has a lid on.

Subd. 7. **Firearms.** Ammunition and firearms must be stored in locked areas separated from areas accessible to children. Firearms must be unloaded while stored.

Subd. 8. **First aid kit.** A license holder must have a first aid kit that is accessible to caregivers in the family child care program at all times and taken on field trips. A caregiver must have access to first aid instructions. The first aid kit must contain:

(1) adhesive bandages in assorted sizes and tape;

(2) sterile compresses;

(3) scissors;

(4) an ice bag or cold pack;

(5) a thermometer;

(6) mild liquid soap, hand sanitizer, or alcohol wipes; and

(7) disposable powder-free, latex-free gloves.

Subd. 9. **Care of sick children.** (a) If the child becomes sick while at the family child care program, the child must be separated from other children in care to the extent possible while still maintaining appropriate supervision, and the child's parent must be called immediately. When determining if a child is sick and exclusion is necessary, a license holder must follow:

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

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

(b) When notified a child in care is sick with a reportable disease under Minnesota Rules, part 4605.7040, 4605.7050, or 4605.7080, the license holder must:

(1) follow the family child care program policies on reportable or infectious diseases; and

(2) notify the commissioner of health within 24 hours of receiving the parent or staff report. Documentation of the notification must be kept at the family child care program.

(c) Children with a reportable disease in paragraph (b) must be excluded from the family child care program for the length of time specified in the commissioner of health guidelines on infectious diseases in child care settings, until the child can participate in routine activities without more caregiver supervision than usual or until the child's health care provider determines that exclusion is no longer necessary, whichever is longer.

Subd. 10. **Medication administration requirements.** (a) A license holder must obtain written permission from the parent of a child prior to administering nonprescription medicine, diapering products, sunscreen lotions, and insect repellents. These items must be administered according to the manufacturer instructions unless written instructions for their use are provided by a health care provider.

(b) A license holder must obtain and follow written instructions from a health care provider or dentist prior to administering each prescribed medication. For the purposes of this paragraph, "instructions" means the label on a medicine container with the child's name and current prescription information.

History: *1Sp2017 c 6 art 16 s 17; 1Sp2019 c 9 art 2 s 54,56; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41 ; 2026 c 127 art 13 s 20*

142I.20 FOOD AND NUTRITION.

Subdivision 1. **Feeding.** (a) Bottles of frozen breast milk or formula must be thawed under warm running water, in a container of warm water, with a warming device, or in a refrigerator. Thawed milk must be used, sent home, or disposed of the same day it is thawed.

(b) Caregivers must not warm plastic bottles, sippy cups, or other plastic food containers in a microwave.

(c) Once bottle feeding is complete, any unused portion must be disposed of or stored inaccessible to children in care. Bottles provided by or stored at the family child care program must be washed prior to the next use.

(d) Caregivers must not serve food to infants or toddlers using polystyrene foam (Styrofoam) cups, bowls, or plates.

Subd. 2. **Milk.** Cow's milk served to children in care must be pasteurized. Milk alternatives that are nutritionally equivalent to cow's milk can be served in place of milk for children who require it.

Subd. 3. **Drinking water.** Drinking water from a safe source according to section 142I.16 must be readily available and offered to the children throughout the day in indoor and outdoor areas.

Subd. 4. **Meals and snacks.** (a) Well-balanced meals and snacks must be supplied by the license holder or parents daily. Every meal and snack served to children in care must meet the following requirements:

(1) breakfast must contain at least three of the following:

(i) pasteurized milk or milk alternatives;

(ii) vegetables;

(iii) fruit; or

(iv) grains;

(2) lunch and dinner must contain at least four of the following:

(i) pasteurized milk or milk alternatives;

(ii) meat or meat alternatives;

(iii) vegetables;

(iv) fruit; or

(v) grains; and

(3) snacks must contain at least two of the following:

(i) pasteurized milk or milk alternatives;

(ii) meat or meat alternatives;

(iii) vegetables;

(iv) fruit; or

(v) grains.

(b) Food, liquids, and bottles brought from home must be labeled with the first and last name of each child.

(c) Flexible feeding schedules must be provided for infants.

(d) When special diets are required for cultural, religious, or medical reasons, the provider must obtain written, dated, and signed instructions from the child's parent.

Subd. 5. **Food and liquid safety.** (a) Food and liquids must be handled and stored properly to prevent contamination and spoilage. Foods and liquids requiring refrigeration must be refrigerated and maintained at no more than 40 degrees Fahrenheit. Food requiring heating must be maintained at no less than 140 degrees Fahrenheit until ready to serve. Frozen foods must be kept frozen until use and cooked according to the manufacturer's instructions.

(b) Appliances used in food and liquid storage and preparation must be safe and clean.

(c) All canned food provided by the license holder must be commercially processed. Locally grown fresh and frozen fruits and vegetables may be served at the family child care program. Food canned or preserved at home and home-butchered meats, poultry, and fish may not be served to children in care.

History: *2026 c 127 art 13 s 21*

142I.21 CHILDREN WITH SPECIAL HEALTH CARE NEEDS OR DISABILITIES.

(a) For children with disabilities who require therapy, additional behavior guidance, programming, or alternative accommodations, a parent or health care provider must provide written instructions for the license holder to follow.

(b) All activities must be designed to include all children unless a specific medical contraindication exists.

(c) All caregivers responsible for the care of a child with a disability or special health care need must explain to a parent and the agency how the child's specific needs are being met.

(d) Before enrolling a child for care, the license holder must obtain documentation of any known allergies on a form prescribed by the commissioner. The form must be readily available to all caregivers and reviewed by the license holder and each caregiver annually and when any updates or changes are made.

(e) If a child has a known allergy, the primary provider of care must maintain current information about the allergy in the child's record, ensure that required medication is on hand, and follow the allergy plan signed by a treating medical professional. The child's plan must include:

(1) a description of the allergy;

(2) specific triggers and avoidance techniques;

(3) symptoms of an allergic reaction; and

(4) procedures for responding to an allergic reaction, including any medication and dosage to be administered in an emergency situation.

(f) A caregiver must call emergency medical services when epinephrine is administered to a child in the license holder's care.

(g) The caregiver must contact the child's parent immediately after any instance of exposure to an allergen or allergic reaction.

History: *1Sp2017 c 6 art 16 s 17; 2024 c 80 art 2 s 74; 2024 c 115 art 16 s 41; 2026 c 127 art 13 s 22*

142I.22 COMMUNITY-BASED FAMILY CHILD CARE.

(a) A family child care program located on a site other than the license holder's primary residence must be licensed under this section if:

(1) the family child care program is conducted in a dwelling on a residential lot or in a commercial space other than the license holder's primary residence;

(2) the license holder is an organization, employer, church, or religious entity; or

(3) the license holder is a community collaborative child care provider. For purposes of this clause, a "community collaborative child care provider" is a provider participating in a cooperative agreement with a community action agency as defined in section 142F.301.

(b) Programs licensed under paragraph (a) must comply with local zoning regulations, the applicable State Fire Code, and the State Building Code. Any age and capacity limitations established by the fire code must be printed on the license.

(c) A license holder under this section must designate at least one primary provider of care as follows:

(1) one individual for programs operating eight or fewer hours per day;

(2) up to two individuals for programs operating more than eight but no more than 16 hours per day; and

(3) up to three individuals for programs operating more than 16 hours per day.

(d) The license issued under this section must include the statement: "This community-based family child care license holder is not licensed as a child care center."

(e) The commissioner may approve up to six licenses at the same location or under one contiguous roof if each license holder independently meets all applicable requirements and the program location site does not have an R-2 residential occupancy designation. Each family child care program must operate as a distinct family child care program within its licensed capacity, age, and ratio limits as determined by the state fire marshal. Only one license may be issued per single-family residential home.

(f) The license holder must notify the commissioner in writing before any change in the persons designated as primary providers of care. A primary provider of care is authorized to communicate with the commissioner on licensing matters.

(g) Each license holder must complete the commissioner-developed community-based family child care program plan at the time of initial application, review the plan each calendar year, and update the plan before any change in program information occurs.

History: *2026 c 127 art 13 s 23*