moves to amend H.F. No. 3104, the delete everything amendment (A20-0745), as follows:

Page 1, after line 4 insert:

"Sec. .... Minnesota Statutes 2019 Supplement, section 119B.011, subdivision 19, is amended to read:

Subd. 19. Provider. "Provider" means:

(1) an individual or child care center or facility licensed to provide child care under chapter 245A when operating within the terms of the license;

(2) a license-exempt center required to be certified under chapter 245H;

(3) an individual or child care center or facility that: (i) holds a valid child care license issued by another state or a tribe; (ii) provides child care services in the licensing state or in the area under the licensing tribe's jurisdiction; and (iii) is in compliance with federal health and safety requirements as certified by the licensing state or tribe, or as determined by receipt of child care development block grant funds in the licensing state; or

(4) a legal nonlicensed child care provider as defined under section 119B.011, subdivision 16, providing legal child care services. A legal nonlicensed child care provider must be at least 18 years of age, and not a member of the MFIP assistance unit or a member of the family receiving child care assistance to be authorized under this chapter; or

(5) an individual or child care center or facility that is operated under the jurisdiction of the federal government.

EFFECTIVE DATE. This section is effective July 1, 2020."

Page 1, after line 9 insert:
"Sec. .... Minnesota Statutes 2018, section 245A.04, subdivision 9, is amended to read:

Subd. 9. Variances. (a) The commissioner may grant variances to rules that do not affect the health or safety of persons in a licensed program if the following conditions are met:

(1) the variance must be requested by an applicant or license holder on a form and in a manner prescribed by the commissioner;

(2) the request for a variance must include the reasons that the applicant or license holder cannot comply with a requirement as stated in the rule and the alternative equivalent measures that the applicant or license holder will follow to comply with the intent of the rule; and

(3) the request must state the period of time for which the variance is requested.

The commissioner may grant a permanent variance when conditions under which the variance is requested do not affect the health or safety of persons being served by the licensed program, nor compromise the qualifications of staff to provide services. The permanent variance shall expire as soon as the conditions that warranted the variance are modified in any way. Any applicant or license holder must inform the commissioner of any changes or modifications that have occurred in the conditions that warranted the permanent variance. Failure to advise the commissioner shall result in revocation of the permanent variance and may be cause for other sanctions under sections 245A.06 and 245A.07.

The commissioner's decision to grant or deny a variance request is final and not subject to appeal under the provisions of chapter 14.

(b) The commissioner shall consider variances for child care center staff qualification requirements under Minnesota Rules, parts 9503.0032 and 9503.0033, that do not affect the health and safety of children served by the center. A variance request must be submitted to the commissioner in accordance with paragraph (a) and must include a plan for the staff person to gain additional experience, education, or training, as requested by the commissioner. When reviewing a variance request under this section, the commissioner shall consider the staff person's level of professional development, including but not limited to steps completed on the Minnesota career lattice.

(c) Beginning January 1, 2021, counties shall use a uniform application form developed by the commissioner for variance requests by family child care license holders.
Sec. .... Minnesota Statutes 2019 Supplement, section 245A.16, subdivision 1, is amended to read:

Subdivision 1. **Delegation of authority to agencies.** (a) County agencies and private agencies that have been designated or licensed by the commissioner to perform licensing functions and activities under section 245A.04 and background studies for family child care under chapter 245C; to recommend denial of applicants under section 245A.05; to issue correction orders, to issue variances, and recommend a conditional license under section 245A.06; or to recommend suspending or revoking a license or issuing a fine under section 245A.07, shall comply with rules and directives of the commissioner governing those functions and with this section. The following variances are excluded from the delegation of variance authority and may be issued only by the commissioner:

1. dual licensure of family child care and child foster care, dual licensure of child and adult foster care, and adult foster care and family child care;
2. adult foster care maximum capacity;
3. adult foster care minimum age requirement;
4. child foster care maximum age requirement;
5. variances regarding disqualified individuals except that, before the implementation of NETStudy 2.0, county agencies may issue variances under section 245C.30 regarding disqualified individuals when the county is responsible for conducting a consolidated reconsideration according to sections 245C.25 and 245C.27, subdivision 2, clauses (a) and (b), of a county maltreatment determination and a disqualification based on serious or recurring maltreatment;
6. the required presence of a caregiver in the adult foster care residence during normal sleeping hours;
7. variances to requirements relating to chemical use problems of a license holder or a household member of a license holder; and
8. variances to section 245A.53 for a time-limited period. If the commissioner grants a variance under this clause, the license holder must provide notice of the variance to all parents and guardians of the children in care.

Except as provided in section 245A.14, subdivision 4, paragraph (e), a county agency must not grant a license holder a variance to exceed the maximum allowable family child care license capacity of 14 children.
(b) A county agency that has been designated by the commissioner to issue family child care variances must:

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

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

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

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

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

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

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

(1) the role of counties in quality assurance;

(2) the duties of county licensing staff; and

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

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

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

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

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

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

**EFFECTIVE DATE.** This section is effective January 1, 2021."

"Sec. .... Laws 2016, chapter 189, article 15, section 29, is amended to read:

Sec. 29. **DIRECTION TO COMMISSIONERS; INCOME AND ASSET EXCLUSION.**

(a) The commissioner of human services shall not count payments made to families by
the income and child development in the first three years of life demonstration project as
income or assets for purposes of determining or redetermining eligibility for child care
assistance programs under Minnesota Statutes, chapter 119B; the Minnesota family
investment program, work benefit program, or diversionary work program under Minnesota
Statutes, chapter 256J, during the duration of the demonstration.

(b) The commissioner of human services shall not count payments made to families by
the income and child development in the first three years of life demonstration project as
income for purposes of determining or redetermining eligibility for medical assistance under
Minnesota Statutes, chapter 256B, and MinnesotaCare under Minnesota Statutes, chapter
256L.

(c) For the purposes of this section, "income and child development in the first three
years of life demonstration project" means a demonstration project funded by the United
States Department of Health and Human Services National Institutes of Health to evaluate
whether the unconditional cash payments have a causal effect on the cognitive,
socioemotional, and brain development of infants and toddlers.

(d) This section shall only be implemented if Minnesota is chosen as a site for the child
development in the first three years of life demonstration project, and expires January 1,
2022-2026.

(e) The commissioner of human services shall provide a report to the chairs and ranking
minority members of the legislative committees having jurisdiction over human services
issues by January 1, 2023, informing the legislature on the progress and outcomes of the demonstration under this section.

Sec. .... Laws 2017, First Special Session chapter 6, article 7, section 33, subdivision 2, is amended to read:

Subd. 2. **Pilot design and goals.** The pilot will establish five key developmental milestone markers from birth to age eight. Enrollees in the Pilot program participants will be developmentally assessed and tracked by a technology solution that tracks developmental milestones along the established developmental continuum. If a child's pilot program participant's progress falls below established milestones and the weighted scoring, the coordinated service system will focus on identified areas of concern, mobilize appropriate supportive services, and offer referrals or services to identified children and their families pilot program participants.

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

Sec. .... Laws 2017, First Special Session chapter 6, article 7, section 33, subdivision 3, is amended to read:

Subd. 3. **Program participants in phase 1 target population.** Pilot program participants must opt in and provide parental or guardian consent to participate and be enrolled or engaged in one or more of the following:

(1) be enrolled in a Women's Infant & Children (WIC) program;

(2) be participating in a family home visiting program, or nurse family practice, or Healthy Families America (HFA) Follow Along Program;

(3) be children and families qualifying for and participating in early language learners (ELL) in the school district in which they reside; and school's early childhood screening; or

(4) opt in and provide parental consent to participate in the pilot project any other Dakota County or school program that is determined as useful for identifying children at risk of falling below established guidelines.

**EFFECTIVE DATE.** This section is effective the day following final enactment.
Sec. .... **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**

**UNIFORM FAMILY CHILD CARE VARIANCE APPLICATION FORM**

**DEVELOPED BY THE COMMISSIONER.**

By October 1, 2020, the commissioner of human services, after consultation with county licensors and family child care providers, including those serving on the Family Child Care Task Force, shall issue to counties a uniform application form for family child care variance requests. The commissioner shall also issue any necessary training or guidance for counties to use the form.

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

"Sec. .... Minnesota Statutes 2018, section 119B.21, is amended to read:

**119B.21 CHILD CARE SERVICES GRANTS.**

Subdivision 1. **Distribution of grant funds.** (a) The commissioner shall distribute funds to the child care resource and referral programs designated under section sections 119B.189 and 119B.19, subdivision 1a, for child care services grants to centers under subdivision 5 and family child care programs based upon the following factors: improve child care quality, support start-up of new programs, and expand existing programs.

(b) Up to ten percent of funds appropriated for grants under this section may be used by the commissioner for statewide child care development initiatives, training initiatives, collaboration programs, and research and data collection. The commissioner shall develop eligibility guidelines and a process to distribute funds under this paragraph.

(c) At least 90 percent of funds appropriated for grants under this section may be distributed by the commissioner to child care resource and referral programs under section sections 119B.189 and 119B.19, subdivision 1a, for child care center grants and family child care grants based on the following factors:

(1) the number of children under 13 years of age needing child care in the region;

(2) the region served by the program;

(3) the ratio of children under 13 years of age needing child care to the number of licensed spaces in the region;

(4) the number of licensed child care providers and school-age care programs in the region; and
(5) other related factors determined by the commissioner.

(d) Child care resource and referral programs must award child care center grants and family child care services grants based on the recommendation of the child care district proposal review committees under subdivision 3.

(e) The commissioner may distribute funds under this section for a two-year period.

Subd. 1a. Eligible programs. A child care resource and referral program designated under sections 119B.189 and 119B.19, subdivision 1a, may award child care services grants to:

1. a child care center licensed under Minnesota Rules, chapter 9503, or in the process of becoming licensed;
2. a family or group family child care home licensed under Minnesota Rules, chapter 9502, or in the process of becoming licensed;
3. corporations or public agencies that develop or provide child care services;
4. a school-age care program;
5. a tribally licensed child care program;
6. legal nonlicensed or family, friend, and neighbor child care providers; or
7. other programs as determined by the commissioner.

Subd. 3. Child care district proposal review committees. (a) Child care district proposal review committees review applications for family child care grants and child care center services grants under this section and make funding recommendations to the child care resource and referral program designated under sections 119B.189 and 119B.19, subdivision 1a. Each region within a district must be represented on the review committee. The child care district proposal review committees must complete their reviews and forward their recommendations to the child care resource and referral district programs by the date specified by the commissioner.

(b) A child care resource and referral district program shall establish a process to select members of the child care district proposal review committee. Members must reflect a broad cross-section of the community, and may include the following constituent groups: family child care providers, child care center providers, school-age care providers, parents who use child care services, health services, social services, public schools, Head Start, employers, representatives of cultural and ethnic communities, and other citizens with demonstrated interest in child care issues. Members of the proposal review committee with a direct financial interest in child care issues. Members of the proposal review committee with a direct financial interest in child care issues.
interest in a pending grant proposal may not provide a recommendation or participate in
the ranking of that grant proposal.

(c) The child care resource and referral district program may reimburse committee
members for their actual travel, child care, and child care provider substitute expenses for
up to two committee meetings per year. The program may also pay a stipend to parent
representatives for participating in two meetings per
year the grant review process.

Subd. 5. Child care services grants. (a) A child care resource and referral program
designated under sections 119B.189 and 119B.19, subdivision 1a, may award child
care services grants for:

(1) creating new licensed child care facilities and expanding existing facilities, including,
but not limited to, supplies, equipment, facility renovation, and remodeling;

(2) improving licensed child care facility programs
facility improvements, including but
not limited to, improvements to meet licensing requirements;

(3) staff training and development services including, but not limited to, in-service
training, curriculum development, accreditation, certification, consulting, resource centers,
program and resource materials, supporting effective teacher-child interactions, child-focused
teaching, and content-driven classroom instruction;

(4) capacity building through the purchase of appropriate technology to create, enhance,
and maintain business management systems;

(5) emergency assistance for child care programs;

(6) new programs or projects for the creation, expansion, or improvement of programs
that serve ethnic immigrant and refugee communities; and

(7) targeted recruitment initiatives to expand and build the capacity of the child care
system and to improve the quality of care provided by legal nonlicensed child care providers;
and

(8) other uses as approved by the commissioner.

(b) A child care resource and referral organization designated under section sections
119B.189 and 119B.19, subdivision 1a, may award child care services grants of up to $1,000
to family child care providers. These grants may be used for eligible programs in amounts
up to a maximum determined by the commissioner for each type of eligible program.
(1) facility improvements, including, but not limited to, improvements to meet licensing requirements;

(2) improvements to expand a child care facility or program;

(3) toys and equipment;

(4) technology and software to create, enhance, and maintain business management systems;

(5) start-up costs;

(6) staff training and development; and

(7) other uses approved by the commissioner.

e) A child care resource and referral program designated under section 119B.19, subdivision 1a, may award child care services grants to:

(1) licensed providers;

(2) providers in the process of being licensed;

(3) corporations or public agencies that develop or provide child care services;

(4) school-age care programs;

(5) legal nonlicensed or family, friend, and neighbor care providers; or

(6) any combination of clauses (1) to (5).

(d) A child care center that is a recipient of a child care services grant for facility improvements or staff training and development must provide a 25 percent local match. A local match is not required for grants to family child care providers.

e) Beginning July 1, 2009, grants to child care centers under this subdivision shall be increasingly awarded for activities that improve provider quality, including activities under paragraph (a), clauses (1) to (3) and (6). Grants to family child care providers shall be increasingly awarded for activities that improve provider quality, including activities under paragraph (b), clauses (1), (3), and (6).

Sec. .... Minnesota Statutes 2018, section 119B.26, is amended to read:

119B.26 AUTHORITY TO WAIVE REQUIREMENTS DURING DISASTER PERIODS.

The commissioner may waive requirements under this chapter for up to nine months after the disaster in areas where a federal disaster has been declared under United States
Code, title 42, section 5121, et seq., or the governor has exercised authority under chapter

12. The commissioner may waive requirements retroactively from the date of the disaster.

The commissioner shall notify the chairs of the house of representatives and senate

committees with jurisdiction over this chapter and the house of representatives Ways and

Means Committee ten days before the effective date of any waiver granted within five

business days after the commissioner grants a waiver under this section."

Page 39, after line 21 insert

"Sec. .... Minnesota Statutes 2018, section 245A.02, subdivision 2c, is amended to read:

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

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

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

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

(a) Notwithstanding Minnesota Rules, part 9502.0365, subpart 5, and with the license holder's consent, an individual may be present in the licensed space, may supervise the family child care license holder's own child both inside and outside of the licensed space, and is exempt from the training and supervision requirements of this chapter and Minnesota Rules, chapter 9502, if the individual:

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

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

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

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

(b) If the individual in paragraph (a) is not a household member, the individual is also exempt from background study requirements under chapter 245C.
EFFECTIVE DATE. This section is effective September 30, 2020.

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

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

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

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

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

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

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

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

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

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

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

(1) child development and learning training under subdivision 2;
(2) pediatric first aid that meets the requirements of subdivision 3;

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

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

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

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

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

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

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

(3) Content area III: relationships with families;

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

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

(6) Content area VI: professionalism;

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

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

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

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

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

(3) "Relationships with families" means training on building a positive, respectful relationship with the child's family.
"Assessment, evaluation, and individualization" means training in observing, recording, and assessing development; assessing and using information to plan; and assessing and using information to enhance and maintain program quality.

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

"Professionalism" means training in knowledge, skills, and abilities that promote ongoing professional development.

"Health, safety, and nutrition" means training in establishing health practices, ensuring safety, and providing healthy nutrition.

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

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

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

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

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

245A.50 FAMILY CHILD CARE TRAINING REQUIREMENTS.

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

(b) Helpers who assist with care on a regular basis must complete six hours of training within one year after the date of initial employment.

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

(d) Before an adult caregiver or substitute cares for a child or assists in the care of a child, the license holder must train the adult caregiver or substitute on:

(1) the emergency preparedness plan required under section 245A.51, subdivision 3; and

(2) allergy prevention and response required under section 245A.51, subdivision 1.

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

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

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

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

(b) Notwithstanding other requirements of this section, courses within the identified knowledge and competency areas that are specific to child care centers or legal nonlicensed providers do not fulfill the requirements of this section.

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

1. two hours in Knowledge and Competency Area I: Child Development and Learning or Knowledge, and two hours in Knowledge and Competency Area II-C: Promoting Social and Emotional Development; or

2. four hours in Knowledge and Competency Area II-C; or

3. one four-hour course in both Knowledge and Competency Area I and Knowledge and Competency Area II-C.

Training curriculum shall be developed or approved by the commissioner of human services.

(b) Notwithstanding initial child development and learning and behavior guidance training requirements in paragraph (a), individuals are exempt from this requirement if they:

1. have taken a three-credit course on early childhood development within the past five years;

2. have received a baccalaureate or master’s degree in early childhood education or school-age child care within the past five years;

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

4. have received a baccalaureate degree with a Montessori certificate within the past five years.

(c) The license holder and adult caregivers must annually take at least two hours of child development and learning or behavior guidance training. This annual training must be fulfilled by completing any course in Knowledge and Competency Area I: Child Development and Learning or Knowledge and Competency Area II-C: Promoting Social and Emotional Development. Training curriculum shall be developed or approved by the commissioner of human services.

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

Subd. 3. First aid. (a) When children are present in a family child care home governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least one staff person must be present in the home who has been trained in first aid Before initial licensure and before caring for
a child, license holders, adult caregivers, and substitutes must be trained in pediatric first
aid. The first aid training must have been provided by an individual approved to provide
first aid instruction. First aid training may be less than eight hours and persons qualified to
provide first aid training include individuals approved as first aid instructors. First aid
training must be repeated. License holders, adult caregivers, and substitutes must repeat
pediatric first aid training every two years.

(b) A family child care provider is exempt from the first aid training requirements under
this subdivision related to any substitute caregiver who provides less than 30 hours of care
during any 12-month period.

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

Subd. 4. Cardiopulmonary resuscitation. (a) When children are present in a family
child care home governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least one
caregiver must be present in the home who has been trained in cardiopulmonary resuscitation
(CPR) before initial licensure and before caring for a child, license holders, adult caregivers,
and substitutes must be trained in pediatric cardiopulmonary resuscitation (CPR), including
CPR techniques for infants and children, and in the treatment of obstructed airways. The
CPR training must have been provided by an individual approved to provide CPR instruction,
License holders, adult caregivers, and substitutes must be repeated pediatric CPR
training at least once every two years, and it must be documented in the caregiver's license
holder's records.

(b) A family child care provider is exempt from the CPR training requirement in this
subdivision related to any substitute caregiver who provides less than 30 hours of care during
any 12-month period.

(e) (b) Persons providing CPR training must use CPR training that has been developed:

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

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

Subd. 5. Sudden unexpected infant death and abusive head trauma training. (a)
License holders must ensure and document that before staff persons the license holder, adult
caregivers, substitutes, and helpers assist in the care of infants, they are instructed on the
standards in section 245A.1435 and receive training on reducing the risk of sudden
unexpected infant death. In addition, license holders must ensure and document that before staff persons the license holder, adult caregivers, substitutes, and helpers assist in the care of infants and children under school age, they receive training on reducing the risk of abusive head trauma from shaking infants and young children. The training in this subdivision may be provided as initial training under subdivision 1 or ongoing annual training under subdivision 7.

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

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

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

(e) Sudden unexpected infant death reduction training and abusive head trauma training required under this subdivision must be completed in person or as allowed under subdivision 10, clause (1) or (2), at least once every two years. On the years when the person receiving training is not receiving training in person or as allowed under subdivision 10, clause (1) or (2), the person receiving training in accordance with this subdivision must receive sudden unexpected infant death reduction training and abusive head trauma training through a video of no more than one hour in length. The video must be developed or approved by the commissioner.

(f) An individual who is related to the license holder as defined in section 245A, subdivision 13, and who is involved only in the care of the license holder's own infant or child under school age and who is not designated to be a adult caregiver, helper, or substitute, as defined in Minnesota Rules, part 9502.0315, for the licensed program, is exempt from the sudden unexpected infant death and abusive head trauma training.
Subd. 6. Child passenger restraint systems; training requirement. (a) A license holder must comply with all seat belt and child passenger restraint system requirements under section 169.685.

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

(1) Before a license holder, staff person, adult caregiver, substitute, or helper transports a child or children under age nine in a motor vehicle, the person placing the child or children in a passenger restraint must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles. Training completed under this subdivision may be used to meet initial training under subdivision 1 or ongoing training under subdivision 7.

(2) Training required under this subdivision must be at least one hour in length, completed at initial training, and repeated at least once every five years. 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 license holder to transport the child or children.

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

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

Subd. 7. Training requirements for family and group family child care. For purposes of family and group family child care, the license holder and each primary adult caregiver must complete 16 hours of ongoing training each year. For purposes of this subdivision, a primary caregiver is an adult caregiver who provides services in the licensed setting for more than 30 days in any 12-month period. Repeat of topical training requirements in subdivisions 2 to 8 shall count toward the annual 16-hour training requirement. Additional ongoing training subjects to meet the annual 16-hour training requirement must be selected from the following areas:
(1) child development and learning training under subdivision 2, paragraph (a) in understanding how a child develops physically, cognitively, emotionally, and socially, and how a child learns as part of the child's family, culture, and community;

(2) developmentally appropriate learning experiences, including training in creating positive learning experiences, promoting cognitive development, promoting social and emotional development, promoting physical development, promoting creative development; and behavior guidance;

(3) relationships with families, including training in building a positive, respectful relationship with the child's family;

(4) assessment, evaluation, and individualization, including training in observing, recording, and assessing development; assessing and using information to plan; and assessing and using information to enhance and maintain program quality;

(5) historical and contemporary development of early childhood education, including training in past and current practices in early childhood education and how current events and issues affect children, families, and programs;

(6) professionalism, including training in knowledge, skills, and abilities that promote ongoing professional development; and

(7) health, safety, and nutrition, including training in establishing healthy practices; ensuring safety; and providing healthy nutrition.

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

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

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

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

(4) developing skills to help children develop unbiased attitudes about cultural differences and differences in ability;
21.1 (5) developing skills in culturally appropriate caregiving; and
21.2 (6) developing skills in appropriate caregiving for children of different abilities.
21.3 The commissioner shall approve the curriculum for cultural dynamics and disability
training.
21.4 (b) The provider must meet the training requirement in section 245A.14, subdivision 11, paragraph (a), clause (4), to be eligible to allow a child cared for at the family child care
or group family child care home to use the swimming pool located at the home.
21.5 Subd. 9. Supervising for safety; training requirement. (a) Courses required by this
subdivision must include the following health and safety topics:
21.6 (1) preventing and controlling infectious diseases;
21.7 (2) administering medication;
21.8 (3) preventing and responding to allergies;
21.9 (4) ensuring building and physical premise safety;
21.10 (5) handling and storing biological contaminants;
21.11 (6) preventing and reporting child abuse and maltreatment; and
21.12 (7) emergency preparedness.
21.13 (b) Before initial licensure and before caring for a child, all family child care license
holders and each adult caregiver who provides care in the licensed family child care home
for more than 30 days in any 12-month period shall complete and document the completion
of the six-hour Supervising for Safety for Family Child Care course developed by the
commissioner.
21.14 (c) The license holder must ensure and document that, before caring for a child, all
substitutes have completed the four-hour Basics of Licensed Family Child Care for
Substitutes course developed by the commissioner, which must include health and safety
topics as well as child development and learning.
21.15 (b) (d) The family child care license holder and each adult caregiver who provides care
in the licensed family child care home for more than 30 days in any 12-month period shall
complete and document:
21.16 (1) the annual completion of a two-hour active supervision course developed by the
commissioner, which may be fulfilled by completing any course in Knowledge and
Competency Area VII-A: Establishing Healthy Practices or Knowledge and Competency area VII-B: Ensuring Safety, that is not otherwise required in this section; and

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

(e) At least once every three years, license holders must ensure and document that substitutes have completed the four-hour Basics of Licensed Family Child Care for Substitutes course.

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

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

(2) online training; and

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

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

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