

1.1 moves to amend H.F. No. 1233, the first engrossment, as follows:

1.2 Page 341, delete section 4, and insert:

1.3 "Sec. Minnesota Statutes 2012, section 245A.07, subdivision 2a, is amended to read:

1.4 Subd. 2a. **Immediate suspension expedited hearing.** (a) Within five working days
1.5 of receipt of the license holder's timely appeal, the commissioner shall request assignment
1.6 of an administrative law judge. The request must include a proposed date, time, and place
1.7 of a hearing. A hearing must be conducted by an administrative law judge within 30
1.8 calendar days of the request for assignment, unless an extension is requested by either
1.9 party and granted by the administrative law judge for good cause. The commissioner shall
1.10 issue a notice of hearing by certified mail or personal service at least ten working days
1.11 before the hearing. The scope of the hearing shall be limited solely to the issue of whether
1.12 the temporary immediate suspension should remain in effect pending the commissioner's
1.13 final order under section 245A.08, regarding a licensing sanction issued under subdivision
1.14 3 following the immediate suspension. The burden of proof in expedited hearings under
1.15 this subdivision shall be limited to the commissioner's demonstration that reasonable
1.16 cause exists to believe that the license holder's actions or failure to comply with applicable
1.17 law or rule poses, or if the actions of other individuals or conditions in the program
1.18 poses an imminent risk of harm to the health, safety, or rights of persons served by the
1.19 program. "Reasonable cause" means there exist specific articulable facts or circumstances
1.20 which provide the commissioner with a reasonable suspicion that there is an imminent
1.21 risk of harm to the health, safety, or rights of persons served by the program. When the
1.22 commissioner has determined there is reasonable cause to order the temporary immediate
1.23 suspension of a license based on a violation of safe sleep requirements, as defined in
1.24 section 245A.1435, the commissioner is not required to demonstrate that an infant died or
1.25 was injured as a result of the safe sleep violations.

1.26 (b) The administrative law judge shall issue findings of fact, conclusions, and a
1.27 recommendation within ten working days from the date of hearing. The parties shall have

2.1 ten calendar days to submit exceptions to the administrative law judge's report. The
 2.2 record shall close at the end of the ten-day period for submission of exceptions. The
 2.3 commissioner's final order shall be issued within ten working days from the close of the
 2.4 record. Within 90 calendar days after a final order affirming an immediate suspension, the
 2.5 commissioner shall make a determination regarding whether a final licensing sanction
 2.6 shall be issued under subdivision 3. The license holder shall continue to be prohibited
 2.7 from operation of the program during this 90-day period.

2.8 (c) When the final order under paragraph (b) affirms an immediate suspension, and a
 2.9 final licensing sanction is issued under subdivision 3 and the license holder appeals that
 2.10 sanction, the license holder continues to be prohibited from operation of the program
 2.11 pending a final commissioner's order under section 245A.08, subdivision 5, regarding the
 2.12 final licensing sanction.

2.13 Sec. Minnesota Statutes 2012, section 245A.1435, is amended to read:

2.14 **245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT**
 2.15 **DEATH SYNDROME IN LICENSED PROGRAMS.**

2.16 (a) When a license holder is placing an infant to sleep, the license holder must
 2.17 place the infant on the infant's back, unless the license holder has documentation from
 2.18 the infant's parent physician directing an alternative sleeping position for the infant. The
 2.19 parent physician directive must be on a form approved by the commissioner and must
 2.20 ~~include a statement that the parent or legal guardian has read the information provided by~~
 2.21 ~~the Minnesota Sudden Infant Death Center, related to the risk of SIDS and the importance~~
 2.22 ~~of placing an infant or child on its back to sleep to reduce the risk of SIDS.~~ remain on file
 2.23 at the licensed location. An infant who independently rolls onto its stomach after being
 2.24 placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant
 2.25 is at least six months of age or the license holder has a signed statement from the parent
 2.26 indicating that the infant regularly rolls over at home.

2.27 (b) ~~The license holder must place the infant in a crib directly on a firm mattress with~~
 2.28 ~~a fitted crib sheet that fits tightly on the mattress and overlaps the mattress so it cannot be~~
 2.29 ~~dislodged by pulling on the corner of the sheet. The license holder must not place pillows,~~
 2.30 ~~quilts, comforters, sheepskin, pillow-like stuffed toys, or other soft products in the crib~~
 2.31 ~~with the infant~~ The license holder must place the infant in a crib directly on a firm mattress
 2.32 with a fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress,
 2.33 and overlaps the underside of the mattress so it cannot be dislodged by pulling on the
 2.34 corner of the sheet with reasonable effort. The license holder must not place anything in
 2.35 the crib with the infant except for the infant's pacifier. For the purposes of this section, a

3.1 pacifier is defined as a synthetic nipple designed for infant sucking with nothing attached
 3.2 to it. The requirements of this section apply to license holders serving infants up to and
 3.3 including 12 months younger than one year of age. Licensed child care providers must
 3.4 meet the crib requirements under section 245A.146.

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

3.12 (d) Placing a swaddled infant down to sleep in a licensed setting is not recommended
 3.13 for an infant of any age and is prohibited for any infant who has begun to roll over
 3.14 independently. However, with the written consent of a parent or guardian according to this
 3.15 paragraph, a license holder may place the infant who has not yet begun to roll over on its
 3.16 own down to sleep in a one-piece sleeper equipped with an attached system that fastens
 3.17 securely only across the upper torso, with no constriction of the hips or legs, to create a
 3.18 swaddle. Prior to any use of swaddling for sleep by a provider licensed under this chapter,
 3.19 the license holder must obtain informed written consent for the use of swaddling from the
 3.20 parent or guardian of the infant on a form provided by the commissioner and prepared in
 3.21 partnership with the Minnesota Sudden Infant Death Center.

3.22 Sec. Minnesota Statutes 2012, section 245A.144, is amended to read:

3.23 **245A.144 TRAINING ON RISK OF SUDDEN UNEXPECTED INFANT**
 3.24 **DEATH AND SHAKEN-BABY SYNDROME ABUSIVE HEAD TRAUMA FOR**
 3.25 **CHILD FOSTER CARE PROVIDERS.**

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

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

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

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

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

4.14 Sec. Minnesota Statutes 2012, section 245A.1444, is amended to read:

4.15 **245A.1444 TRAINING ON RISK OF SUDDEN UNEXPECTED INFANT**
4.16 **DEATH SYNDROME AND SHAKEN-BABY SYNDROME ABUSIVE HEAD**
4.17 **TRAUMA BY OTHER PROGRAMS.**

4.18 A licensed chemical dependency treatment program that serves clients with infants
4.19 or children through five years of age, who sleep at the program and a licensed children's
4.20 residential facility that serves infants or children through five years of age, must document
4.21 that before program staff persons or volunteers assist in the care of infants or children
4.22 through five years of age, they are instructed on the standards in section 245A.1435 and
4.23 receive training on reducing the risk of sudden unexpected infant death ~~syndrome~~ and
4.24 ~~shaken-baby-syndrome~~ abusive head trauma from shaking infants and young children. The
4.25 training conducted under this section may be used to fulfill training requirements under
4.26 Minnesota Rules, parts 2960.0100, subpart 3; and 9530.6490, subpart 4, item B.

4.27 This section does not apply to child care centers or family child care programs
4.28 governed by sections 245A.40 and 245A.50.

4.29 Sec. **[245A.1446] FAMILY CHILD CARE DIAPERING AREA**
4.30 **DISINFECTION.**

4.31 Notwithstanding Minnesota Rules, part 9502.0435, a family child care provider may
4.32 disinfect the diaper changing surface with either a solution of at least two teaspoons
4.33 of chlorine bleach to one quart of water or with a surface disinfectant that meets the
4.34 following criteria:

5.1 (1) the manufacturer's label or instructions state that the product is registered with
 5.2 the United States Environmental Protection Agency;

5.3 (2) the manufacturer's label or instructions state that the disinfectant is effective
 5.4 against Staphylococcus aureus, Salmonella choleraesuis, and Pseudomonas aeruginosa;

5.5 (3) the manufacturer's label or instructions state that the disinfectant is effective with
 5.6 a ten minute or less contact time;

5.7 (4) the disinfectant is clearly labeled by the manufacturer with directions for mixing
 5.8 and use;

5.9 (5) the disinfectant is used only in accordance with the manufacturer's directions; and

5.10 (6) the product does not include triclosan or derivatives of triclosan.

5.11 Sec. **[245A.147] FAMILY CHILD CARE INFANT SLEEP SUPERVISION**
 5.12 **REQUIREMENTS.**

5.13 Subdivision 1. **In-person checks on infants.** (a) License holders that serve infants
 5.14 are encouraged to monitor sleeping infants by conducting in-person checks on each infant
 5.15 in their care every 30 minutes.

5.16 (b) Upon enrollment of an infant in a family child care program, the license holder is
 5.17 encouraged to conduct in-person checks on the sleeping infant every 15 minutes, during
 5.18 the first four months of care.

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

5.22 Subd. 2. **Use of audio or visual monitoring devices.** In addition to conducting
 5.23 the in-person checks encouraged under subdivision 1, license holders serving infants are
 5.24 encouraged to use and maintain an audio or visual monitoring device to monitor each
 5.25 sleeping infant in care during all hours of sleep.

5.26 Sec. **[245A.152] CHILD CARE LICENSE HOLDER INSURANCE.**

5.27 (a) A license holder must provide a written notice to all parents or guardians of all
 5.28 children to be accepted for care prior to admission stating whether the license holder has
 5.29 liability insurance. This notice may be incorporated into and provided on the admission
 5.30 form used by the license holder.

5.31 (b) If the license holder has liability insurance:

5.32 (1) the license holder shall inform parents in writing that a current certificate of
 5.33 coverage for insurance is available for inspection to all parents or guardians of children
 5.34 receiving services and to all parents seeking services from the family child care program;

6.1 (2) the notice must provide the parent or guardian with the date of expiration or
 6.2 next renewal of the policy; and

6.3 (3) upon the expiration date of the policy, the license holder must provide a new
 6.4 written notice indicating whether the insurance policy has lapsed or whether the license
 6.5 holder has renewed the policy.

6.6 If the policy was renewed, the license holder must provide the new expiration date of the
 6.7 policy in writing to the parents or guardians.

6.8 (c) If the license holder does not have liability insurance, the license holder must
 6.9 provide an annual notice, on a form developed and made available by the commissioner,
 6.10 to the parents or guardians of children in care indicating that the license holder does not
 6.11 carry liability insurance.

6.12 (d) The license holder must notify all parents and guardians in writing immediately
 6.13 of any change in insurance status.

6.14 (e) The license holder must make available upon request the certificate of liability
 6.15 insurance to the parents of children in care, to the commissioner, and to county licensing
 6.16 agents.

6.17 (f) The license holder must document, with the signature of the parent or guardian,
 6.18 that the parent or guardian received the notices required by this section.

6.19 Sec. Minnesota Statutes 2012, section 245A.40, subdivision 5, is amended to read:

6.20 Subd. 5. **Sudden unexpected infant death syndrome and ~~shaken baby syndrome~~**
 6.21 **abusive head trauma training.** (a) License holders must document that before staff
 6.22 persons and volunteers care for infants, they are instructed on the standards in section
 6.23 245A.1435 and receive training on reducing the risk of sudden unexpected infant death
 6.24 ~~syndrome~~. In addition, license holders must document that before staff persons care for
 6.25 infants or children under school age, they receive training on the risk of ~~shaken baby~~
 6.26 ~~syndrome~~ abusive head trauma from shaking infants and young children. The training
 6.27 in this subdivision may be provided as orientation training under subdivision 1 and
 6.28 in-service training under subdivision 7.

6.29 (b) Sudden unexpected infant death ~~syndrome~~ reduction training required under
 6.30 this subdivision must be at least one-half hour in length and must be completed at least
 6.31 once every ~~five years~~ year. At a minimum, the training must address the risk factors
 6.32 related to sudden unexpected infant death ~~syndrome~~, means of reducing the risk of sudden
 6.33 unexpected infant death ~~syndrome~~ in child care, and license holder communication with
 6.34 parents regarding reducing the risk of sudden unexpected infant death ~~syndrome~~.

7.1 (c) ~~Shaken baby syndrome~~ Abusive head trauma training under this subdivision
 7.2 must be at least one-half hour in length and must be completed at least once every ~~five~~
 7.3 years ~~year~~. At a minimum, the training must address the risk factors related to ~~shaken~~
 7.4 ~~baby syndrome~~ for shaking infants and young children, means to reduce the risk of ~~shaken~~
 7.5 ~~baby syndrome~~ abusive head trauma in child care, and license holder communication with
 7.6 parents regarding reducing the risk of ~~shaken baby syndrome~~ abusive head trauma.

7.7 (d) The commissioner shall make available for viewing a video presentation on the
 7.8 dangers associated with shaking infants and young children. The video presentation must
 7.9 be part of the orientation and annual in-service training of licensed child care center
 7.10 staff persons caring for children under school age. The commissioner shall provide to
 7.11 child care providers and interested individuals, at cost, copies of a video approved by the
 7.12 commissioner of health under section 144.574 on the dangers associated with shaking
 7.13 infants and young children.

7.14 Sec. Minnesota Statutes 2012, section 245A.50, is amended to read:

7.15 **245A.50 FAMILY CHILD CARE TRAINING REQUIREMENTS.**

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

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

7.20 Subd. 2. **Child growth and development and behavior guidance training.** (a) For
 7.21 purposes of family and group family child care, the license holder and each adult caregiver
 7.22 who provides care in the licensed setting for more than 30 days in any 12-month period
 7.23 shall complete and document at least ~~two~~ four hours of child growth and development
 7.24 and behavior guidance training within the first year of prior to initial licensure, and before
 7.25 caring for children. For purposes of this subdivision, "child growth and development
 7.26 training" means training in understanding how children acquire language and develop
 7.27 physically, cognitively, emotionally, and socially. "Behavior guidance training" means
 7.28 training in the understanding of the functions of child behavior and strategies for managing
 7.29 challenging situations. Child growth and development and behavior guidance training
 7.30 must be repeated annually. Training curriculum shall be developed or approved by the
 7.31 commissioner of human services by January 1, 2014.

7.32 (b) Notwithstanding paragraph (a), individuals are exempt from this requirement if
 7.33 they:

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

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

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

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

8.9 Subd. 3. **First aid.** (a) When children are present in a family child care home
8.10 governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least one staff person
8.11 must be present in the home who has been trained in first aid. The first aid training must
8.12 have been provided by an individual approved to provide first aid instruction. First aid
8.13 training may be less than eight hours and persons qualified to provide first aid training
8.14 include individuals approved as first aid instructors. First aid training must be repeated
8.15 every two years.

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

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

8.21 Subd. 4. **Cardiopulmonary resuscitation.** (a) When children are present in a family
8.22 child care home governed by Minnesota Rules, parts 9502.0315 to 9502.0445, at least
8.23 one staff person must be present in the home who has been trained in cardiopulmonary
8.24 resuscitation (CPR) and in the treatment of obstructed airways that includes CPR
8.25 techniques for infants and children. The CPR training must have been provided by an
8.26 individual approved to provide CPR instruction, must be repeated at least once every ~~three~~
8.27 two years, and must be documented in the staff person's records.

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

8.31 ~~(c) Video training reviewed and approved by the county licensing agency satisfies~~
8.32 ~~the training requirement of this subdivision.~~ Persons providing CPR training must use
8.33 CPR training that has been developed:

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

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

9.3 Subd. 5. **Sudden unexpected infant death syndrome and ~~shaken baby syndrome~~**
 9.4 **abusive head trauma training.** (a) License holders must document that before staff
 9.5 persons, caregivers, and helpers assist in the care of infants, they are instructed on the
 9.6 standards in section 245A.1435 and receive training on reducing the risk of sudden
 9.7 unexpected infant death syndrome. In addition, license holders must document that before
 9.8 staff persons, caregivers, and helpers assist in the care of infants and children under
 9.9 school age, they receive training on reducing the risk of ~~shaken baby syndrome~~ abusive
 9.10 head trauma from shaking infants and young children. The training in this subdivision
 9.11 may be provided as initial training under subdivision 1 or ongoing annual training under
 9.12 subdivision 7.

9.13 (b) Sudden unexpected infant death syndrome reduction training required under this
 9.14 subdivision must be at least one-half hour in length and must be completed in person
 9.15 at least once every ~~five years~~ two years. On the years when the license holder is not
 9.16 receiving the in-person training on sudden unexpected infant death reduction, the license
 9.17 holder must receive sudden unexpected infant death reduction training through a video
 9.18 of no more than one hour in length developed or approved by the commissioner. At a
 9.19 minimum, the training must address the risk factors related to sudden unexpected infant
 9.20 death syndrome, means of reducing the risk of sudden unexpected infant death syndrome
 9.21 in child care, and license holder communication with parents regarding reducing the risk
 9.22 of sudden unexpected infant death syndrome.

9.23 (c) ~~Shaken baby syndrome~~ Abusive head trauma training required under this
 9.24 subdivision must be at least one-half hour in length and must be completed at least once
 9.25 every ~~five years~~ year. At a minimum, the training must address the risk factors related
 9.26 to ~~shaken baby syndrome~~ shaking infants and young children, means of reducing the
 9.27 risk of ~~shaken baby syndrome~~ abusive head trauma in child care, and license holder
 9.28 communication with parents regarding reducing the risk of ~~shaken baby syndrome~~ abusive
 9.29 head trauma.

9.30 (d) Training for family and group family child care providers must be developed
 9.31 by the commissioner in conjunction with the Minnesota Sudden Infant Death Center
 9.32 and approved by the county licensing agency by the Minnesota Center for Professional
 9.33 Development.

9.34 (e) ~~The commissioner shall make available for viewing by all licensed child care~~
 9.35 ~~providers a video presentation on the dangers associated with shaking infants and young~~
 9.36 ~~children. The video presentation shall be part of the initial and ongoing annual training of~~

10.1 ~~licensed child care providers, caregivers, and helpers caring for children under school age.~~
10.2 ~~The commissioner shall provide to child care providers and interested individuals, at cost,~~
10.3 ~~copies of a video approved by the commissioner of health under section 144.574 on the~~
10.4 ~~dangers associated with shaking infants and young children.~~

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

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

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

10.16 (2) Training required under this subdivision must be at least one hour in length,
10.17 completed at initial training, and repeated at least once every five years. At a minimum,
10.18 the training must address the proper use of child restraint systems based on the child's
10.19 size, weight, and age, and the proper installation of a car seat or booster seat in the motor
10.20 vehicle used by the license holder to transport the child or children.

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

10.25 (c) Child care providers that only transport school-age children as defined in section
10.26 245A.02, subdivision 19, paragraph (f), in child care buses as defined in section 169.448,
10.27 subdivision 1, paragraph (e), are exempt from this subdivision.

10.28 Subd. 7. **Training requirements for family and group family child care.** For
10.29 purposes of family and group family child care, the license holder and each primary
10.30 caregiver must complete ~~eight~~ 16 hours of ongoing training each year. For purposes
10.31 of this subdivision, a primary caregiver is an adult caregiver who provides services in
10.32 the licensed setting for more than 30 days in any 12-month period. Repeat of topical
10.33 training requirements in subdivisions 2 to 8 shall count toward the annual 16-hour training
10.34 requirement. Additional ongoing training subjects to meet the annual 16-hour training
10.35 requirement must be selected from the following areas:

11.1 (1) "child growth and development training" ~~has the meaning given in~~ under
 11.2 subdivision 2, paragraph (a);

11.3 (2) "learning environment and curriculum" ~~includes,~~ including training in
 11.4 establishing an environment and providing activities that provide learning experiences to
 11.5 meet each child's needs, capabilities, and interests;

11.6 (3) "assessment and planning for individual needs" ~~includes,~~ including training in
 11.7 observing and assessing what children know and can do in order to provide curriculum
 11.8 and instruction that addresses their developmental and learning needs, including children
 11.9 with special needs and bilingual children or children for whom English is not their
 11.10 primary language;

11.11 (4) "interactions with children" ~~includes,~~ including training in establishing
 11.12 supportive relationships with children, guiding them as individuals and as part of a group;

11.13 (5) "families and communities" ~~includes,~~ including training in working
 11.14 collaboratively with families and agencies or organizations to meet children's needs and to
 11.15 encourage the community's involvement;

11.16 (6) "health, safety, and nutrition" ~~includes,~~ including training in establishing and
 11.17 maintaining an environment that ensures children's health, safety, and nourishment,
 11.18 including child abuse, maltreatment, prevention, and reporting; home and fire safety; child
 11.19 injury prevention; communicable disease prevention and control; first aid; and CPR; ~~and~~

11.20 (7) "program planning and evaluation" ~~includes,~~ including training in establishing,
 11.21 implementing, evaluating, and enhancing program operations; and

11.22 (8) behavior guidance, including training in the understanding of the functions of
 11.23 child behavior and strategies for managing behavior.

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

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

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

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

11.35 (4) developing skills to help children develop unbiased attitudes about cultural
 11.36 differences and differences in ability;

12.1 (5) developing skills in culturally appropriate caregiving; and

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

12.3 The commissioner shall approve the curriculum for cultural dynamics and disability
12.4 training.

12.5 (b) The provider must meet the training requirement in section 245A.14, subdivision
12.6 11, paragraph (a), clause (4), to be eligible to allow a child cared for at the family child
12.7 care or group family child care home to use the swimming pool located at the home.

12.8 Subd. 9. **Supervising for safety; training requirement.** Effective July 1, 2014,
12.9 all family child care license holders and each adult caregiver who provides care in the
12.10 licensed family child care home for more than 30 days in any 12-month period shall
12.11 complete and document at least six hours approved training on supervising for safety
12.12 prior to initial licensure, and before caring for children. At least two hours of training
12.13 on supervising for safety must be repeated annually. For purposes of this subdivision,
12.14 "supervising for safety" includes supervision basics, supervision outdoors, equipment and
12.15 materials, illness, injuries, and disaster preparedness. The commissioner shall develop
12.16 the supervising for safety curriculum by January 1, 2014.

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

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

12.20 (2) online training; and

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

12.23 Renumber the sections in sequence and correct the internal references

12.24 Amend the title accordingly