

Certification of License-Exempt Child Care Centers

A Guidance Document for Implementation

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Background Information

During the 2017 legislative session, state legislators enacted many changes to bring the state of Minnesota into compliance with the federal Child Care and Development Fund (CCDF) requirements.¹ One major component of CCDF is that all child care programs that receive child care assistance payments must meet minimum standards that promote healthy and safe environments for children (regardless of a program's licensure status). As part of this effort, license-exempt centers that participate in Minnesota's Child Care Assistance Program (CCAP) will need to become certified, which will allow the Department of Human Services (DHS) to monitor certified centers with minimum certification requirements. If a license-exempt center opts out of certification, that program will no longer be eligible to participate in CCAP.

This implementation plan provides information on a new statute ([245H](#)) enacted during the legislative session, which governs certified child care centers. Use this document to understand how to comply with new requirements and to understand how certified centers will be monitored and regulated, including:

- The onboarding and application process
- Monitoring and inspections
- Complying with minimum health and safety requirements
- Recordkeeping requirements

For additional updates about certified child care centers, please visit the [DHS website page for certified child care centers](#).

¹ In 2014, the federal government reauthorized the Child Care and Development Fund with the goal of improving the health and safety of child care, improving access to quality child care and promoting stable child care arrangements. For more information about the Child Care and Development Fund, please visit: <https://www.acf.hhs.gov/occ/ccdf-reauthorization>.

Becoming Certified

There are two different ways a license-exempt program can become certified. License-exempt programs that already participate in CCAP will become certified during an “initial onboarding process.” Initial onboarding of these programs started in fall of 2017. The Department of Human Services Licensing Division (DHS licensing) will initiate onboarding for license-exempt programs already participating in CCAP.

In the future, license-exempt programs that would like to participate in CCAP will first need to become certified. These programs will need to go through a formal application process to become certified. DHS licensing is developing this process and more information will become available in 2018. License-exempt programs that want to become certified will be responsible for initiating this process.

The following chart outlines the two processes.

	License status	CCAP participation	Certification process	Timeline
Initial onboarding (one time only process for becoming certified)	Exempt from licensure	Already participating in CCAP	DHS licensing will reach out with onboarding process. CCAP participation is uninterrupted	Begins Fall 2017
Application (future process for becoming certified)	Exempt from licensure	Not participating in CCAP, but wanting to enroll families participating in CCAP	Each center will need to reach out to DHS licensing to complete an application before registering as a CCAP provider	Begins Summer 2018

There are no fees affiliated with certification at this time. More information about fees is discussed under the section “Additional Information.”

Clarification on Definitions

Applicant

An applicant is an individual or organization that is subject to certification under this chapter and applied for but is not yet granted certification under 245H.

Certification holder

The certification holder is the individual or organization that is legally responsible for the operation of the center, and granted certification by the commissioner under 245H.

- EXAMPLE 1: A school district would be the certification holder for each certified center at different elementary school sites.
- EXAMPLE 2: A private school would be the certification holder for one or more certified centers within the school building.
- EXAMPLE 3: A business or individual would be the certification holder for one or more certified centers operated at one or more locations.

As long as the certification holder is the same, DHS will assign a unique entity identification number to the certification holder. The entity identification number will only be used internally to tie one or multiple certified centers to one certification holder. This will allow DHS to conduct announced reviews in a coordinated effort for all centers tied to one certification holder.

Center operator or program operator

A center operator or program operator is the person exercising supervision or control over the center's or program's operations, planning, and functioning. There may be more than one designated center operator or program operator.

- EXAMPLE 1: A supervisor oversees multiple certified centers. For example, a school district school age care program may have a supervisor that is employed by community education who oversees multiple certified centers at different elementary school locations. That supervisor would be a center operator. In addition, there may be a director of community education that also oversees the operations who may also be listed as a center operator (there may be more than one center operator). In this instance, individual site directors would not each be listed as center operators.
- EXAMPLE 2: An owner of one or more certified centers. In this instance, the owner would be the center operator. This owner could also be the certification holder.

Typically center directors (see [245H.08](#), Subd. 2) are not center operators. However, if a center director were an owner or certification holder, it would be appropriate that a center director would also be a center operator.

The center operator is the person DHS will communicate with regarding the certified center(s).

Health and Safety Requirements

Certified centers are required to follow minimum health and safety requirements set forth in 245H.13. The following subdivisions outline the health and safety requirements and describe the types of policies and procedures that certified centers must have in place and follow in order to comply. See [Guidelines for Developing Policies and Procedures for Certified Centers](#) document.

Exclusion of sick children and infection disease outbreak control

[Minn. Stat. 245H.13](#), Subd. 1. Exclusion of sick children and infectious disease outbreak control.

(a) A certified center must supervise and isolate a child from other children in the program when a child becomes sick and immediately notify the sick child's parent or legal guardian.

(b) A certified center must post or give notice to the parent or legal guardian of an exposed child the same day the program is notified of a child's contagious reportable disease specified in Minnesota Rules, part 4605.7040, or scabies, impetigo, ringworm, or chicken pox.

Your policies for exclusion of sick children (see below for guidance on the definition of sick) must include:

- When a child becomes sick, the certified center must immediately notify the sick child's parent or legal guardian and arrange for pick up. The child needs to be isolated in order to prevent the spread of illness.
- Isolating a sick child from other children in the program does not mean the child has to be in a separate space. It means the child should not be actively participating in activities with other children while waiting to be picked up.

Your policies for infectious disease outbreak control should minimally include how you plan to notify parents of an exposure. Notification:

- can be done in many ways, including posting a notice on site in a conspicuous location, sending written notice home with parents, or emailing parents;
- should include the illness and date of potential exposure;
- can include additional information such as signs or symptoms to watch for and incubation periods; and
- should not include identification of any child specific information.

Additional resources:

- Contagious reportable diseases are specified in [Minnesota Rules, part 4605.7040](#).
- Minnesota Department of Health (MDH) website has additional resources for [Infectious Diseases in Childcare Settings and Schools](#) as well a listing of [Infectious Diseases and Conditions A to Z](#).

- Definition of illness (sick) on the MDH website states that an ill/sick child is one who is unable to participate in routine activities or needs more care than can be provided by the childcare/school staff. See [general exclusion guidelines](#) as provided by MDH for signs and symptoms of illness.

Immunizations

[Minn. Stat. 245H.13](#), Subd. 2. Immunizations.

By a child's date of attendance, the certified center must maintain or have access to a record detailing the child's current immunizations or applicable exemption.

Your policies for immunizations must require that by the first date a child attends your center, the child's immunization information is accessible on site.

Immunization records:

- can stored electronically, but must be able to be accessed;
- can be recorded on any form, however the MDH immunization form (see below) is recommended; and
- can include exemptions, but must have a notarized signature.

Keep in mind, annual inspections of certified centers are announced, therefore if immunization records are housed off site or at a centralized location, records should be gathered prior to the scheduled review. We suggest that certified centers develop a system to ensure that immunization records are provided prior to children starting in the certified center if relying upon records housed off site (such as school district records).

Additional resources:

- Minnesota Department of Health (MDH) website has additional resources for [immunizations](#).
- The DHS certification webpage has a PDF copy of the [immunization form](#) from MDH.
- MDH has a resource called [Minnesota Immunization Information Connection \(MIIC\)](#) where providers can access immunization records.

Administration of medication

[Minn. Stat. 245H.13](#), Subd. 3. Administration of medication.

(a) A certified center that chooses to administer medicine must meet the requirements in this subdivision.

(b) The certified center must obtain written permission from the child's parent or legal guardian before administering prescription medicine, diapering product, sunscreen lotion, and insect repellent.

(c) The certified center must administer nonprescription medicine, diapering product, sunscreen lotion, and insect repellent according to the manufacturer's instructions unless provided written instructions by a licensed health professional to use a product differently.

(d) The certified center must obtain and follow written instructions from the prescribing health professional before administering prescription medicine. Medicine with the child's first and last name and current prescription information on the label is considered written instructions.

(e) The certified center must ensure all medicine is:

- (1) kept in the medicine's original container with a legible label stating the child's first and last name;
- (2) given only to the child whose name is on the label;
- (3) not given after an expiration date on the label; and
- (4) returned to the child's parent or legal guardian or destroyed, if unused.

(f) The certified center must document in the child's record the administration of medication, including the child's first and last name; the name of the medication or prescription number; the date, time, and dosage; and the name and signature of the person who administered the medicine. This documentation must be available to the child's parent or legal guardian.

(g) The certified center must store medicines, insect repellents, and diapering products according to directions on the original container.

You must have a policy for administering medication.

If you choose not to administer medication, your policies must state that you do not administer medication.

If you choose to administer medication, your policies for administering medication must meet the requirements listed in this subdivision above which include:

- Obtaining written permission
- Following Instructions
- Storing medication
- Documenting administration

DHS does not have a specific form for recording the administration of medication. You can document the administration of medication in a way that works for your center. However, you must document the following: child's first and last name; the name of the medication or prescription number; the date, time, and dosage; and the name and signature of the person who administered the medicine.

It is recommended that the written permission and record of medication administration are kept in the child's file for a minimum of three years.

Additional information/examples:

- If you are a school district and a school nurse administers medication **during your hours of operation**, your policy must state that this occurs and the nurse must be trained on the policy. Additionally, the nurse may need to have a background study. See background study section below.
- If a child goes to a nurse after school but before they come to your center, the child is not yet attending your program. Documentation of the administration of medication is not the responsibility of the program.
- Sunscreen and insect repellent must be stored out of reach of children. School age children can apply sunscreen under the supervision of staff who need to ensure the nonprescription medication is administered according to the manufacturer or health provider instructions.

Preventing and responding to allergies

[Minn. Stat. 245H.13](#), Subd. 4. Preventing and responding to allergies.

(a) Before admitting a child for care, the certified center must obtain documentation of any known allergies from the child's parent or legal guardian. The certified center must maintain current allergy information in each child's record. The allergy information must include:

- (1) a description of the allergy, specific triggers, avoidance techniques, and symptoms of an allergic reaction; and
- (2) procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information.

(b) The certified center must inform staff of each child's current allergy information. At least annually and when a change is made to allergy-related information in a child's record, the certified center must inform staff of any change. Documentation that staff were informed of the child's current allergy information must be kept on site.

(c) A child's allergy information must be available at all times including on site, when on field trips, or during transportation. Food allergy information must be readily available to staff in the area where food is prepared and served to the child.

Your policies for preventing and responding to allergies must require that by the first date a child attends your center, documentation of any known allergy is obtained from each child's parent or legal guardian. This can be included in enrollment forms or any required health care paperwork.

If a child has a known allergy (any allergy), the center must:

1. Maintain current information about the allergy in the **child's** record. The child specific information must include:
 - Description of the allergy

- Triggers to allergens
 - Techniques for avoiding exposure to allergens
 - Symptoms if an allergic reaction were to occur (what to watch for)
 - How to respond to an allergic reaction (including medication information)
 - Doctor's contact information
2. Ensure that each staff person who works directly with the child is informed of the allergy information. Documentation that staff were informed must be kept on site. For example, all staff could sign one document kept with the child's allergy record stating that they were informed. It is also required that staff are informed:
- At least annually (prior to the end of month in the subsequent year); and
 - When changes are made to the child's allergy record.
3. Keep the child's allergy information available:
- On site at all times
 - When on field trips
 - During transportation provided by the center
 - Where food is prepared and served (for food allergies)

Building and physical premises: free of hazards

[Minn. Stat. 245H.13](#), Subd. 5. Building and physical premises; free of hazards.

(a) The certified center must document compliance with the State Fire Code by providing documentation of a fire marshal inspection completed within the previous three years by a state fire marshal or a local fire code inspector trained by the state fire marshal.

(b) The certified center must designate a primary indoor and outdoor space used for child care on a facility site floor plan.

(c) The certified center must ensure the areas used by a child are clean and in good repair, with structurally sound and functional furniture and equipment that is appropriate to the age and size of a child who uses the area.

(d) The certified center must ensure hazardous items including but not limited to sharp objects, medicines, cleaning supplies, poisonous plants, and chemicals are out of reach of a child.

(e) The certified center must safely handle and dispose of bodily fluids and other potentially infectious fluids by using gloves, disinfecting surfaces that come in contact with potentially infectious bodily fluids, and disposing of bodily fluid in a securely sealed plastic bag.

Fire inspection

A certified center must provide documentation showing that a fire inspection was completed within the previous three years prior to obtaining certification.

- If your center is located in a public school, this is an existing requirement and you can provide documentation from your school. Often public school inspections result with corrective orders issued. In this case, the school would receive a follow up inspection form stating that corrections were made/they passed. We will need to see this documentation for each certified center location prior to certification.
- For centers located in private schools that have a licensed program already located in the building, the fire inspection form from the licensed center may work if it was within the previous three years and the space for the certified center was inspected.
- For all other centers, further instructions for fire inspections will be provided from DHS.

Designated indoor and outdoor space

During the onboarding process, centers will be required to submit a floor plan of their building that shows where the primary indoor and outdoor spaces are located within/near the building.

- You will not be required to submit a floor plan of your primary space (where furniture/activity areas are within that space).
- You do not need to update DHS, every time your space changes within the building, but you need to have a floorplan on site that shows your primary indoor and outdoor space. When we conduct visits to your site, we will get updates.

Free of hazards

Your policy for ensuring your center is free of hazards must include the following:

- Areas used by children must be kept clean and in good repair.
- Furniture or equipment must be kept in good repair and must be age appropriate, to prevent injuries.
- Hazardous items must be kept out of reach. Anything labeled keep out of reach of children should be inaccessible.
 - Some items like sunscreen, hand sanitizer, and diaper wipes are labeled keep out of reach of children. Although these items can be used on children under supervision (and with permission – see medication above), they will still need to be stored out of reach.
 - Locked cabinets or closets are recommended, but not required.
- If an exposure to bodily fluids occurs, the center must disinfect and dispose of any bodily fluids using gloves and in a securely sealed plastic bag.

Additional information:

- Your required emergency plan (see emergency preparedness and response section below) has a section on identification of hazards. When creating your policy for ensuring your center is free of hazards, you should ensure that it does not contradict the information in your written emergency plan.
- If your center has an existing bloodborne pathogen or universal precautions policy, refer to it in your policy for ensuring your center is free of hazards and ensure it contains all the required items above.

Transporting children

[Minn. Stat. 245H.13](#), Subd. 6. Transporting children.

(a) If a certified center chooses to transport a child, the certified center must ensure that the driver of the vehicle holds a valid driver's license, appropriate to the vehicle driven.

(b) If a certified center chooses to transport a child, the center must comply with all seat belt and child passenger restraint system requirements under sections 169.685 and 169.686.

You must have a policy for transporting children.

If you choose not to transport children, your policies must state that you do not transport children.

If the center chooses to transport a child, your policy must require that:

- the driver of the vehicle holds a valid driver's license, appropriate to the vehicle driven; and
- the center must comply with all seat belt and child passenger restraint system requirements under Minnesota Statutes, sections [169.685](#) and [169.686](#).

If a child is transported through the school district, your certified center is not providing the transportation.

Emergency preparedness & response

[Minn. Stat. 245H.15](#). Emergency preparedness.

Subdivision 1. Written emergency plan. (a) A certified center must have a written emergency plan for emergencies that require evacuation, sheltering, or other protection of children, such as fire, natural disaster, intruder, or other threatening situation that may pose a health or safety hazard to children. The plan must be written on a form developed by the commissioner and reviewed and updated at least once each calendar year. The annual review of the emergency plan must be documented.

(b) 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 or legal guardian of the relocation and reunification with families;
- (4) accommodations for a child with a disability or a chronic medical condition;
- (5) procedures for storing a child's medically necessary medicine that facilitates easy removal during an evacuation or relocation;
- (6) procedures for continuing operations in the period during and after a crisis; and
- (7) procedures for communicating with local emergency management officials, law enforcement officials, or other appropriate state or local authorities.

(c) The certification holder must have an emergency plan available for review upon request by the child's parent or legal guardian.

Subd. 2. Staff person training. The certification holder must train a staff person at orientation and at least once each calendar year on the emergency plan and document training in each personnel file. The certified center must conduct at least quarterly one evacuation drill and one shelter-in-place drill. The date and time of the drills must be documented.

Your policy for emergency preparedness and response must include:

- A plan using the Child Care Emergency Plan form ([PDF](#)) ([Word DOC](#)). DHS created this form to fulfill the requirements in the statute above. **Centers are required to use this form** and the form must be specific to each individual certified center. Please note that the Child Care Emergency Plan form was revised in November of 2017. We will accept the original or revised version.
- A requirement that staff are trained at orientation and at least once each calendar year on your emergency plan (see staff training section below regarding the required training and documentation of training). If staff work at more than one location under a certification holder, the staff person would need to be trained on each location's emergency plan.
- A requirement that the center will conduct one evacuation and one shelter-in-place drill quarterly and documents the time and date of the drills.

Additional resources: DHS' [Keeping Kids Safe](#) includes detailed emergency planning guidance for providers. This is a best practice guide if you would like additional support in completing your emergency plan.

Mandatory reporting

[Minn. Stat. 245H.11](#). Reporting.

(a) The certification holder must comply with the reporting requirements for abuse and neglect specified in section 626.556. A person mandated to report physical or sexual child abuse or neglect occurring within a certified center shall report the information to the commissioner.

(b) The certification holder must inform the commissioner within 24 hours of:

- (1) the death of a child in the program; and
- (2) any injury to a child in the program that required treatment by a physician.

Your policy for reporting must include:

- Maltreatment of minors mandated reporting requirements (see below).
NOTE: Using the Maltreatment of Minors Mandated Reporting Policy for DHS Certified Centers form on the Certified Centers webpage will meet this requirement.
- Death and serious injury reporting requirements (see below).
NOTE: Your policy must include that you are required to use the Child Care Center Serious Injury & Death Report form.

Maltreatment of minors mandated reporting

The certified center must comply with the reporting requirements for abuse and neglect specified in section [626.556](#) (Reporting of Maltreatment of Minors). A person mandated to report physical or sexual child abuse or neglect occurring within a certified center must report the information to DHS. See [Maltreatment of Minors Mandated Reporting Policy for Certified Centers](#) for information on:

- Who is mandated to report
- Where to report
- What to report
- Failure to report

Death and serious injury reporting

The certified center must also inform the commissioner within 24 hours of:

- the death of a child in care at the program; and
- a “serious injury” to a child in the program. A “serious injury” is defined as an injury to a child that required treatment by a physician (includes dentist). If a child goes to a doctor, but does not require treatment, it would not be considered a serious injury.

Use the Child Care Center Serious Injury & Death Report Form ([PDF](#)) ([Word DOC](#)) on the Certified Centers webpage.

Parental access

[Minn. Stat. 245H.18](#). Parental Access.

An enrolled child's parent or legal guardian must be allowed access to the parent's or legal guardian's child at any time while the child is in care.

Centers must include a statement in both your policies that a parent or legal guardian must be allowed access to their child any time their child is in care.

Staffing Requirements

Certified centers are required to follow minimum staffing requirements, including group size and ratio requirements, set forth in 245H.08, 245H.16, and 245H.18.

Staff requirements

Minn. Stat. 245H.08. Staffing requirements.

Subd. 3. **Staff qualifications.**

A staff person must be 16 years of age or older before providing direct, unsupervised care to a child.

A staff person must be 16 years of age or older before providing direct, unsupervised care to a child. Supervised care means an individual is within sight or hearing to the extent that the program's supervision individual is capable at all times of intervening to protect the health and safety of the person served by the program.

Director requirements

Minn. Stat. 245H.08. Staffing requirements.

Subdivision 1. **Staffing requirements.**

During hours of operation, a certified center must have a director or designee on site who is responsible for overseeing implementation of written policies relating to the management and control of the daily activities of the program, ensuring the health and safety of program participants, and supervising staff and volunteers.

Subd. 2. **Director qualifications.**

The director must be 18 years of age or older and have completed at least 16 hours of training in any of the following topic areas: child development and learning; developmentally appropriate learning experiences; relationships with families; assessment, evaluation, and individualization; historical and contemporary development of early childhood education; professionalism; and health, safety, and nutrition.

During hours of operation, a certified center must have a director or designee on site who is responsible for ensuring the health and safety of program participants, and supervising staff and volunteers.

The **director** must be 18 years of age or older and have completed at least 16 hours of training per requirements listed in [245H.08](#), Subd. 02. The center must complete a [Director Information Form](#) for its director, and the form must be kept on file at the center.

The **designee** does not have to meet director requirements, but does need to know that he/she is responsible in the absence of the director. The designee does not need to be the same person each time the director is not present.

Group sizes & ratios

[Minn. Stat. 245H.08](#). Subd. 4. **Maximum group size.**

- (a) For a child six weeks old through 16 months old, the maximum group size shall be no more than eight children.
- (b) For a child 16 months old through 33 months old, the maximum group size shall be no more than 14 children.
- (c) For a child 33 months old through prekindergarten, a maximum group size shall be no more than 20 children.
- (d) For a child in kindergarten through 13 years old, a maximum group size shall be no more than 30 children.
- (e) The maximum group size applies at all times except during group activity coordination time not exceeding 15 minutes, during a meal, outdoor activity, field trip, nap and rest, and special activity including a film, guest speaker, indoor large muscle activity, or holiday program.

Subd. 5. **Ratios.**

- (a) The minimally acceptable staff-to-child ratios are:

six weeks old through 16 months old	1:4
16 months old through 33 months old	1:7
33 months old through prekindergarten	1:10
kindergarten through 13 years old	1:15

- (b) Kindergarten includes a child of sufficient age to have attended the first day of kindergarten or who is eligible to enter kindergarten within the next four months.
- (c) For mixed groups, the ratio for the age group of the youngest child applies.

Maximum group size

Maximum group size is the maximum number of children that can be involved in a group activity at any one time. The maximum group size applies at all times except during group activity coordination time not exceeding 15 minutes, during a meal, outdoor activity, field trip, nap and rest, and special activity including a film, guest speaker, indoor large muscle activity, or holiday program.

Maximum group size applies to instances where all children are participating in one activity. This would not include having more than the maximum group size in a space participating in different activities. For example, 90 school age children could be in one cafeteria space as long as they are participating in 3 or more separate activities (note exceptions above).

Ratio

For mixed groups, the ratio for the age group of the youngest child applies.

Ratios are applied to a space and not a specific activity.

Example: If there are 90 school age children in a cafeteria space, there must be at least 6 staff supervising the children because the staff-to-child ratio is 1:15 for school age children. Of the 6 staff supervising the 90 children, there could be 1 staff person leading an activity with 20 children as long as there are 6 total staff in the space with the 90 children. Again, the center is complying with the ratio requirements by having 6 staff supervising 90 children, and the center is complying with the maximum size requirements so long as the number of school age children participating in any one activity is capped at 30.

Example: If there are 30 school age children (of which 18 are in the cafeteria and the other 12 children are outside), there must be at least 2 staff supervising children inside and at least one staff in the outside space in order to meet ratio requirements. Another option in this scenario to meet ratio would be to limit the number of children inside to 15 (with 1 staff person supervising) and have the other 15 children outside (with 1 staff person supervising).

Mixing children in different age categories

If you serve children in more than one age category and choose to mix the age categories, you must follow the ratio and maximum group size requirements for the youngest age category present in the group. For example, if you mix 20 preschoolers and 30 school age children together in one group you would need 5 staff (1:10 ratio). If they are not mixed, you would need 2 staff for the preschoolers (1:10 ratio) and 2 staff for the school agers (1:15 ratio).

- Children in different age categories can be in the same space, but not mixed in some instances. For example, lunch is being served in a cafeteria space. Preschoolers can be in one area and supervised only by the staff responsible for the preschoolers while at the same time school age children are also in the cafeteria space in their own area and only supervised by the staff responsible for the school age children. However, if preschoolers and schoolagers are together in a space mixed and participating in an activity together, they are considered mixed. For areas like outdoor playground or large muscle activities in the gym, a schedule is recommended if the center desires to not mix the children.
- You can mix children in different age categories for all day or part of the day as long as you are following ratio and maximum group size requirements for the youngest age category present in the group.

Age category	Definition of age category	Maximum group size	Staff-to-child ratio
Infant	Six weeks old through 16 months old	8	1:4
Toddler	16 months old through 33 months old	14	1:7
Preschool	33 months old through prekindergarten	20	1:10
School age	Kindergarten through 13 years old <i>Kindergarten</i> includes a child of sufficient age to have attended the first day of kindergarten or who is eligible to enter kindergarten within the next four months.	30	1:15

Personnel record

[Minn. Stat. 245H.16](#). Personnel record.

The certification holder must maintain a personnel record for each staff person at the program that must contain:

- (1) the staff person's name, home address, telephone number, and date of birth;
- (2) documentation that the staff person completed training required by section 245H.14;
- (3) documentation of the date the program initiated a background study for the staff person; and
- (4) documentation of the date the staff person first had direct contact and access to a child while supervised, and the date the staff person first had direct contact and access to a child while unsupervised.

The certified center must maintain a personnel record for each staff person at the program that must contain:

1. the staff person's name, home address, telephone number, and date of birth;
2. documentation that the staff person completed training required by section 245H.14;
3. documentation of the date the program initiated a background study for the staff person; and
4. documentation of the date the staff person first had direct contact and access to a child while supervised, and the date the staff person first had direct contact and access to a child while unsupervised.

Keep in mind, annual inspections of certified centers are announced, therefore if personnel records are housed off site or at a centralized location, records should be gathered prior to the scheduled review.

Training Requirements

Training requirements ensure staff develop knowledge and skills regarding minimum health and safety standards, as well as promote professional development skills that in turn result in higher quality learning environments. Certified centers are required to follow two types of training requirements – orientation training and in service training. The following subdivisions outline the health and safety training requirements, identifies who must complete the training requirements, and by when.

Minn. Stat. 245H.14. Training requirements.

Subdivision 1. First aid and cardiopulmonary resuscitation. At least one designated staff person who completed pediatric first aid training and pediatric cardiopulmonary resuscitation (CPR) training must be present at all times at the program, during field trips, and when transporting a child. The designated staff person must repeat pediatric first aid training and pediatric CPR training at least once every two years.

Subd. 2. Sudden unexpected infant death. A certified center that cares for an infant who is younger than one year of age must ensure that staff persons and volunteers receive training according to section 245A.1435 on reducing the risk of sudden unexpected infant death before assisting in the care of an infant.

Subd. 3. Abusive head trauma. A certified center that cares for a child through four years of age must ensure that staff persons and volunteers receive training on abusive head trauma from shaking infants and young children before assisting in the care of a child through four years of age.

Subd. 4. Child development. The certified center must ensure each staff person completes at least two hours of child development and learning training within 14 days of employment and annually thereafter. For purposes of this subdivision, "child development and learning training" means how a child develops physically, cognitively, emotionally, and socially and learns as part of the child's family, culture, and community.

Subd. 5. Orientation. The certified center must ensure each staff person is trained at orientation on health and safety requirements in sections 245H.11, 245H.13, 245H.14, and 245H.15. The certified center must provide staff with an orientation within 14 days of employment. Before the completion of orientation, a staff person must be supervised while providing direct care to a child.

Subd. 6. In service. (a) The certified center must ensure each staff person is trained at least annually on health and safety requirements in sections 245H.11, 245H.13, 245H.14, and 245H.15.

(b) Each staff person must annually complete at least six hours of training. Training required under paragraph (a) may be used toward the hourly training requirements of this subdivision.

Subd. 7. Documentation. A certified center must document the date of a completed training required by this section in the personnel record of each staff person.

Orientation training

Orientation

The certified center must ensure each staff person is given an orientation training on reporting requirements in 245H.11, health and safety standard requirements in 245H.13 (see list below), and emergency preparedness requirements in 245H.15.

The certified center must provide staff with an orientation within 14 days of employment. Before the completion of orientation, a staff person must be supervised while providing direct care to a child.

Health and safety standard requirement in 245H.13 (see requirements outlined in the Health and Safety section above) include:

- Exclusion of sick children and infection disease outbreak control
- Immunizations
- Administration of medication
- Preventing and responding to allergies
- Building and physical premises; free of hazards
- Transporting children

Training required at orientation

Additionally, staff must complete certain trainings before caring for children and/or prior to unsupervised contact.

Training topic	Who must complete training	When required to be completed
Sudden unexpected infant death (SUID)	Staff and volunteers that are caring for infants under the age of one	Prior to caring for infants under 1 year of age
Abusive head trauma (AHT)	Staff and volunteers that care for children through 4 years of age (under 5 years old)	Prior to caring for children through 4 years of age
Child development	Staff	Before unsupervised contact, and within 14 days
Emergency Preparedness	Staff	Before unsupervised contact, and within 14 days

Training topic	Who must complete training	When required to be completed
Reporting	Staff	Before unsupervised contact, and within 14 days
Pediatric first aid and CPR	At least one designated staff person who has completed pediatric first aid and CPR must be present at all times at the center, during field trips, and when transporting a child.	

Additional resources:

Staff Orientation Training Checklist for Certified Centers

Please see the [Staff Orientation Training Checklist](#) form as a resource in documenting orientation training. While it is not required that you use our form, we highly recommend that certified centers use it to demonstrate that each staff complies with orientation training requirements.

Definitions

See Definitions section at the end of this document for the definition of **date of employment**.

In service training

Minn. Stat. 245H also requires certified center staff to take training on an ongoing basis. Each staff person must complete at least six hours of training within each calendar year.

Required trainings (both at orientation and annually) may be used toward the hourly training requirements of this subdivision.

Other trainings should pertain to the staff person’s job.

If a staff person has trainings from another position such as a work at a school district or licensed center, those training hours can count towards hours required for the certified center.

College courses can be counted toward in service training if the coursework would apply to the staff person’s job. One semester credit is equivalent to 15 hours of training.

Annual health and safety training

The certified center must ensure each staff person is trained at least once every year on reporting requirements in 245H.11, health and safety standard requirements in 245H.13 (see list below), and emergency preparedness requirements in 245H.15.

Health and safety standard requirement in 245H.13 include:

- Exclusion of sick children and infection disease outbreak control
- Immunizations
- Administration of medication
- Preventing and responding to allergies
- Building and physical premises; free of hazards
- Transporting children

In service training topics required to be completed within a designated time frame

Training topic	Who must complete training	Frequency
Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR)	At least one designated staff person must be present at all times at the center, during field trips, and when transporting a child	At least once every two years
Sudden unexpected infant death (SUID)	Staff and volunteers that are for infants under the age of one	Once every year
Abusive head trauma (AHT)	Staff and volunteers that care for children through 4 years of age (under 5 years old)	Once every year
Child development	Staff	Once every year

Documentation

A certified center must document the date of a completed training required by this section in the personnel record of each staff person listed on a form that includes the name of the training, the date of the training, and the training institution.

A certificate of training is not needed in addition to having the training documented in the personnel record.

Certified centers can provide their own training. Training does not need to be provided by a certified trainer.

Additional resources:

Staff In service Training Record for Certified Centers

Please see the [Staff In service Training Record](#) form to document ongoing training.

Training requirements for substitutes and volunteers

Training topic	Who according to Statute	Required for substitute or volunteer	When required to be completed	Frequency
<p>Health and safety training</p> <p><i>Exclusion of sick children and infection disease outbreak control</i></p> <p><i>Immunizations</i></p> <p><i>Administration of medication</i></p> <p><i>Preventing and responding to allergies</i></p> <p><i>Building and physical premises; free of hazards</i></p> <p><i>Transporting children</i></p> <p>Reporting</p> <p>Emergency Preparedness</p>	The certified center must ensure each staff person is trained at orientation and at least annually on health and safety requirements.	<p>Substitute - Yes, if working in lieu of a staff person.</p> <p>Volunteer - No</p>	<p>Before unsupervised contact, but within 14 days.</p> <p>N/A</p>	Once every year
Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR)	At least one designated staff person must be present at all times at the center, during field trips, and when transporting a child	Yes, if there is no staff person and the substitute or volunteer is the only individual supervising children	Prior to providing care	At least once every two years
Sudden unexpected infant death (SUID)	Staff and volunteers that are for infants under the age of one	<p>Substitute – Yes</p> <p>Volunteer – Yes</p>	Prior to caring for infants under 1 year of age	Once every year
Abusive head trauma (AHT)	Staff and volunteers that care for children through 4 years of age (under 5 years old)	<p>Substitute – Yes</p> <p>Volunteer – Yes</p>	Prior to caring for children through 4 years of age	Once every year
Child development	Staff	No	N/A	N/A

Documentation

A certified center must document the date of a completed training required by this section in the personnel record of each substitute and volunteer.

Definition

See resources for definition of **Supervision**.

Monitoring and Inspections

DHS licensing is responsible for inspecting and monitoring certified centers for compliance with requirements set forth in 245H.

Inspections and investigations

Annual announced inspections

Certified centers will have an annual inspection to determine compliance with standards in 245H. Annual inspections will be announced and coordinated between center operators and DHS.

Investigations

In some instances where DHS has received information of alleged certification violations or maltreatment, there may be an unannounced investigation visits to the certified center.

Certification Investigations

If DHS receives information that your certified center is not following the requirements in 245H, a licensor may be assigned an investigation to determine compliance. Information received by DHS is routed to an intake team that will do an initial assessment. If a licensor is doing an investigation, the licensor must be given access to the program, records, and/or staff (see below). Based on the information collected, DHS will determine what action is appropriate, if any.

Maltreatment investigations

If DHS receives information that alleged or suspected abuse or neglect has occurred in your center, an investigator may be assigned to do a maltreatment investigation. Information received by DHS is routed to an intake team that will do an initial assessment to determine if assigned. If an investigator is doing an investigation, the investigator must be given access to the program, records, and/or staff (see below). Based on the information collected, DHS will determine what action is appropriate, if any.

DHS Jurisdiction

DHS is mandated to certify license-exempt child care centers that meet the requirements under [245H.02](#). As such, DHS is given the right of access to these centers to carry out all of the duties under 245H – in other words, once a center has been identified as requiring certification, DHS has the right to enter the center to perform required duties.

DHS access

When a center is in operation and information is relevant to an inspection or investigation, the DHS employee must be given access to:

- (1) the physical facility and grounds where the program is provided;
- (2) documentation and records, including electronically maintained records;
- (3) children served by the center; and
- (4) staff and personnel records of current and former staff.

Records needed would include only those from point of certification and moving forward.

Correction orders

If the certification holder failed to comply with a law, the commissioner may issue a correction order. The correction order must state the condition that constitutes a violation of the law, the specific law violated, and the time allowed to correct each violation.

If the certification holder believes that the commissioner's correction order is erroneous, the certification holder may ask the commissioner to reconsider the part of the correction order that is allegedly erroneous.

Decertification

The commissioner may decertify a center if a certification holder failed to comply with an applicable law; or knowingly withheld relevant information from or gave false or misleading information to the commissioner in connection with an application for certification, in connection with the background study status of an individual, during an investigation, or regarding compliance with applicable laws. When considering decertification, the commissioner must consider the nature, chronicity, or severity of the violation of law.

When a center is decertified, the center is ineligible to receive payments from the Child Care Assistance Program (CCAP) under Minnesota Statutes 119B.

Background Studies

245H.10 BACKGROUND STUDIES.

Subdivision 1. Documentation. (a) The applicant or certification holder must submit and maintain documentation of a completed background study for:

- (1) each person applying for the certification;
- (2) each person identified as a center operator or program operator as defined in section 245H.01, subdivision 3;
- (3) each current or prospective staff person or contractor of the certified center who will have direct contact with a child served by the center;
- (4) each volunteer who has direct contact with a child served by the center if the contact is not under the continuous, direct supervision by an individual listed in clause (1), (2), or (3); and
- (5) each managerial staff person of the certification holder with oversight and supervision of the certified center.

(b) To be accepted for certification, a background study on every individual in paragraph (a), clause (1), must be completed under chapter 245C and result in a not disqualified determination under section 245C.14 or a disqualification that was set aside under section 245C.22.

Subd. 2. Direct contact. (a) The subject of the background study may not provide direct contact services to a child served by a certified center unless the subject is under continuous direct supervision pending completion of the background study.

(b) The certified center must document in the staff person's personnel file the date the program initiates a background study and the date the subject of the study first had direct contact with a child served by the center.

Certified centers will need to comply with background study requirements in 245H.10 on schedule determined by the Department of Human Services. Implementation of the new comprehensive studies has not begun anywhere in the state. We anticipate that these studies will be available starting in late summer or early fall 2018. You will be contacted well in advance of your program being required to complete the enhanced studies. During the onboarding and application process, centers will be required to identify a sensitive information person for background studies and create a NetStudy 2.0 account with DHS.

Definitions

See definitions section for definition of **direct contact**.

Resources

Visit DHS Website for Frequently Asked Questions: <https://tinyurl.com/MNchildcareFAQ>

Send your questions and implementation recommendations to: DHS.CCDFReform@state.mn.us

Additional Information

Certification fee

Minn. Stat. 245H.12 FEES.

The commissioner shall consult with stakeholders to develop an administrative fee to implement this chapter. By February 15, 2019, the commissioner shall provide recommendations on the amount of an administrative fee to the legislative committees with jurisdiction over health and human services policy and finance.

There are no fees affiliated with certification at this time. However, DHS must consult with stakeholders and provide a recommendation to the legislature by February 2019 of an appropriate administrative fee.

Certification standards

Minn. Stat. 245H.17 CERTIFICATION STANDARDS.

The commissioner shall regularly consult with stakeholders for input related to implementing the standards in this chapter.

DHS is also required to regularly consult with stakeholders for feedback and recommendation about the certification standards set forth in 245H.

CCAP information

For information about legislative and other changes to Minnesota's Child Care Assistance Program (CCAP), please visit <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-care-and-early-education/>.

For information regarding requirements for registered CCAP providers, consult the CCAP Child Care Provider Guide (DHS-5260) available at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5260-ENG>.

Attendance records

Certification standards do not require that certified centers maintain attendance records, however Minnesota Statutes 119B.125, Subd. 6 requires all providers that receive child care assistance payments to keep daily attendance records at the site where services are delivered for children receiving child care assistance. Programs must make records available immediately to the county or the commissioner upon request. The attendance records must be completed daily and include the date, the first and last name of each child in attendance, and the times when each child is dropped off and picked up. To the extent possible, the times that the child was

dropped off to and picked up from the child care provider must be entered by the person dropping off or picking up the child. The daily attendance records must be retained at the site where services are delivered for six years after the date of service.

Having a system for children being signed into and out of your center will clarify when a center is responsible for a child and when the child is the responsibility of another program or service. For example,

- A child who attends swimming lessons through another program (with parent permission) in the middle of the day after being dropped off at the certified center. It is recommended that the certified center sign the child out and sign the child back in so as to have documentation regarding where the child is at and who is responsible at that time.
- A child who goes directly from one program to the certified center without parent or legal guardian drop off. Typically, until the other program delivers the child to the certified center, the certified center would not be responsible for the care of the child. It is recommended that when the child arrives, the child is signed into the certified center to clarify who is responsible at that time.
- If your certified center is transporting a child, the child is considered in attendance during transportation.

Multiple centers/programs located in the same building

Certified centers in a building with license exempt, licensed, and/or other programs cannot mix children from separate programs.

For example, if a school district has a licensed program for preschoolers, a license-exempt school readiness program for preschoolers, and a certified program for school agers all in one building, the children in these various programs cannot combine. They would be able to use shared spaces such as a gym or outdoor playground, but would need a schedule to ensure they are not using at the same time.

Multiple certified centers under one certification holder

Certified centers under one certification holder cannot mix children, except under certain circumstances. The certification number is site specific. Wherever you are operating and children are attending, the child needs to be enrolled/authorized to be at that location AND that location is the certified program responsible.

For example, if a school district has five certified centers at five separate locations and they want to combine into one location for summer, they would need to enroll all the children from the other four locations at the one location for summer. This would involve notifying CCAP to change authorization information for any child that is changing locations.

Definitions

Date of employment

Definition of date of employment.

The date that the employee becomes employed with the certified center is the date of employment.

Importance of date of employment

The date of employment is needed to determine compliance with timeliness of the training requirements for certified centers.

Documenting date of employment

This needs to be in the personnel records for certified centers. This can be electronic. It can all be listed in one place or individually listed in each staff person's record. It will need to be provided at the time of an inspection. Things to note:

- This likely will be a different date than the date HR has as the hire date with a school, school district or larger organization
- Centers will need to note date of employment based on obtaining initial certification. See below.

Examples/Scenarios for recording date of employment

- A teacher started work in a school district first, his/her date of employment with the district would not change. However, for certification purposes, we would want to know the date that he/she was employed by your certified center.

For initial granting of certification

The date of employment should be the date that the CERTIFIED center started operating. Orientation and training can occur before that date, however it should not be more than 14 days after that date.

Direct contact

Direct contact definition - (245C.02, subd. 11) "Direct contact" means providing face-to-face care, training, supervision, counseling, consultation, or mediation assistance to persons served by the program.

- **First date of supervised direct contact** – the date that a staff person or volunteer first has direct contact (see above) AND is under continuous, direct supervision (see below).
- **First date of unsupervised direct contact** - – the date that a staff person or volunteer first has direct contact (see above) AND is not under continuous, direct supervision (see below).

Supervision

Supervision of staff (staffing requirement)

Supervision - (245C.02, subd. 8) "Continuous, direct supervision" means an individual is within sight or hearing to the extent that the program's supervising individual is capable at all times of intervening to protect the health and safety of the persons served by the program.