

A Guidance Document for Licensed Child Care Centers

Changes from the 2017 Legislative Session

and what it means for you.

Minnesota Department of Human Services

Office of Inspector General

Licensing Division

Dear Licensed Child Care Center:

During the 2017 legislative session, state legislators enacted many changes to licensing requirements that impact licensed child care centers. Many of these changes were to bring the state of Minnesota into compliance with the federal Child Care and Development Fund (CCDF) requirements.¹

This guidance document provides information on each licensing change impacting licensed child care centers enacted during the legislative session. This document is to help you understand how to come into compliance with new requirements. Each section of this document contains the statutory language, an overview of the new or changed licensing requirement, and what centers need to do to comply with each new requirement (if any action is needed). For additional information about licensed child care, please visit the [DHS website](#).

We will begin monitoring for compliance and providing on-site technical assistance to programs after January 1, 2018.

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>.

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[Minn. Stat. 245A.04](#), subd. 4

(d) The commissioner or the county shall inspect at least annually a child care provider licensed under this chapter and Minnesota Rules, chapter 9502 or 9503, for compliance with applicable licensing standards.

[Minn. Stat. 245A.09](#), subd. 7

(f) For a licensed child care center, the commissioner shall conduct one unannounced licensing inspection at least annually.

Annual Inspections

Overview: In 2018, DHS Licensing will begin conducting unannounced inspections of licensed child care centers on an annual basis. This will be rolled out in phases as we build our workforce to carry out these responsibilities. We are excited about this change for many reasons. Conducting annual inspections will allow us to provide more one-on-one technical assistance, answer questions, and assist you in better understanding the licensing standards.

What do providers need to do?

When you receive a Notice of Reinspection (NOR), follow the instructions and return to your licensor. You will continue to receive a NOR in the months prior to your inspection.

Amended correction orders

[Minn. Stat. 245A.06](#), subd. 8

(b) If the commissioner reverses or rescinds a violation in a correction order upon reconsideration under subdivision 2, the commissioner shall issue an amended correction order and the license holder shall post the amended order according to paragraph (a).

(c) If the correction order is rescinded or reversed in full upon reconsideration under subdivision 2, the license holder shall remove the original correction order posted according to paragraph (a).

Overview: DHS Licensing currently issues amended correction orders when one or more violations on a correction order are rescinded as a result of the licensed center's request for reconsideration from DHS. This practice is now required by state law. DHS will continue to distribute the reconsideration decision and amended correction order, when applicable, to the licensed center.

What do providers need to do?

When an amended correction order is issued, you must post the amended correction order (instead of the original correction order) in a conspicuous place in the center for two years from the date you receive the amended correction order. If all violations in a correction order are reversed or rescinded, you can remove the original correction order from being posted in the center.

Fix-It Ticket

[Minn. Stat. 245A.065](#)

- (a) In lieu of a correction order under [section 245A.06](#), the commissioner shall issue a fix-it ticket to a family child care or child care center license holder if the commissioner finds that:
- (1) the license holder has failed to comply with a requirement in this chapter or Minnesota Rules, chapter [9502](#) or [9503](#), that the commissioner determines to be eligible for a fix-it ticket;
 - (2) the violation does not imminently endanger the health, safety, or rights of the persons served by the program;
 - (3) the license holder did not receive a fix-it ticket or correction order for the violation at the license holder's last licensing inspection;
 - (4) the violation can be corrected at the time of inspection or within 48 hours, excluding Saturdays, Sundays, and holidays; and
 - (5) the license holder corrects the violation at the time of inspection or agrees to correct the violation within 48 hours, excluding Saturdays, Sundays, and holidays.
- (b) The fix-it ticket must state:
- (1) the conditions that constitute a violation of the law or rule;
 - (2) the specific law or rule violated; and
 - (3) that the violation was corrected at the time of inspection or must be corrected within 48 hours, excluding Saturdays, Sundays, and holidays.
- (c) The commissioner shall not publicly publish a fix-it ticket on the department's Web site.
- (d) Within 48 hours, excluding Saturdays, Sundays, and holidays, of receiving a fix-it ticket, the license holder must correct the violation and within one week submit evidence to the licensing agency that the violation was corrected.
- (e) If the violation is not corrected at the time of inspection or within 48 hours, excluding Saturdays, Sundays, and holidays, or the evidence submitted is insufficient to establish that the license holder corrected the violation, the commissioner must issue a correction order for the violation of Minnesota law or rule identified in the fix-it ticket according to [section 245A.06](#).
- (f) The commissioner shall, following consultation with family child care license holders, child care center license holders, and county agencies, issue a report by October 1, 2017, that identifies the violations of this chapter and Minnesota Rules, chapters [9502](#) and [9503](#), that are eligible for a fix-it ticket. The commissioner shall provide the report to county agencies and the chairs and ranking minority members of the legislative committees with jurisdiction over child care, and shall post the report to the department's Web site.

Fix-It Ticket, continued

Overview: Beginning January 1, 2018, licensors are required to issue a Fix-It Ticket, for certain violations identified by the Commissioner that do not imminently endanger the health, safety, or rights of children. A report that identifies the violations eligible for a Fix-It Ticket is being finalized and will be posted online on the [DHS Licensing webpage for child care](#).

A Fix-It Ticket will be issued for each eligible violation if you did not receive a Fix-It Ticket or correction order for the same violation at your last annual licensing inspection. The Fix-It Ticket provides an opportunity for the center to correct eligible violations and avoid receiving a correction order for these violations if they are corrected within the allotted timeframe.

What do providers need to do?

Upon receipt of a Fix-It Ticket, you may:

- A. Correct the violation at the time of inspection or within 48 hours (excluding Saturdays, Sundays, and holidays). For violations corrected within 48 hours, the provider must submit evidence to the licensor that the violation has been corrected within one week. If the evidence is sufficient, the Fix-It Ticket violation(s) are considered resolved.
- B. If the center does not correct the violation onsite or within 48 hours and/or fails to submit evidence that the violation was corrected the licensor must issue a correction order for the violation(s) listed in the Fix-It Ticket.

The Fix-It Ticket does not have its own appeal rights. If you disagree with a Fix-It Ticket violation, you can choose to not respond to the Fix-It Ticket within the allotted time and the licensor will issue a correction order for the violation. Upon receipt of a correction order, you will have the right to request reconsideration from DHS.

Exit Interviews

[Minn. Stat. 245A.04](#), subd. 4

(c) Before completing a licensing inspection in a family child care program or child care center, the licensing agency must offer the license holder an exit interview to discuss violations of law or rule observed during the inspection and offer technical assistance on how to comply with applicable laws and rules. Nothing in this paragraph limits the ability of the commissioner to issue a correction order or negative action for violations of law or rule not discussed in an exit interview or in the event that a license holder chooses not to participate in an exit interview.

Overview: DHS Licensing has historically conducted exit interviews as part of a licensing inspection of child care centers. This practice is now required by state law. Licensors are required to offer an exit interview at the end of the licensing inspection. An exit interview is an opportunity for you to discuss the licensing inspection with your licensor.

The typical exit interview includes a discussion of:

- The items the licensor found out of compliance with statute or rule during the visit that will be included in a Fix-It-Ticket, a correction order or other licensing action. If a Fix-It-Ticket will be issued, this can be done during the exit interview.
- Technical assistance on how to comply with licensing requirements. This may include discussion of any questions you have, as well as suggestions on how you can achieve and maintain compliance with licensing requirements.

The goal is to have open communication and transparency about licensing requirements in order to assist you in achieving ongoing compliance.

While the most effective way to conduct an exit interview is onsite at the conclusion of the inspection, you can decline the opportunity to have an in-person exit interview. If, for any reason, you are not able to have the exit interview at that time, your licensor will schedule an exit interview by phone. There may also be times when your licensor is unable to conduct the exit interview onsite, such as due to an ongoing, open investigation.

When an exit interview cannot occur onsite, your licensor will schedule an exit interview by phone as soon as is reasonably possible.

Please note, while it is preferable that all areas of non-compliance or concerns are discussed prior to issuing a Fix-It Ticket or correction order, DHS is not precluded from including violations in a correction order or negative action that were not discussed in an exit interview or in the event that a license holder chooses not to participate in an exit interview.

What do providers need to do?

You should participate in the exit interview to learn what the licensor found during the inspection and to ask for clarification if you are unclear about the requirements. While you are not required to participate in an exit interview, it is a valuable opportunity for you and your licensor to engage in a collaborative discussion to assist you in complying with licensing requirements.

Posting Licensing Information

[Minn. Stat. 245A.04](#), subd. 4

(e) No later than November 19, 2017, the commissioner shall make publicly available on the department's Web site the results of inspection reports of all child care providers licensed under this chapter and under Minnesota Rules, chapter 9502 or 9503, and the number of deaths, serious injuries, and instances of substantiated child maltreatment that occurred in licensed child care settings each year.

Minnesota Statutes 2017, chapter 6, article 7, section 35. Child Care Correction Order Posting Guidelines.

No later than November 1, 2017, the commissioner shall develop guidelines for posting public licensing data for licensed child care programs. In developing the guidelines, the commissioner shall consult with stakeholders, including licensed child care center providers, family child care providers, and county agencies.

Overview: The Department is now required to post the results of child care licensing inspections on the DHS website (<https://licensinglookup.dhs.state.mn.us/>) and to report the aggregate number of deaths, serious injuries, and instances of substantiated maltreatment that occurred in licensed child care settings each year. DHS is also required to develop guidelines for posting public licensing information in consultation with family child care providers, child care centers, and county licensing agencies.

What do providers need to do?

Centers do not need to take action related to the posting of inspection reports. The Department will be releasing additional information about the type of information that will be made publicly available in the upcoming weeks.

While DHS Licensing already collects data on deaths and instances of maltreatment, DHS Licensing will begin collecting the number of serious injuries that occurred at licensed child care centers in 2018. Beginning January 1, 2018, centers must use the ***Serious Injury Report Form*** to report to their licensor the occurrence of any “serious injury” within the program. The Department is currently working on creating this form which will be available soon. The form must be submitted within 24 hours of the serious injury. “Serious injury” is defined in [Minnesota Rules 9503.0130](#) as any injury that required treatment by a physician. This means that if a child sees a physician for evaluation of an injury, but no treatment is given, the injury does not need to be reported. (Examples of injuries that do not need to be reported include things such as cuts or scrapes for which the child sees a physician but no treatment is needed, a bump to a tooth if the dentist determines no treatment is needed, etc.) Providers may ask their licensor for guidance if unsure whether an injury needs to be reported.

Orientation

[Minn. Stat. 245A.40](#)

Subdivision 1. Orientation. The child care center license holder must ensure that every staff person and volunteer is given orientation training and successfully completes the training before starting assigned duties. The orientation training in this subdivision applies to volunteers who will have direct contact with or access to children and who are not under the direct supervision of a staff person. Completion of the orientation must be documented in the individual's personnel record. The orientation training must include information about:

- (1) the center's philosophy, child care program, and procedures for maintaining health and safety according to [section 245A.41](#) and [Minnesota Rules, part 9503.0140](#), and handling emergencies and accidents according to [Minnesota Rules, part 9503.0110](#);
- (2) specific job responsibilities;
- (3) the behavior guidance standards in [Minnesota Rules, part 9503.0055](#); and
- (4) the reporting responsibilities in section 626.556, and [Minnesota Rules, part 9503.0130](#).

Subd. 9. Ongoing health and safety training. A staff person's orientation training on maintaining health and safety and handling emergencies and accidents, as required in subdivision 1, must be repeated at least once each calendar year by each staff person. The completion of the annual training must be documented in the staff person's personnel record.

Overview: Orientation training requirements were amended to include new health and safety requirements under [section 245A.41](#), including allergy prevention and response, handling and disposal of bodily fluids, and emergency preparedness requirements. The amended language also clarifies that orientation training must include existing health and safety requirements under [Minnesota Rules, part 9503.0140](#) and emergency and accident requirements under [Minnesota Rules, part 9503.0110](#). Orientation training must be documented in each staff person's personnel record.

In addition, under [section 245A.40](#), subdivision 9, orientation training on health and safety, and handling emergencies and accidents is now required to be repeated at least once each calendar year. Completion of the annual training must be documented in each staff person's personnel record.

What do providers need to do?

- Ensure that all staff successfully complete orientation training prior to starting assigned duties. Orientation training also applies to volunteers who will have direct contact with or access to children and are not under direct supervision of a staff person.
- Maintain a copy of the orientation training in each staff person or volunteer's file. DHS has created a new form titled **Licensed Child Care Center Staff Orientation Checklist** to document new staff orientation training. The Department is currently working on finalizing this form which will be available soon. While documentation of orientation is required, the use of this form is optional.
- Plan to repeat orientation training on health and safety requirements under [section 245A.41](#) and [part 9503.0140](#), and handling emergencies and accidents under [part 9503.0110](#) for all staff at least once each calendar year. Document the annual training in each staff person's personnel record.

First aid training

[Minn. Stat. 245A.40](#) Subd. 3.

First aid. (a) All teachers and assistant teachers in a child care center governed by Minnesota Rules, parts 9503.0005 to 9503.0170, and at least one staff person during field trips and when transporting children in care, must satisfactorily complete pediatric first aid training within 90 days of the start of work, unless the training has been completed within the previous two years.

(b) Notwithstanding paragraph (a), which allows 90 days to complete training, at least one staff person who has satisfactorily completed pediatric first aid training must be present at all times in the center, during field trips, and when transporting children in care.

(c) The pediatric first aid training must be repeated at least every two years, documented in the person's personnel record and indicated on the center's staffing chart, and provided by an individual approved as a first aid instructor. This training may be less than eight hours.

Overview: State law now requires that all teachers and assistant teachers in a child care center and at least one staff person during field trips and when transporting children in care, must complete **pediatric** first aid training within the first 90 days of the start of work unless the training has been completed within the previous two years.

Pediatric first aid training must now be repeated every two years, rather than every three years.

What do providers need to do?

- Review current staff files to ensure required staff have first aid training as identified under [section 245A.40](#), subd 3.
- Determine when current staff need to be retrained based on the new requirement that first aid training be repeated every two years. Ensure all retraining is **pediatric** first aid.
- Ensure that all first aid training taken going forward is **pediatric** first aid.
- Maintain documentation of training for each staff required to have first aid training.

CPR training

[Minn. Stat. 245A.40](#), Subd. 4

Cardiopulmonary resuscitation. (a) All teachers and assistant teachers in a child care center governed by Minnesota Rules, parts 9503.0005 to 9503.0170, and at least one staff person during field trips and when transporting children in care, must satisfactorily complete training in cardiopulmonary resuscitation (CPR) that includes CPR techniques for infants and children and in the treatment of obstructed airways. The CPR training must be completed within 90 days of the start of work, unless the training has been completed within the previous two years. The CPR training must have been provided by an individual approved to provide CPR instruction, must be repeated at least once every two years, and must be documented in the staff person's records.

(b) Notwithstanding paragraph (a), which allows 90 days to complete training, at least one staff person who has satisfactorily completed cardiopulmonary resuscitation training must be present at all times in the center, during field trips, and when transporting children in care.

(c) CPR training may be provided for less than four hours.

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

- (1) by the American Heart Association or the American Red Cross and incorporates psychomotor skills to support the instruction; or
- (2) using nationally recognized, evidence-based guidelines for CPR and incorporates psychomotor skills to support the instruction.

Overview: State law now requires that teachers and assistant teachers in a child care center and at least one staff person during field trips and when transporting children in care, must complete CPR training within the first 90 days of the start of work unless the training has been completed within the previous two years.

CPR training must now be repeated every two years, rather than every three years.

What do providers need to do?

- Review current staff files to ensure required staff have CPR training as identified under [section 245A.40](#), subd 4.
- Determine when current staff need to be retrained based on the new requirement that CPR training be repeated every two years.
- Maintain documentation of training for all staff required to have CPR training.

Child development & learning

[Minn. Stat. 245A.40](#), Subd. 2

Child development and learning training. (a) For purposes of child care centers, the director and all staff hired after July 1, 2006, shall complete and document at least two hours of child development and learning training within the first 90 days of employment. For purposes of this subdivision, "child development and learning training" means training in understanding how children develop physically, cognitively, emotionally, and socially and learn as part of the children's family, culture, and community. Training completed under this subdivision may be used to meet the in-service training requirements under subdivision 7.

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

- (1) have taken a three-credit college course on early childhood development within the past five years;
- (2) have received a baccalaureate or master's degree in early childhood education or school-age child care within the past five years;
- (3) are licensed in Minnesota as a prekindergarten teacher, an early childhood educator, a kindergarten to sixth grade teacher with a prekindergarten specialty, an early childhood special education teacher, or an elementary teacher with a kindergarten endorsement; or
- (4) have received a baccalaureate degree with a Montessori certificate within the past five years.

Overview: The child development and learning training, formerly known as child growth and development training, is now requiring that directors and all staff hired, complete and document at least two hours of child development and learning training within the first 90 days of employment. Previously this training was required within the first year of employment. For purposes of this subdivision, "child development and learning training" means training in understanding how children develop physically, cognitively, emotionally, socially and learn as part of the children's family, culture and community. Training completed under this subdivision may be used to meet the in-service training requirements under [Minn. Stat. 245A.40](#) subdivision 7.

What do providers need to do?

- Make sure all training taken to meet this requirement falls within the definition of "child development and learning" training per the definition above.
- Ensure that child development and learning training is completed within the first 90 days of employment for all staff, including directors, hired after January 1, 2018. Maintain documentation of training for all staff as required under [section 245A.40](#), subd. 2.
- Remember that some individuals are exempt from this requirement per the items listed under [section 245A.40](#), subd. 2 (b)

In-service training

[Minn. Stat. 245A.40](#), Subd. 7

(a) A license holder must ensure that the center director and all staff who have direct contact with a child complete annual in-service training. In-service training requirements must be met by a staff person's participation in the following training areas:

- (1) child development and learning;
- (2) developmentally appropriate learning experiences;
- (3) relationships with families;
- (4) assessment, evaluation, and individualization;
- (5) historical and contemporary development of early childhood education;
- (6) professionalism; and
- (7) health, safety, and nutrition.

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

- (1) "Child development and learning training" has the meaning given it in subdivision 2, paragraph (a).
- (2) "Developmentally appropriate learning experiences" means creating positive learning experiences, promoting cognitive development, promoting social and emotional development, promoting physical development, and promoting creative development.
- (3) "Relationships with families" means training on building a positive, respectful relationship with the child's family.
- (4) "Assessment, evaluation, and individualization" means training in observing, recording, and assessing development; assessing and using information to plan; and assessing and using information to enhance and maintain program quality.
- (5) "Historical and contemporary development of early childhood education" means training in past and current practices in early childhood education and how current events and issues affect children, families, and programs.
- (6) "Professionalism" means training in knowledge, skills, and abilities that promote ongoing professional development.
- (7) "Health, safety, and nutrition" means training in establishing health practices, ensuring safety, and providing healthy nutrition.

In-service training, continued

(c) The director and all program staff persons must annually complete a number of hours of in-service training equal to at least two percent of the hours for which the director or program staff person is annually paid, unless one of the following is applicable.

(1) A teacher at a child care center must complete one percent of working hours of in-service training annually if the teacher:

- (i) possesses a baccalaureate or master's degree in early childhood education or school-age care;
- (ii) is licensed in Minnesota as a prekindergarten teacher, an early childhood educator, a kindergarten to sixth grade teacher with a prekindergarten specialty, an early childhood special education teacher, or an elementary teacher with a kindergarten endorsement; or
- (iii) possesses a baccalaureate degree with a Montessori certificate.

(2) A teacher or assistant teacher at a child care center must complete one and one-half percent of working hours of in-service training annually if the individual is:

- (i) a registered nurse or licensed practical nurse with experience working with infants;
- (ii) possesses a Montessori certificate, a technical college certificate in early childhood development, or a child development associate certificate; or
- (iii) possesses an associate of arts degree in early childhood education, a baccalaureate degree in child development, or a technical college diploma in early childhood development.

(d) The number of required training hours may be prorated for individuals not employed full time or for an entire year.

(e) The annual in-service training must be completed within the calendar year for which it was required. In-service training completed by staff persons is transferable upon a staff person's change in employment to another child care program.

(f) The license holder must ensure that, when a staff person completes in-service training, the training is documented in the staff person's personnel record. The documentation must include the date training was completed, the goal of the training and topics covered, trainer's name and organizational affiliation, trainer's signed statement that training was successfully completed, and the director's approval of the training.

In-service training, continued

Overview: The in-service training requirements have been modified to align with Minnesota’s Knowledge and Competency Framework for Early Childhood Professionals. The statute requires a center director and all staff persons who have direct contact with a child to complete annual in-service training. In-service training requirements must be met by a staff person’s participation in the following training areas which are defined above:

- 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.

What do providers need to do?

- Ensure all staff required to complete annual in-service training complete the required number of hours within the specified training areas each calendar year. Review in-service training throughout the year to ensure each staff person will complete the training by the end of the calendar year. The director is required to approve in-service training for staff.
- Access the form **Licensed Child Care Center Staff In-service Training Record** that can be found on the [DHS Licensed Child Care Center webpage](#), to document staff in-service training. The Department is currently working on updating this form which will be available soon. While documentation of in-service is required, the use of this form is optional.
- Maintain a copy of the staff person’s in-service training for the past fully completed calendar year.

Emergency preparedness & response

[Minn. Stat. 245A.41](#), Subd. 3.

Emergency preparedness.

(a) No later than September 30, 2017, a licensed child care center must have a written emergency plan for emergencies that require evacuation, sheltering, or other protection of a child, such as fire, natural disaster, intruder, or other threatening situation that may pose a health or safety hazard to a child. The plan must be written on a form developed by the commissioner and 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 evacuation, relocation, shelter-in-place, or lockdown, including procedures for 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.

(b) The license holder must train staff persons on the emergency plan at orientation, when changes are made to the plan, and at least once each calendar year. Training must be documented in each staff person's personnel file.

(c) The license holder must conduct drills according to the requirements in [Minnesota Rules, part 9503.0110](#), subpart 3. The date and time of the drills must be documented.

(d) The license holder must review and update the emergency plan annually. Documentation of the annual emergency plan review shall be maintained in the program's administrative records.

(e) The license holder must include the emergency plan in the program's policies and procedures as specified under [section 245A.04, subdivision 14](#). The license holder must provide a physical or electronic copy of the emergency plan to the child's parent or legal guardian upon enrollment.

(f) The relocation site and evacuation route must be posted in a visible place as part of the written procedures for emergencies and accidents in [Minnesota Rules, part 9503.0140](#), subpart 21.

Emergency preparedness & response, continued

Overview: Centers are now required to have an emergency preparedness plan for emergencies that require evacuation, sheltering, and other protection of children. The plan must be written on a **Child Care Emergency Plan** form developed by the commissioner and updated at least annually. DHS' [Keeping Kids Safe](#) includes detailed emergency planning guidance for providers. Emergency preparedness resources are available online on the [DHS Licensing webpage for Licensed child care centers](#).

What do providers need to do?

- Create an emergency preparedness plan for your center using the **Child Care Emergency Plan** form that is available as a fillable [\(PDF\)](#) and in [\(Word DOC\)](#) . We recommend using the Keeping Kids Safe resource planning guide to assist you in developing your plan.
- Train all staff on your Child Care Emergency Plan. Document the training in each staff person's personnel file.
- Plan to update the Child Care Emergency Plan annually. Documentation of the annual review needs to be maintained in the program's administrative records.
- Post the Child Care Emergency Plan in a visible location in your center. Ensure that the relocation site is added to your emergency procedures required to be posted as specified in [Minnesota Rules, part 9503.0140](#), subpart 21.
- Train staff on your Child Care Emergency Plan during orientation training, when changes are made to the plan, and at least once per calendar year. Training must be documented in each staff person's personnel file.
- Provide an electronic or paper copy of your Child Care Emergency Plan to each child's parent or legal guardian upon enrollment in the program. It is also recommended that you provide a copy to parents or legal guardians of currently enrolled children.
- The current requirement to conduct fire and tornado drills under [Minnesota Rules, part 9503.0110](#) are the only drills required. While those drills meet the minimum licensing requirement, you may want to consider practicing other procedures identified in your Child Care Emergency Plan such as lockdown procedures, etc.

Preventing & responding to allergies

[Minn. Stat. 245A.41](#), subd. 1

Allergy prevention and response. (a) Before admitting a child for care, the license holder must obtain documentation of any known allergy from the child's parent or legal guardian or the child's source of medical care. If a child has a known allergy, the license holder must maintain current information about the allergy in the child's record and develop an individual child care program plan as specified in [Minnesota Rules, part 9503.0065](#), subpart 3. The individual child care program plan must include but not be limited to a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information.

(b) The license holder must ensure that each staff person who is responsible for carrying out the individual child care program plan review and follow the plan. Documentation of a staff person's review must be kept on site.

(c) At least annually or following any changes made to allergy-related information in the child's record, the license holder must update the child's individual child care program plan and inform each staff person who is responsible for carrying out the individual child care program plan of the change. The license holder must keep on site documentation that a staff person was informed of a change.

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

(e) The license holder must contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical intervention. The license holder must call emergency medical services when epinephrine is administered to a child in the license holder's care.

Overview: This new legislation requires that before admitting a child for care, the center must obtain documentation of any known allergy from the child's parent or legal guardian or the child's source of medical care. If a child has a known allergy, the center must maintain current information about the allergy in the child's record and develop an individual child care program plan as specified in [Minnesota Rules, part 9503.0065, subpart 3](#).

Preventing & responding to allergies, continued

What do providers need to do?

- Create a policy for preventing and responding to allergies that complies with the new requirements. It is recommended you work with your health consultant when creating this policy.
- Train all staff on your allergy policy during orientation training and at least once per calendar year. Training must be documented in each staff person's personnel file.
- For each child with a known allergy, maintain current allergy information in the child's record and develop an individual child care program plan as required under [Minnesota Rules, part 9503.0065](#), subpart 3. The individual child care program plan must include but not be limited to a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information. The Department is currently working on creating a sample **Individual Child Care Program Plan** specific to allergies. This form, which will be optional, will be available soon. If you choose not to use this sample form, you must develop and use another format for your individual child care program plans.
- Ensure that each staff person who is responsible for carrying out an individual child care program plan for a child with a known allergy reviews and follows the plan. Maintain documentation of each staff person's review of the individual child care program plan on site.
- At least annually or following any changes made to allergy-related information in the child's record, update the child's individual child care program plan and inform each staff person who is responsible for carrying out the plan of the change. This documentation must be kept onsite.
- Ensure that a child's allergy information be available at all times including on site, when on field trips, or during transportation. A child's food allergy information must be readily available to a staff person in the area where food is prepared **and** served to the child.
- Contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical intervention. Call emergency medical services when epinephrine is administered to a child in the center's care.

Handling & disposal of bodily fluids

[Minn. Stat. 245A.41](#). Subd. 2. Handling and disposal of bodily fluids.

The licensed child care center must comply with the following procedures for safely handling and disposing of bodily fluids:

- (1) surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, must be cleaned and disinfected according to [Minnesota Rules, part 9503.0005](#), subpart 11;
- (2) blood-contaminated material must be disposed of in a plastic bag with a secure tie;
- (3) sharp items used for a child with special care needs must be disposed of in a "sharps container." The sharps container must be stored out of reach of a child;
- (4) the license holder must have the following bodily fluid disposal supplies in the center: disposable gloves, disposal bags, and eye protection; and
- (5) the license holder must ensure that each staff person is trained on universal precautions to reduce the risk of spreading infectious disease. A staff person's completion of the training must be documented in the staff person's personnel record.

Overview: In addition to current requirements for first aid and safety policies and diapering procedures, centers must follow new requirements for handling and disposing of potentially infectious bodily fluids, such as blood and vomit.

What do providers need to do?

- Create a policy that includes the procedures identified above for handling and disposing of bodily fluids. It is recommended you work with your health consultant when creating this policy.
- Ensure all staff are trained on your handling and disposing of bodily fluids policy and universal precautions to reduce the risk of spreading infectious disease during orientation training and at least once per calendar year. Training must be documented in each staff person's personnel file.
- Obtain a sharps container and store out of the reach of children.
- Ensure the center has the following bodily fluid disposal supplies in the center: disposable gloves, disposal bags, and eye protections.

Parental access

[Minn. Stat. 245A.14](#), subd. 15

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.

Overview: Centers are required to allow an enrolled child's parent or legal guardian access to their child at any time while the child is in care. This is in addition to the requirement to allow parents or legal guardians of enrolled children to visit the center any time during the hours of operation as specified in [Minnesota Rules, part 9503.0095](#).

What do providers need to do?

- Add a statement to your current policy in your parent handbook stating that a parent or legal guardian of a child will be allowed access to their child at any time while their child is in care.
- Any existing policies which limit the hours parents or legal guardians can access their child at the licensed center must be changed to conform to this law.

Additional information

ELICI roll-out

The Department is developing an electronic monitoring tool to document inspection results. The electronic monitoring tool is called the Electronic Licensing Inspection Checklist Information (ELICI) tool.

The ELICI tool will allow:

- Licensors to use a mobile device, such as an iPad during site visits – moving from a paper checklist to an electronic one;
- The Department to collect and upload data electronically; and
- The Department to use inspection data for posting, trend analysis, and training.

Additional information, continued

Correction order quota

[Minn. Stat. 245A.06](#), subd. 9

The commissioner and county licensing agencies shall not order, mandate, require, or suggest to any person responsible for licensing or inspecting a licensed family child care provider or child care center a quota for the issuance of correction orders on a daily, weekly, monthly, quarterly, or yearly basis.

Licensors may only issue a correction order when there is a violation of law or rule that is not eligible for a Fix-It Ticket. There is no expectation that a licensor must find a violation at every inspection visit, or that a licensor must issue a certain number of correction orders in any determined period of time.

Enhanced background studies

During the 2017 legislative session, changes were made to background study requirements for child care programs to bring the state of Minnesota into compliance with the federal CCDF background study requirements. These changes will require a new background study that will be valid for five years and include a review of FBI criminal records using fingerprints in addition to information from other databases. There are also new requirements for who needs to have a background study and changes to permanent disqualifications for child care programs.

The new child care background studies will not be available or required until, at the earliest, mid- to late-2018. Until you are notified that these new study requirements are activated, you are required to comply with current background study laws and processes.

Background studies initiated through current accounts in NETStudy 2.0 do not fulfill the new requirements. All current employees and any employees hired before the activation of enhanced studies in 2018 will need to have a new study that fulfills the comprehensive requirements. We will contact you well in advance with more details about when the new enhanced background studies will be required.

The department is developing a draft implementation plan and meeting with child care providers throughout the state. Please visit [Minn. Stat. 245C](#) and the child care background studies [frequently asked questions](#) page for the most up-to-date information about background study requirements and processes. Send your questions about background study changes and implementation recommendations to: DHS.CCDFReform@state.mn.us

Increased fine for serious maltreatment

[Minn. Stat., 245A.07](#), Subd. 3. License suspension, revocation, or fine.

(c) (4) Fines shall be assessed as follows:

(i) the license holder shall forfeit \$1,000 for each determination of maltreatment of a child under section 626.556 or the maltreatment of a vulnerable adult under section [626.557](#) for which the license holder is determined responsible for the maltreatment under section 626.556, subdivision 10e, paragraph (i), or [626.557](#), subdivision 9c, paragraph (c);

(ii) if the commissioner determines that a determination of maltreatment for which the license holder is responsible is the result of maltreatment that meets the definition of serious maltreatment as defined in section [245C.02](#), subdivision 18, the license holder shall forfeit \$5,000;

(iii) for a program that operates out of the license holder's home and a program licensed under Minnesota Rules, parts 9502.0300 to 9502.0495, the fine assessed against the license holder shall not exceed \$1,000 for each determination of maltreatment;

(iv) the license holder shall forfeit \$200 for each occurrence of a violation of law or rule governing matters of health, safety, or supervision, including but not limited to the provision of adequate staff-to-child or adult ratios, and failure to comply with background study requirements under [chapter 245C](#); and

(v) the license holder shall forfeit \$100 for each occurrence of a violation of law or rule other than those subject to a \$5,000, \$1,000, or \$200 fine in items (i) to (iv).

For purposes of this section, "occurrence" means each violation identified in the commissioner's fine order. Fines assessed against a license holder that holds a license to provide home and community-based services, as identified in section [245D.03](#), subdivision 1, and a community residential setting or day services facility license under chapter [245D](#) where the services are provided, may be assessed against both licenses for the same occurrence, but the combined amount of the fines shall not exceed the amount specified in this clause for that occurrence.

The Department now has authority to issue a fine of \$5000 when "serious maltreatment" is determined for which the license holder is found responsible under section [626.556](#). If the maltreatment for which the license holder is responsible meets the definition of serious maltreatment as defined by [Minnesota Statutes, section 245C.02](#), then the license holder shall forfeit a fine of \$5,000.

Sign up for email updates from DHS

Child care providers can now subscribe to receive important information, including legislative changes, by email. The information will be periodically sent from DHS Licensing.

To sign up for updates or to access your subscriber preferences, please visit the [DHS Licensed Child Care webpage](#).

Changes to Minnesota's Child Care Assistance Program and Parent Aware

State legislators also enacted changes to Minnesota's Child Care Assistance Program and Parent Aware (Minnesota's quality rating and improvement system). For more information about these changes, please visit <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-care-and-early-education/>.

Contact information

Licensing Division.

- General number - (651) 431-6500
- Main Fax – (651) 431-7673
- Maltreatment Intake – (651) 431-6600
- Maltreatment Fax – (651) 431-7601

Background Studies Division. Questions about current background study requirements and the NETStudy 2.0 background study system may be submitted to dhs.netstudy2@state.mn.us or by contacting DHS at (651)431-6625.