



Response to DCYF “Child Care Regulation Modernization Report to the Legislature”

The Minnesota Department of Children, Youth, and Families (DCYF) has submitted its final proposed changes to family child care licensing standards to the Legislature. MACCP board members repeatedly raised concerns throughout the proposal and development of the Child Care Regulation Modernization Project, and the first two drafts received widespread criticism from providers and other stakeholders. Though DHS initially presented the project as an effort to streamline and reduce regulation, subsequent drafts expanded regulatory requirements and increased administrative and operational burdens for family child care providers. While we appreciate that DCYF incorporated several recommendations from MACCP and other stakeholders into this third draft, significant concerns remain. The proposal continues to include numerous overly prescriptive, subjective, and operationally burdensome requirements that are not workable in a family child care setting. Many provisions extend beyond core health and safety protections and instead regulate the daily operations of small, home-based businesses in unprecedented detail. The cumulative effect would be increased documentation, new physical space requirements, and broader compliance obligations—raising costs and increasing regulatory risk for providers.

Minnesota must evaluate this proposal within the context of an ongoing child care crisis. In December 2010, Minnesota had approximately 12,000 licensed family child care providers. As of February 2026, that number has fallen to just over 5,400—a loss of more than 6,500 providers, or over 55%, in fifteen years. This decline has persisted across economic cycles and has significantly reduced child care access throughout the state, particularly in rural communities. Additional regulatory burden—especially requirements that increase cost, paperwork, and liability—risks accelerating provider closures and further limiting options for Minnesota families.

Family child care homes are not institutional settings. They are small, relationship-based programs operated by independent business owners who tailor care to the needs of their communities. Modernization of licensing standards should focus on clarity, consistency, and measurable health and safety protections—not expansion into subjective requirements that are difficult to interpret and unevenly enforced. Regulatory reform must preserve provider viability, parental choice, and affordability.

Although we believe this proposed language should be rejected in its current form, we have carefully reviewed each section and detailed recommendations for the Legislature and DCYF below. We remain committed to collaborating on practical, cost-neutral solutions that protect children while ensuring that family child care remains a sustainable and accessible option for Minnesota families.

If you have questions or would like additional information, please contact us at info@maccp.org.

* Blue highlights indicate items that MACCP shared concerns and suggestions about in the 2nd draft that were edited and/or removed in the 3rd draft.

Statute	Current Rule/Statute	Page	Topic	MACCP Comments
142I.01		87	Definitions – Accessible to children	As we suggested for the first draft, make this definition the “opposite” of “inaccessible” for clarity. <i>The wording should read: “...capable of being reached or utilized by a child without the aid of an adult.”</i>
142I.01	9502.0395	87	Definitions – Behavior guidance	Remove the word “positive” because some people may mistakenly assume that using clear, consistent, and age-appropriate guidance isn’t positive. This would make the language more objective and less likely to be misinterpreted. We still support keeping the current language over this proposed language.
142I.01	9502.0315	87	Definitions – Child	Thanks for clarifying the age categories, as we suggested.
142I.01		88	Definitions – Child care	Clarify that this means the “ <i>care of a child of child care age</i> ” like in the 2 nd draft.
142I.01		88	Definitions – Clean	What are “other contaminants?” This leaves room for interpretation, as does saying “detected by sight, smell, or touch.” You can’t detect dirt by smell, and being able to smell something doesn’t mean that it’s not clean.
142I.01		88	Definitions – Direct supervision	Thanks for removing this definition, as we suggested.
142I.01		88	Definitions – Disinfecting	Thanks for accepting our suggestion to distinguish between cleaning and disinfecting and changing the definition.
142I.01	9502.0315	88	Definitions – Family child care	This definition should clarify that “all children on the premises” doesn’t include a family bringing in other siblings under their care while dropping off or picking up the child enrolled in the provider’s care. We asked for this in the first and second draft, too.
142I.01	9502.0435; no current definition in statute	88	Definitions – Hazards	This definition is highly subjective. Who would determine if something could “cause other harm to a child?” Define “other harm;” this leaves room for misinterpretation. Some children have fears of insects or spiders. Would licensing claim taking the child outdoors to play is harmful because the child might be afraid? What about hand soap used by children if the bottle says, “Keep out of the reach of children?” We recommend removing this definition since hazardous materials are explained in the current rule. Statutes cannot define every word contained within them.

142I.01	9502.0415	89	Definitions – Helper	The definition should read “13 through 17 years of age” It was changed to 14-17 in this draft for some reason.
142I.01	142B.01	89	Definitions – License holder	Instead of referencing 142B.01, include the definition since much of that will need to change, and it would be helpful to include the definitions for family child care in one place. This is the definition: "License holder" means an individual, organization, or government entity that is legally responsible for the operation of the program or service and has been granted a license by the commissioner under this chapter and the rules of the commissioner." <i>Remove the comma after “service” that is in the existing statute.</i>
142I.01	9502.0365	89	Definitions – Licensed capacity	Thanks for incorporating our suggestion to clarify that only children present on the premises count towards the licensed capacity. However, this definition should clarify that “all children on the premises” doesn’t include a family bringing in other siblings under their care while dropping off or picking up a child enrolled in the provider’s care. We asked for this in the previous drafts, too. We have also requested protection for a provider’s relative who lives in the home to be able to take their child to another area of the home and, in doing so, reduce the provider’s numbers and exempt that child from being restricted to licensed areas or activities if they aren’t under the direct care of the provider anymore. For example, the family’s garage may not be licensed, but a father should be able to take his daughter into it while the license holder is caring for the other children. This allows the license holder’s family to spend quality time with their own children, just like parents “picking up” children from the child care. <i>Change both instances of “ten” to “10.”</i>
142I.01	9502.0315	89	Definitions – Medication	This definition is awful and highly subjective; it’s not the definition of “medication” by any reasonable person or the medical profession. The AAP defines it as “substances intended to diagnose, cure, treat, or prevent disease, or to affect the structure or function of the body in humans or animals.” Pharmaceutical companies define it as “any substance (other than a food or device) intended for use in the diagnosis, cure, relief, treatment, or prevention of <u>disease</u> .” It’s about disease. Keep the language from the second draft, if anything, since providers should not need to complete a medication authorization every time they apply sunscreen, antibiotic ointment, or an ice pack (this definition will get misinterpreted to include these items).

142I.01		89	Definitions – Pests	We still recommend removing this definition. It leaves room for misinterpretation. Rabbits, squirrels, and deer might be considered pests by some (and they can carry fleas and ticks), but many others would disagree. <i>Put the clause, “but is not limited to” between commas.</i>
142I.01	9502.0435	89	Definitions – Pets	The 2 nd draft language was better. As we suggested for the 1 st draft, the wording should clarify the animals would need to live at the program <u>and</u> have contact with children to fall under this definition. We hope this will protect providers’ rights to have visits from animals like petting zoos, reptile shows, etc. and have farm animals living on their property.
142I.01		89	Definitions – Primary provider of care	This definition should be changed to “provider,” as we noted for the 1 st and 2 nd drafts. Change all references in the proposed statutes to “provider” instead. Removed the last clause that references “community-based child care as that is not family child care.
142I.01		90	Definitions – Radon testing	Since we support the removal of radon testing requirements from all the drafts, this definition should be removed, as well.
142I.01			Definitions – Redirection	Thanks for removing this definition, as we suggested.
142I.01	9502.0315	90	Definitions – Supervision	<p>Subd. 46.1: We still support the original language that says, “capable of intervening” instead of “must intervene.” Providers (and parents) can’t always intervene to prevent all issues. A child could fall while holding on to their caregiver’s hand.</p> <p>Subd. 46.2: The definition still prevents any mechanical or electronic device from being used to help schoolagers get the provider for assistance, if needed. A monitor is better than nothing, and school-age children are currently allowed to play in backyards or off-site alone as long as the provider is available for assistance. Keep the current language in Rule 2 about supervision; <i>“available for assistance.”</i></p> <p>Subd. 4.3: This is redundant, incredibly detailed, and unnecessary; it should be removed. This is covered by common sense and a myriad of other definitions and requirements listed in this draft.</p>
142I.01	9502.0315	90	Definitions – Variance	We oppose this definition. The ability to grant variances should still remain with the county agencies. County licensors have firsthand knowledge of each program, so variances should not be decided by DCYF. Ensure that previous variances will still be honored.

1421.02	9502.0325	91	Licensing of programs	Remove reference to community-based family child care programs.
1421.03	9502.0335	91-92	Licensing process – Application	<p>Thanks for removing references to private water supply and radon regulations, as we suggested.</p> <p>Remove “is located in a commercial space” since family child care is provided in homes. Anything else is a center.</p>
1421.03	9502.0335	92	Licensing process – Ineligibility factors	<p>Subd. 3.1: We are concerned about DCYF being the group or individual that determines if something “may have a negative effect on the ability of the license holder to give care.” “May” is very subjective. No one should abuse anything, but this section could easily be used by DCYF to exert control and claim someone’s prescription or nonprescription drug used by many may affect their ability to give care. Also, remove “or is apparent” because using a prescription or nonprescription drug might be apparent if a provider must take it in front of the children, shows relief from pain, or doesn’t have hand shaking (these are just some examples). Revert to the previous wording about hours “children are in care” instead of the new “hours of operation” because once children leave for the day, the provider doesn’t need to follow licensing regulations in his or her home (he/she can go shopping, leave cleaners on the counter, sleep, etc.). Would homeopathic remedies, essential oils, etc. be considered “nonprescription drugs?” If changes to the statutes referenced within Chapter 142I change—such as this reference to Chapter 152—all family child care providers need to be informed, as is currently required. <i>Commas need to be used between the items in the first sentence instead of “or.”</i></p> <p>If someone had been drunk or under the influence of drugs during child care hours, how can DCYF claim these changes are about children’s health and safety when this section allows those providers to be licensed after 12 months of verified abstinence? In fact, any drinking of alcohol while children are in their care or any illegal drug use should be prohibited, regardless of perceived effect; adding this to the language would help ensure children’s health and safety. We’ve requested statistics from DCYF about how often they have even had providers abuse drugs or alcohol, including how many were found unsubstantiated or unable to determine. Moreover, this section is so poorly worded that it will likely cause confusion.</p>

				<p>Subd. 3.2: We oppose this language for the same reasons listed above: it's very subjective and can allow DCYF to use the placement of a provider's child in foster care as an excuse to shut a provider down without good reason.</p> <p>Subd. 3.3: The agency is biased. Having a child placed in a residential facility in the last 12 months doesn't necessarily mean the provider did anything wrong or that it reflects on their ability to safely provide care. This paragraph gives a lot of power to DCYF instead of psychological or mental health professionals or an independent agency who are mandated reporters and would have reported any concerns about the parent/provider to the state. Again, the standard is the ability to give care to the children in their program.</p> <p>Sub. 3.4: This also needs to be removed as it sounds discriminatory and would discourage inclusiveness. Allowing DCYF to shut a provider down because they think a child or household member exhibits "behavior that could pose a risk to children" gives them too much power over something that can be very subjective and hypothetical. A provider's child with special needs may need more attention than other children, but so do most children with special needs. What if the provider's child is having an "off" day, like children do sometimes; would DCYF say that poses a risk to the other children? There needs to be clarification and protection for both child care providers, their family members, and the children and families in our care. The proposed language does the opposite.</p>
1421.03	9502.0335	92	Licensing Process – Variance	<p>This removed all the second draft language, which was much better. "More than 12 children" should be added to the second draft language, though. Include the second draft language and ensure that variances continue to go through counties and not the state. County licensors have firsthand knowledge of each program, so variances should not be decided by DCYF. Ensure that previous variances will still be honored.</p>
1421.03	9502.0335	93	Licensing Process – Change in license terms	<p>Subd. 6.4 and 6.5: Remove these since community-based child care should be under a different chapter, just like center-based care.</p>

1421.03	9502.0335	93	Licensing Process – Access to program	While the second draft incorporated our suggestion to remove the language that gave the commissioner permission to view and duplicate all records and documents, regardless of their relevance to licensing, we are concerned that the proposed reference to 142B.10 would allow the commissioner more than just access to the premises. Chapter 142B.10 says that the commissioner must be granted access to all documents and records. Remove the reference to 142B.10 or modify 142B.10 to clarify that access is for documents and records related to family child care licensing.
1421.03	9502.0405	93	Licensing process – Child care license holder insurance	Clarify that providers must provide parents information to parents “of children enrolled in the program before their first day of care.” We support the previous draft’s language that clarified that insurance that continuously renews does not need updates.
1421.05	9502.0375	94	Reporting to agency – Other reporting	<p>Subd 2.2: DCYF should not need notification about anyone moving out of our homes. Moreover, despite our insistence to fix this in the previous drafts, this proposal changes the notification from 30 days to only 10 days after someone moves out of a provider’s home.</p> <p>Subd. 2.4: This proposed language requires notification for “any damage to the premises that may affect compliance...or any incident that results in the loss of utility services.” Minnesotans experience frequent short-term power and cable service outages due to storms; we want assurance that these commonplace occurrences wouldn’t fall under this section. We think “while children are in care” should be added to clarify the intent.</p> <p>Thanks for removing the requirement to notify licensing if the fire department responds to a fire at the program, as we suggested. Thanks for incorporating our suggestion to clarify “immediately.”</p> <p>Subd. 2.5: We shared many concerns about this in the previous drafts, and—though it’s improved—we still have concerns. The addition of any hospitalization of a child in care is none of their business and infringes on family privacy if it has nothing to do with child care. We think “reasonably requires the care of a health care provider” leaves room for interpretation, but we hope the intent is to prevent providers from having to report a small bandage being applied to a child at a clinic. Despite their claims that these proposed changes are about children’s health and safety, they omitted “or</p>

				<p>death.” This is a serious omission by DCYF. The language should read “...head injury, hospitalization, or death of a child that occurs while in the child care program.”</p> <p>Thanks for incorporating our suggestion to clarify “immediately.”</p> <p>Subd. 2.6: This should read: “of any animal bite...,” as we suggested regarding the 2nd draft.</p> <p>Thanks for accepting our suggestion to move the redundant language to the relevant section about pets.</p>
1421.06	9502.0405	95	Admissions; records, reporting	<p>Subd. 1: As we suggested about the 2nd draft, the language should say, “Prior to admission of a child and when necessary...” instead of “regularly” to prevent another asinine, ambiguous requirement.</p> <p>Subd. 3: We have repeatedly requested the new language be stricken in the previous drafts. This language would allow the parents of children enrolled in our care to come into our program at any time while their child is in care, even if they want to observe or have difficulty separating from their child. This is not in the best interests of the children in care. Providers are already required to allow parents access to their child; they do not need additional access to our program. This violates the rights of the provider and the other children in their care and endangers the children in care by allowing parents to linger in the program without having a background check. Remove “and the licensed space.”</p> <p>Subd. 4: Remove this language. Attendance records didn’t prevent the many millions of dollars in CCAP fraud in our state that has been uncovered, thus far. This would create extra time and paperwork for providers and extra hassle for families. Many providers have their children outside during pickup times. Providers don’t want to carry a clipboard around with an attendance sheet for parents, and parents don’t want to complete anything when they are trying to rush out the door. Providers can choose to do this, but the state shouldn’t dictate this. We support it being required for those accepting CCAP and Early Learning Scholarships as the state currently requires.</p>

1421.06	9502.0405	95-97	Admissions; records, reporting – License holder policies	<p>This section addresses all the policies DCYF wants us to include in our policies we provide to families and licensing. As we've noted about the previous drafts, the additions they want will add at least 10 more pages to each provider's policies. DCYF combined some of them into fewer sentences, but the proposed requirements stayed the same. Policies aren't meant to include exhaustive lists of licensing requirements. They are meant to be the policies providers choose related to their program, and they are between them and the families enrolled in their care. Remove all new language and keep the existing Rule 2 language.</p> <p>Subd. 5b: As we suggested regarding the 2nd draft, remove the word "written" as providers should be able to share their policies in written or electronic format, especially since the DCYF requirements would add more costs for printing many pages of policies. This word was removed from other documentation areas, so the consistency would be helpful.</p> <p>Subd. 5b.1iii: As we suggested for the previous drafts, change the language to: "All fees, including payment schedule." Remove all other language as the list is cumbersome and not exhaustive. We suggested this for the first draft, too.</p> <p>Subd. 5b.1iv: As we noted above, this language would allow the parents of children enrolled in our care to come into our program at any time while their child is in care, even if they just want to observe or have difficulty separating from their child. This is not in the best interests of the children in care. Providers are already required to allow parents access to their child, so they do not need additional access to our program. This violates the rights of the provider and the other children in their care and endangers the children in care by allowing parents to linger in the program without having a background check. Remove "and the licensed space."</p> <p>Subd. 5b.1vi: As we noted regarding the 2nd draft, remove reference to expulsion since "termination of child care" covers it, and family child care doesn't use the term "expulsion."</p>
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1421.06	9502.0405	95-97	Admissions; records, reporting – License holder policies	<p>Subd. 5b.1vii: As we suggested regarding the 2nd draft, “..., if applicable” should be added to the end of the sentences because many providers don’t use helpers or substitutes.</p> <p>Subd. 5.2iv: As we noted regarding the 2nd draft, remove requirements to have a policy about the notification to parents about exposure to a reportable disease. Since providers are required to do this, it should not need to be listed in the providers’ policies.</p> <p>Subd. 5b.2v: This new language would require providers to have a policy addressing “meals, snacks, infant formula, breast milk, and supplemental foods to be provided...”, but this isn’t applicable to every provider. <i>Add “if applicable” to the end of the clause</i> for clarification.</p> <p>Subd. 5b.2viii: This language is about common sense and completely unnecessary. Caregivers are already prohibited from abusing prescription medications or chemicals that would hinder their ability to care for children, so a policy requiring providers to explain how they’ll prevent it is just ridiculous and burdensome.</p> <p>Subd 5b.2ix: As we suggested in the previous drafts, keep current Rule 2 language and remove all proposed language. Providers already need to follow laws about the storage of firearms and ammunition being locked, separate from each other, and inaccessible by children. We want to see statistics about any incidents with firearms in a licensed family child care program.</p> <p>Subd. 5b.3ii: Add “if applicable” after “foot,” since providers may or may not take field trips.</p> <p>Subd. 5b: Thanks for removing the language about having a policy regarding notification about animal bites or scratches since this is a requirement addressed in another section.</p> <p>Subd. 5b.3iv: This whole section should be removed. This would require a written policy about screen time. Any policy about screen time is between providers and parents and should not be required by law.</p>
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1421.06	9502.0405	97-98	<p>Admissions; records, reporting – Records for each child</p>	<p>Subd. 6a: As we suggested regarding the 2nd draft, remove "reviewed at least annually by the parent and" because parents are already required to notify us about any changes to the information they provided at enrollment. The summary of the report by DCYF says that they will remove hard copy requirements and replace with digital access options. This is great if family and child info will not need to be entered or stored online with the state; that would be a gross violation of their privacy rights.</p> <p>Subd. 6b: Remove "and the completed enrollment form that is developed by the commissioner" since the "admission and arrangements form is the enrollment form; it's redundant.</p> <p>Subd. 6c: The requirements to update immunization records for children in family child care do not align with the vaccine schedule. Preschool immunization records should only need to be updated every 2 years instead of every 18 months, School-age records should only need to be updated if there are any changes instead of every 3 years because there are no required vaccines on the schedule for ages 7-11 years old, and many children wouldn't need vaccines from ages 5-6 since the last vaccine grouping for young children is 4-6 years old. This requirement to update is moot if they are up to date.</p> <p>Subd. 6e: Remove the last sentence requiring annual review of the pickup authorization information; providers already update it as needed.</p>

				<p>Subd. 7: This additional language is incredibly concerning. Social media isn't used by every provider, and limiting where providers can share general info is not the right of DCYF. This doesn't allow exceptions if the children's faces are blocked or only their hands are showing in an activity. This is already covered by data privacy laws, providers can provide a media release to families, if applicable. This would also require providers to share all photos, videos, and personal identifying information about the children with the commissioner upon request. This violates the privacy of the children and the family, and it should only be allowed with their permission. Photos and videos are a benefit for the provider and the families in their care; they have nothing to do with licensing.</p>
1421.07	9502.0365 9502.0367	98	Capacity and ratios – Capacity limits	<p>As we noted in both previous drafts, this sounds like providers would be over their capacity any time a sibling comes in with their parent (and stays under their supervision) to drop off the child enrolled in their care. It should be clarified to say that their capacity includes all children enrolled in their program who are under their care on the premises during child care hours. <i>Write "ten" as "10."</i></p>
1421.07	9502.0365 9502.0367	98	Capacity and ratios – Capacity, ratios, and age distribution restrictions	<p>As we've noted for the previous drafts, these should read "Children Younger than School Age" instead of "Under School Age."</p> <p>Subd. 2c: Thanks for incorporating some of our suggestions for additional license classes, increased capacities, and increased allowances within age categories, including a C4.</p> <p>The B1 license class should still exist (it could be renumbered to a different C license) since there are some providers who have 3 infants, such as those caring for triplets, and removing this class would worsen the shortage of child care for families with infants. We still suggest a C5 license class that would allow a capacity of 18 with 2 caregivers, 14 younger than school age, no more than 3 infants and toddlers, and no more than 1 infant. We also suggest a "C" class license that considers the fact that some providers don't have any infants or toddlers in care, so their maximum number younger than school age should be allowed to be 12.</p>

1421.07	9502.0365 9502.0367	99	Capacity and ratios – Supervision, primary provider of care, and use of substitutes	Subd. 4: As we suggested regarding the 2nd draft, this sentence should be removed because it's offensive and is common sense in our profession: "The caregiver must have knowledge of each child's needs, including but not limited to developmental and behavioral needs and parental preferences, and be accountable for each child's care at all times." Of course, we are accountable for children's care and have knowledge of their needs. The sentence about children's needs and parental preferences can be an oxymoron because some parental preferences can be quite detrimental to the children and conflict with licensing requirements, like saying they shouldn't nap, even at 2 years old, or saying an infant should only drink 6 ounces of milk per day.
1421.07	9502.0365 9502.0367	99	Capacity and ratios – Overnight care	We noted our concerns about some of this language in the 2 nd draft. This says that all caregivers must be awake while caring for children. This doesn't take into account that sometimes another adult isn't needed due to the number of children in care at the time, so the second adult caregiver or helper could technically nap if needed, as long as they were within licensing ratios. Change the wording to say that one adult caregiver must be awake while caring for sleeping children. Furthermore, it says that "all awake children must be given the opportunity to engage in age-appropriate activities in a separate room away from sleeping children." This wording doesn't list caveats such as the time of night, after the child has had a reasonable amount of sleep, or after the child has tried to fall asleep for 30 minutes (or a developmentally appropriate length of time). Provide more clarification and exceptions for these requirements.
1421.07	9502.0365 9502.0367	99	Capacity and ratios – Class C licenses	If "level of exit discharge" means what we think it does, this language would prevent all C4 license holders and many C3 license holders from operating in their basement unless it is a full walkout (with a door leading directly outside). This is incredibly limiting and unfair. Plus, many providers remodeled their basements specifically for family child care. Why is the reference to "30 months" instead of "24 months?" It isn't used elsewhere in this statute. Remove this subdivision.

1421.07	9502.0365 245A.149	99- 100	Capacity and ratios – Care of the license holder’s own child or children	<p>Subd. 7a.2: As we have noted for both previous drafts, remove the limit of a designated caregiver, helper, or substitute for the licensed program. This would allow spouses, significant others, etc. who may occasionally help in the program, but aren’t at that moment, to take their own child or relative on or off the premises with the license holder’s permission. Otherwise, it infringes on parental and familial rights.</p> <p>Subd. 7c: We appreciate the attempt to address our repeated suggestions to support the rights of the provider or other caregiver who is a parent of a child in the program and the child’s rights, too. However, this language says the “commissioner must take into consideration the parent’s right...” and does not clarify the explicit rights of the parents, such as allowing a parent who isn’t the caregiver at that time to take their own child to an unlicensed area of the home or allowing children to go to their own room, even if it’s unlicensed.</p>
1421.08	9502.0355	100	Qualifications – Physical and Behavioral Health	<p>Subd. 2: As we suggested in both previous drafts, remove all new language. DCYF has added “mentally” to the current requirement of being physically able to care for children. Who determines this? Of course, we don’t want mentally unstable people caring for children, but this is highly subjective. We have requested statistics about how often anything related to physical or behavioral health of a family child care provider (or their helpers) has been an issue. This additional language would compel providers to provide reports from health care providers about their or other caregivers’ physical or mental health if the commissioner has “reason to believe” they have “physical or mental health symptoms that could impair the individual’s ability to ensure the health and safety of children.” This leaves a lot of room of misinterpretation, targeted requirements, and punishment without just cause. If we challenge DCYF on things, they could put us on their list and falsely accuse us/question our health without justification. Would providers be blind-sided and forced to close at the last minute? Proof of physical and mental health signed by professionals at initial licensure should be sufficient. Licensed medical and mental health professionals are mandated reporters who would report concerns about a provider to licensing without DCYF changing this language.</p>

1421.08	9502.0355	100-101	Qualifications – Additional class C3 and C4 license requirements	<p>The removal of all experience and education requirements for initial licensure is concerning considering the lower capacity license classes were removed. We recommend keeping much of the current Rule 2 language.</p> <p>Subd. 3.2 and 3.4: It's offensive to suggest that working for only 6 months in a child care center makes you as qualified to be a Class C3 family child care provider than someone who's worked for a year in a family child care program and more qualified than someone who's worked for 6 months in family child care. Family child care is very different than center-based care, and those with experience in family child care will be at least as qualified—we say they'd be more qualified—than someone with the same amount of experience in a center. Increase the center experience to 1 year in Subd. 3.4.</p> <p>Subd. 3b: We would appreciate clarification about the number of hours required for the additional large group training before receiving a C4 license.</p>
1421.09	245A.53	101	Substitute Caregivers and Replacements	<p>Subd. 2: <i>Add commas as indicated: "...program for the day and, ...including, but not limited to, a serious..."</i></p>
1421.10	245A.50	102-104	Applicant, primary provider of care, and second adult caregiver initial training requirements	<p>Subd. 1: The allowance for initial training requirements to be completed within the prior 24 months seems generous. How does this ensure children's health and safety when experienced and licensed providers need to complete trainings annually? Why is there no required "fire safety training" for initial licensure, but DCYF is proposing it for experienced providers? We suggest making it a one-time requirement.</p> <p>Subd. 1b.1: Add ", orientation and home inspection" to the end of the sentence to ensure that providers who close and reopen within 12 months in the same location do not need to repeat the county orientation or a home inspection.</p>

142I.10	245A.50	102-104	Applicant, primary provider of care, and second adult caregiver initial training requirements	<p>Subd. 1c.3: As we suggested for both previous drafts, clarify that electronic documentation is allowed. Additionally, since this class is good for 2 years, the language here needs to be changed to be consistent with other sections about the CPR training instead of grouping it with annual requirements. Moreover, why would instructors need to be approved by the commissioner when the training would need to be developed by the AHA or ARC? Remove that language that gives too much power to the commissioner and isn't required for other industries. <i>Hyphenate "instructor-led."</i></p> <p>Subd. 1c.5: As we noted about the 2nd draft, we're concerned that the removal of "no more than two hours in length" regarding SUID/AHT training would allow DCYF to lengthen these courses.</p> <p>Subd. 1c.6: Unfortunately, we shared concerns about this language in the previous drafts, but the 3rd draft language is even worse because it requires the applicant, primary provider of care, and second adult caregiver to take the training about child passenger restraint systems...regardless if they transport children. The training is about safely installing and using car seats, booster seats, and seat belts with children. Only people who place children in the child passenger restraint need to take this class. Most providers don't own a vehicle large enough to accommodate all children in care, so parents will volunteer to help transport their own children for field trips. The provider is the one who places all children into car seats in all vehicles. Requiring the training wouldn't allow parents to be as involved in field trips with their children. This training also needs to count towards licensing hours. Remove the new language.</p> <p>Subd. 1c.7: Do not require providers and second adult caregivers to have "training" on our child care emergency plan. The license holders and second adult caregivers should only need to <u>review</u> it.</p> <p>Subd. 1c.8: Do not require providers and second adult caregivers to have "training" on our allergy prevention and response. The provider should only need to <u>review</u> allergy prevention and response with any second adult caregivers IF a child with an allergy will be present when they are working in the program.</p>
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142I.10	245A.50	102-104	Applicant, primary provider of care, and second adult caregiver initial training requirements	<p>Subd. 1c.9: As we suggested regarding the 2nd draft, remove this section because “community-based family child care” is not family child care.</p> <p>Subd. 1c.10: Requiring us to train ourselves and all caregivers about our policies and procedures is ridiculous. We should be allowed to review the policies with them before they begin working for us and update them with any changes. Change “train” to “review.”</p> <p>Subd. 1c.11: As we’ve noted about previous drafts, we don’t oppose the requirement of a training on the reporting of suspected abuse, neglect, or maltreatment of children prior to licensure or caring for a child. However, it should only be required once, offered for free, and available online in a 1-hour format. This is already addressed in the annual Abusive Head Trauma class that is required for everyone caring for children younger than 5 years old.</p> <p>Subd. 1d: This language would force all providers and caregivers to use the Develop system to track their trainings. Providers should still be able to use certificates. Will county licensing staff still be able to accept classes that aren’t offered through Develop, such as conferences in other states or trainings through private organizations that are relevant to our profession?</p>
142I.10	245A.50	104-105	Applicant, primary provider of care, and second adult caregiver training requirements – Primary provider of care, and second adult caregiver annual training requirements	<p>Subd. 2.1: It sounds positive that DCYF added “learning” to the child development/behavior guidance requirement, but we would appreciate clarification from them about what types of classes would count/give examples (it wouldn’t need to be in statute, but in writing, such as in the implementation plan).</p> <p>Subd. 2a.2: As we’ve repeatedly requested for many years, allow the two-hour active supervision training requirement to be completed every 5 years instead of every year.</p> <p>Subd. 2a.3: As we suggested regarding the 2nd draft, change “under school age” to “younger than school age.” We also want clarification that each of the SUID and AHT classes can be no longer than 1 hour in length.</p>

				<p>Subd. 2a.4: We support the reduction in annual training to 10 hours if “repeat of topical training requirements” includes classes like SUID/AHT first aid, CPR, and Active Supervision counting towards those 10 hours.</p> <p>Subd. 2b: We’ve requested for 8 years that providers who are approved trainers in Develop should be able to count each hour of training they present, not including a repeat of the same class in the same calendar year, towards their licensing requirements. Other professions give 50-100% credit for every class they present that’s related to their profession. Family child care providers should be given the same amount of credit. Trainers are required to put many hours of research and preparation into developing a training, in addition to presenting it, and should be given credit for those hours. Any DCYF-developed training requirement that they present should also count towards the training requirement.</p> <p>Subd. 2c.: As we have suggested for previous drafts, remove the first sentence that limits a training to cover only one training requirement because some trainings are longer than 2 hours and cover multiple content areas.</p> <p>Subd. 2d: We would still like clarification about this language. Would all trainings need to be Develop-approved because it references the KCF? Currently, county licensors can choose to count other classes towards licensing hours, like a class at a psychology conference, a class by Lakeshore Learning, an early childhood conference in another state, etc. If licensors couldn’t approve other trainings, we support keeping existing language in statute.</p>
142I.10	245A.50	105-106	Applicant, primary provider of care, and second adult caregiver training requirements – Primary provider of care and second adult caregiver ongoing training requirements	<p>Subd. 3a.1: Thanks for removing the “certification” requirement from the 2nd draft regarding pediatric CPR and clarifying that electronic documentation is allowed, as we suggested regarding the 2nd draft.</p> <p>Subd. 3a.2: Thanks for accepting our suggestion to clarify that electronic documentation is allowed for first aid training.</p>

142I.10	245A.50	105-106	<p>Applicant, primary provider of care, and second adult caregiver training requirements – Primary provider of care and second adult caregiver ongoing training requirements</p>	<p>Subd. 3a.3: We continue to oppose the requirement of Health and Safety I and II every 5 years. The Active Supervision classes give providers more freedom to choose topics.</p> <p>Subd. 3a.4: Unfortunately, we shared concerns about this language in the previous drafts, but this language is even worse because it requires the applicant, primary provider of care, and second adult caregiver to take the training about child passenger restraint systems...regardless if they transport children. The training is about safely installing and using car seats, booster seats, and seat belts with children. Only people who place children in the child passenger restraint need to take this class. Most providers don't own a vehicle large enough to accommodate all children in care, so parents will volunteer to help transport their own children for field trips. The provider is the one who places all children into car seats in all vehicles. Requiring the training wouldn't allow parents to be as involved in field trips with their children. This training also needs to count towards licensing hours. Remove the new language.</p> <p>Subd. 3a.5: We would be OK with the fire safety training being a one-time requirement. Otherwise, we do not support this being required every 5 years, especially without any indication of the length of the training.</p> <p>Subd. 3: Thanks for accepting our suggestion to remove the proposed ongoing requirement for mandated reporter training.</p> <p>Subd. 3b and 3c: As we've repeatedly noted, requiring us to train ourselves and all caregivers about our policies and procedures is ridiculous. We should be allowed to <u>review</u> the policies with them before they begin working for us and update them with any changes. This new proposal says they need "training" within 10 days of the change and must document each training on site. This creates more cumbersome paperwork and requires more time. Remove all new language. If this section stays, the language should read: "If there are changes to any of the policies and procedures, the primary provider of care and each second adult caregiver must review them." There should be no documentation requirement.</p>
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142I.11	245A.50	106-107	Substitute and intermittent caregiver training requirements – Substitute and intermittent caregiver initial training requirements	<p>Subd. 1: Why would initial license applicants be allowed to count trainings completed in the 24 months prior to licensure, but substitutes and intermittent caregivers could not? It is an inconsistent proposal, and these two classes have less contact with children in care than primary providers.</p> <p>Subd. 1a.1: Due to the shortage of substitutes, we have repeatedly requested that the “Basics of Licensed Family Child Care for Substitutes” be 2 hours or less, especially since they’d be required to have other trainings and repeat this class every three years.</p> <p>Subd. 1a.3: Thanks for removing the requirement to have current certification instead of simply taking the class.</p> <p>Subd. 1a.4: As we suggested regarding the 2nd draft, use the language from previous sections or drafts because this doesn’t clarify that SUID is only required for those who care for infants and AHT is only required for those who care for children younger than school age. We also shared that we are concerned that the removal of “no more than two hours in length” regarding SUID/AHT training would allow DCYF to extend the length of these courses.</p> <p>Subd. 1a.5: Unfortunately, we shared concerns about this language in the previous drafts, but the 3rd draft language is even worse because it requires the applicant, primary provider of care, and second adult caregiver to take the training about child passenger restraint systems...regardless if they transport children. The training is about safely installing and using car seats, booster seats, and seat belts with children. Only people who place children in the child passenger restraint need to take this class. Most providers don’t own a vehicle large enough to accommodate all children in care, so parents will volunteer to help transport their own children for field trips. The provider is the one who places all children into car seats in all vehicles. Requiring the training wouldn’t allow parents to be as involved in field trips with their children. This training also needs to count towards licensing hours. Remove the new language.</p>
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142I.11	245A.50	106-107	<p>Substitute and intermittent caregiver training requirements – Substitute and intermittent caregiver initial training requirements</p>	<p>Subd. 1a.6: Do not require substitutes and intermittent caregivers to have “training” on our child care emergency plan. The license holder should only need to review it with any substitutes and intermittent caregivers.</p> <p>Subd. 1a.7: Do not require substitutes and intermittent caregivers to have “training” on our allergy prevention and response. The license holder should only need to review allergy prevention and response with any substitutes and intermittent caregivers IF a child with an allergy will be present when they are working in the program.</p> <p>Subd. 1a.8: Remove this line as it references “the community-based family program plan.” This belongs in a different chapter.</p> <p>Subd. 1a.9: Do not require substitutes and intermittent caregivers to have “training” on our policies and procedures, especially since DCYF is proposing to double their length with this new language. DCYF also excluded the intermittent caregiver in this language. If this proposed change is accepted, the language should say, “If there are changes to any of the policies and procedures, the license holder must review them with any substitutes and intermittent caregivers.” This should not be a training, and there should be no need to document it. The 10-day timeline is extremely limiting because providers may not see the substitute or intermittent caregiver (their title gives a hint), and the provider may not have plans to use the substitute any time soon.</p> <p>Subd. 1a.10: We have the same comments for substitutes and intermittent caregivers about the class regarding the reporting of suspected abuse, neglect, or maltreatment. This information should be combined with the Basics of Family Child Care class for substitutes while keeping the class length the same or shorter. Much of it is already addressed in the AHT course.</p>
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142I.11	245A.50	107	Substitute and intermittent caregiver training requirements – Substitute and intermittent caregiver annual training requirements	Subd. 2: As we shared regarding the 2 nd draft, this new language would require substitutes and intermittent caregivers to complete one hour of training each calendar year in the requirements of 142I.11. However, if they are active caregivers, they would already be required to take trainings each year. Therefore, this language is unnecessary.
142I.11	245A.50	107	Substitute and intermittent caregiver training requirements – Substitute and intermittent caregiver ongoing training requirements	<p>Subd. 3a: Due to the shortage of substitutes, we have repeatedly requested that the “Basics of Licensed Family Child Care for Substitutes” be no more than 2 hours, especially since they’d be required to have many other trainings and repeat this class every three years.</p> <p>Subd. 3b.1: Thanks for removing the requirement to have current certification instead of simply taking the class.</p> <p>Subd. 3b.3: Unfortunately, we shared concerns about this language in the previous drafts, but the 3rd draft language is even worse because it requires the applicant, primary provider of care, and second adult caregiver to take the training about child passenger restraint systems...regardless if they transport children. The training is about safely installing and using car seats, booster seats, and seat belts with children. Only people who place children in the child passenger restraint need to take this class. Most providers don’t own a vehicle large enough to accommodate all children in care, so parents will volunteer to help transport their own children for field trips. The provider is the one who places all children into car seats in all vehicles. Requiring the training wouldn’t allow parents to be as involved in field trips with their children. This training also needs to count towards licensing hours. Remove the new language.</p>

142I.12	245A.50	108	Helper training requirements	<p>Subd. 1 and 2: Reformat these with divisions like the other training sections to make it easy to read. They're jumbled. Subd. 1 should say "<i>within the <u>previous</u> 12 months.</i>" Clarify that SUID is only required for those who assist with care of infants and AHT for those who assist with care of children younger than school age. How long is the class about reporting abuse, neglect, or maltreatment? Again, we don't oppose the concept, but we do want reasonable limits attached to the requirement.</p>
142I.13	9502.0395	108-110	Behavior Guidance	<p>Keep current Rule 2 language. Remove all new language since it micromanages many actions in our small businesses and homes.</p> <p>Subd. 3: Thanks for accepting our suggestion to remove the section that prohibited providers from canceling an activity for a group due to the behavior of one or more children.</p> <p>Subd. 3.5: As we noted in previous drafts, this language could prevent logical consequences for children "failing to complete an activity" such as cleaning up after themselves. DCYF might claim "punishment" means an unpreferred activity, such as being quiet during naptime or not playing in the nap area. Remove this section.</p> <p><i>Subd. 3.5 is repeated, so the numbers need to be reordered.</i></p> <p>Subd. 3.8: This language limits the use of mechanical restraints as a means of discipline; we agree. However, DCYF also says they can't be used for "convenience by caregivers, including...swing, high chair, infant carrier, walker, crib, or weighted item." Except for weighted items, the use of these items by parents and providers is typically for convenience and the reason manufacturers produce them. A provider can't hold an infant while cooking or removing items from the oven. It is convenient and prudent to place an infant in a secure piece of equipment to ensure their safety and the ability of the provider to care for the other children. When a provider actually gets the chance to use the bathroom, s/he can't hold an infant while doing so. Therefore, placing the infant in one of these devices is necessary to ensure his/her health and safety. Remove this asinine section or remove "or convenience" to clarify that these devices should not be used as a punishment.</p>

142I.13	9502.0395	108-110	Behavior Guidance	<p>Subd. 3.11: As we noted about the 2nd draft, this would prohibit “punishing or shaming a child for the actions of a parent” including failure to pay fees, provide appropriate clothing, failure to provide materials for an activity, or any conflict between the provider and parent. Providers don’t want to shame or punish children. However, DCYF might claim a child was punished if a provider terminates their care due to the actions of their parents, such as not paying fees, consistently failing to provide basic necessities, or being disrespectful, swearing, or threatening to the provider (“conflict”). If a child doesn’t have appropriate clothing to play outside in the winter, would DCYF claim it’s a punishment to have the child play away from the snow? This paragraph could be twisted to prevent providers from terminating care for good reasons, including ones that protect the health, safety, and development of the other children in care. Remove this section.</p> <p>Subd. 4.1: DCYF’s wording here would prohibit children “younger than three” (<i>use this instead of “under”</i>) from being separated from the group as a means of behavior guidance. However, if a child is a threat to herself, himself, and/or others, separation may be the best choice in some situations. Current language specifies that infants must not be separated from the group as a means of behavior guidance. If toddlers have a tantrum or act in a way that threatens the safety of others, as well as themselves, separating them from the group to help them “take a break” is best practice.</p> <p>Subd. 4.2 and 4.5: DCYF added very concerning language about the separation time or “time-out period,” a term not recommended by experts. The words “and rejoin the group” need to be removed, at least, because children should be able to choose when they’re ready to return to the group as long as the provider thinks it is safe. Some children need more time to “cool off,” and family child care providers help children identify their feelings, provide coping tools, and help children take control of their feelings. Some need only a few minutes, some need 10, and some need more...by choice. Early childhood and school age experts suggest giving children opportunities to take control of their feelings by identifying them, discussing what happened with the caregiver, considering what could be done differently in the future, and choosing when they want to return to the</p>
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				<p>activity or group. This strategy recognizes that every child is not the same and—instead—processes every situation differently. Family child care providers know that this language would be detrimental to children by setting them up to have more mistaken behaviors. Remove this section.</p> <p>We appreciate DCYF removing the language about the “time-out period” being 1 minutes per year of age, as we suggested.</p>
142I.14	9502.0425	110	Physical Space Requirements	<p>Remove all proposed language and keep existing Rule 2 language.</p> <p>Subd. 1d and 2d: These seem redundant, but 1d should be removed in case a provider’s home is being remodeled and an exit to the outdoor space is obstructed while still having other exits from the home on that same level. A provider might put a shelf near a window in the basement to make it easier for young children to climb and escape in case of emergency; this language would prevent this helpful measure.</p> <p>Subd. 3b.3: This language should be clarified by saying, “...in transit <u>to</u> and at the outdoor play space.” Otherwise, it could be misinterpreted to limit children walking to and from a bus stop.</p> <p>Subd. 3d: As we noted regarding the previous drafts, the proposed language would require every provider to install a fence with functioning gates, a continuous natural barrier, or a combination of the two. The costs for this will be impossible for most providers who don’t already have one. These fence and gate requirements are moot because of current supervision requirements. If a provider doesn’t use a fence or natural barrier, they would be required to create a supervision and safety plan, and we are concerned that some licensors and/or DCYF could claim it’s not enough. Remove this language that will force many providers to close their doors.</p>

142I.14	9502.0425	111-112	Physical Space Requirements	<p>Subd. 3f: We shared concerns about this regarding the 2nd draft. This language seriously specifies that providers must “take measures to protect children from the dangers of sun exposure and extreme heat.” It’s a good thing they warned us about the big, bad sun that provides children with the best form of Vitamin D, helps their biorhythms, promotes healthy sleep, boosts their immune systems, and boosts their overall happiness. This is common sense, and—as professionals—we should be trusted to manage the typical day-to-day without being micromanaged or fed unfounded fear. There is a balance when it comes to sun exposure and heat; remove this sentence. If the heat is extreme, the provider won’t want to go outside for long or for any time at all.</p> <p>Subd. 3g: As we shared about the 2nd draft, this section requires equipment to meet the developmental needs of the age groups of children using the space. However, manufacturers rarely note how a piece of equipment meets children’s developmental needs, and this isn’t measurable by licensing. Remove new language.</p> <p>Subd. 3i: Remove this language because school-age children only have access to age-appropriate activities and equipment, as required in other sections of existing and proposed statutes/rules.</p> <p>Subd. 3h.2: As we shared regarding the 2nd draft, this section is concerning. Almost every residential swing set has an open area to enter the “fort” after climbing up the ladder or rock wall, yet this language requires protective barriers on all platforms 30” or higher. Remove all new language.</p> <p>Subd. 3h.3: As we shared about previous drafts, the proposed language would prohibit fun and developmentally appropriate activities. This includes the installation of slides into a hill, despite that being a much safer way to use them while still maintaining a fun slope, because manufacturer’s’ guidelines don’t address this. Tires, boats used as sandboxes, pitcher pumps (water pumps), music walls, and water walls are all examples of fun and developmentally appropriate outdoor activities that would be prohibited by this proposed language. Manufacturers might share recommendations, but that doesn’t make them requirements. Remove all new language.</p>
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142I.14	9502.0425	112	Physical Space Requirements – Conditions of the program	<p>Subd. 4.2: We are concerned with the language “excessive accumulation of materials?” While we understand the intent to prevent a lot of dirt, clutter, days’ worth of dirty dishes, etc. from piling up and being a hazard, we also know that some licensors stretch interpretations to excessive lengths and would cite providers for materials that a reasonable person would expect to be visible in our programs. What kinds of materials would be considered in this? Could this be sand, dirt, pine, cones, etc. that are outside and reasonably expected outside? What if the licensor comes in right after the group comes inside after playing in snow or mud? What if the children had just played with shaving cream at the table or played with many blocks all over the block area? Would licensing consider these an “excessive accumulation of materials?” Remove “or an excessive accumulation of materials.”</p> <p>Subd, 4.3: Remove this new language. It is incredibly subjective. Licensing can’t be objective—and aren’t experts—about the potential of the “amount and placement of stored items” to “create an increased risk of fire or injury or impede the safe supervision of children.” With all the other language—sometimes redundant—regarding unobstructed escape routes and exits, this is even more asinine. Moreover, the storage of items in a loft or on shelves that are out of the way of traffic flow, even if in a large quantity, wouldn’t increase the risk of fire, but this language leaves that open to interpretation. We all know that it rarely goes in favor of the provider.</p>
142I.14	9502.0425	112	Physical space requirements – Portable wading pools	<p>Subd. 5b: This should be split into “b” and “c;” “b” should be about emptying wading pools and “c” should be about supervision.</p>
142I.14	9502.0425	113	Physical space requirements – Swimming pools	<p>Subd. 6.4: As we asked about the 2nd draft, why is an annual swimming pool supervision course being added? We ask DCYF to share the statistics with us about pools in family child care homes and about any injuries or deaths that have occurred.</p> <p>Subd. 5a.10: <i>As we shared regarding the 2nd draft, this should say, “...between 2 and 5 parts per million...” instead of spelling out the numbers.</i></p>

142I.14	9502.0425	114	Physical Space Requirements – Water play	<p>Subd. 8a: Keep language currently in rule. Clarify that it's about water retention and not about standing water. Many providers can have standing water after a heavy rain, but retaining water is very different. Change to, "Splash pads or sprinklers that retain water are considered wading pools..."</p> <p>Subd. 8b: Keep current language. This doesn't define a "body of water." Would they claim a bucket of water used for toy squirters or paintbrushes is a body of water? What about a bucket of bubbles? This language also refers to the wading area of a water table; water tables don't have wading areas, so this needs to be removed. Furthermore, this language needs to clarify that "...water tables <u>that are filled with water</u> must be inaccessible to children."</p>
142I.14	9502.0425	114	Physical space requirements – Ventilation, heating, and cooling systems	<p>Subd. 10: Keep current Rule 2 language. Remove new, subjective language that says they must be "in good repair." The requirement to operate them according to manufacturer's instructions covers this.</p> <p>Subd. 10d: We shared concerns about this subjective language in the 2nd draft saying that "the screens must be in good repair." What is the definition of "good repair?" Anyone with a cat or curious children may have screens that have a miniscule square of mesh that is frayed or open, but that doesn't necessarily bring biting insects in unless the holes are large. No one wants to allow mosquitoes or other insects into their homes, so this language is pointless. Remove it.</p> <p>Despite MACCP and many providers noting its ludicrousness in the previous drafts, this proposed language still states, "Sources of harmful and unpleasant odors including urine and pet waste [<i>clauses should be in commas, FYI</i>] must be removed to the extent possible by removing the source of the odor or by removing odors through cleaning and ventilations." Who determines what odors are unpleasant or harmful? Children are normally the source of the unpleasant odors in child care; that's the reality of working with young children with typical bodily functions. Is DCYF saying providers should remove a child from their homes any time the child has a dirty diaper or passes gas? This language is setting everyone up for failure, and it stinks as much as the "unpleasant odors" it is targeting. Remove all new language.</p>

142I.14	9502.0425	115	Physical Space Requirements – Sewage disposal	<p>Subd. 12.: While we appreciate DCYF accepting our suggestion to remove “Toilets must be flushed thoroughly,” we said that the standard is a working sewage disposal system. They added “working toilets.” However, only one working toilet should be the requirement in a family child care home, especially since plumbing can break, remodeling might occur, etc.</p> <p>We are still concerned about the addition of: “Toilet training equipment must be emptied and cleaned after each use.” As we noted about the 2nd draft, this conflicts with the DCYF language in 142I.15 about cleaning toilet learning equipment (the terminology should be consistent, too). Moreover, toilet seat adapters/smaller rings don’t always get dirty after each use; it would be cumbersome and unnecessary for a provider to clean the toilet seat every time a child uses it. Removed the language added in the 2nd and 3rd drafts.</p>
142I.14	9502.0425	115	Physical space requirements – Construction or remodeling	<p>As we shared regarding the 2nd draft, DCYF removed the word “dangerous” when limiting children’s access to construction or remodeling areas within or around the residence. We want it added back. In fact, the word “hazardous” would be more appropriate. Would a licenser consider painting “remodeling,” even if children don’t have access to the paint? What about roofers or siders who are doing their work far away from children? What about replacing flooring, lighting fixtures, faucets, etc.? These are typical remodeling and construction projects that children are often around in their own homes, so their presence in a family child care home doesn’t make it any more hazardous. Supervision and basic licensing requirements already cover situations children shouldn’t be near without an exhaustive list.</p>
142I.14	9502.0425	115	Physical Space Requirements – Electrical services	<p>As we suggested regarding the 2nd draft, it would be worth providing clarification that temporary extension cords, such as for holiday lights, are not considered a substitute for permanent wiring and are, therefore, allowed.</p>

142I.14	9502.0425	116	Physical space requirements – Fire extinguisher	<p>We still have the same concerns we shared regarding the 2nd draft. DCYF proposes a requirement to move fire extinguishers from all “cooking areas” of our homes to “near required exit door.” They removed “cooking areas” in this second draft, making it more of a safety concern. What is the justification for the change? Most people keep theirs under the kitchen sink, conveniently located next to the stove. Putting it near the “required exit door” will move it further away from the stove and kitchen; thus, endangering more lives. The new language would also require documentation of annual service of fire extinguishers. We oppose additional requirements as the tag placed on each extinguisher when it’s serviced should be enough. Remove the new language.</p>
142I.14	9502.0425	116	Physical space requirements – Stairways	<p>This would create safety hazards in many family child care programs. Gates should not be required at both the top and bottom of stairways. The requirement is meant to keep stairs inaccessible to children from ages 6-18 months old, so doors or a gate at the top OR bottom of the stairs can meet this requirement in most homes. In many family child care homes, children arrive through the front door and then down the stairs to the main child care room. Most providers have a gate at the bottom of the stairs to ensure the children don't have access to the stairs. If there was an emergency, such as a fire, this proposed language would force children to navigate 2 gates—at the bottom and top of the stairs while backing everyone up on the stairs.</p>
142I.14	9502.0425	116	Physical space requirements – Decks	<p>Keep the current language in Rule 2. If changes are made, “Good repair” should be defined here to prevent misinterpretation and confusion. Deck stain wears away, but it doesn’t pose a risk to children. Paint on decks might have a chip, but it should be fine if it’s not flaking off. Splinters, rotting boards, and flaking paint should be specifically listed to clarify “good repair” to prevent it from being subjective. This requirement should only apply to decks used by or accessible to the children in care.</p>

1421.14	9502.0425	116	Physical space requirements – Locks and latches	<p>Subd. 20a: As we noted regarding the 2nd draft, we disagree with the change of “other space that [where] a child could be confined” to “other confining space” since a rabbit home could be a confined space, but a child wouldn’t necessarily fit in it. Revert to existing language or language in the first draft.</p> <p>Subd. 20d: Though we appreciate the removal of “door chimes,” as we suggested, we still disagree with the language that prohibits locks in place of supervision because the definition of supervision is sufficient. Remove this sentence.</p>
1421.14	9502.0425	116-117	Physical space requirements – Tobacco products, cannabis, vaping, drugs, and alcohol use prohibitions	<p>Subd. 21a: Thanks for adding our suggested clarification about this occurring on the program premises. As we shared about the 2nd draft, these need explanation about “operating hours,” or “operating hours” needs to be defined because the arrival of the first child and departure of the last child from our property is the end and beginning of freedom to be exempt from most licensing rules, such as having cleaners out, having the home cooler than 62°, having pets loose in the home, etc. What if a parent or someone the provider doesn’t know chooses to use one of these outside the provider’s home without the provider’s knowledge?</p> <p>Subd. 21b: As we requested regarding the 2nd draft, provide clarification that this is “on the licensed property.” Illegal drugs should have their own section, because alcohol and recreational drugs that are allowed by law can be used after children are out of care for the day. This might be earlier than the operating hours or on a day the provider is typically open but is closed for a vacation day.</p> <p>Subd. 21c: As we requested regarding the 2nd draft, change “on the premises” to “in the residence.” If someone smokes outside their home when children are not in their care, it is their right and doesn’t affect the children in their care. Therefore, providers should not need to notify parents about it or post a written notice about it in an obvious location. We support notification about it occurring in the home, though.</p> <p>Subd. 21d: Though we support this language, similar language is repeated earlier in the proposed statutes.</p>

142I.15	245A.	117	Cleaning and disinfecting	<p>Remove all new language in this statute. DCYF should share any statistics they have about issues requiring more sanitizing and disinfecting in family child care programs. Providers strive to maintain clean and safe homes, but this language would require providers to spend additional hours each day on cleaning, disinfecting, and sanitizing. The over-sterilization and elimination of germs on everything will weaken everyone’s immune systems.</p> <p>Subd. 1: Remove “and pet waste, including odor from pet waste” because this is subjective. All waste has an odor. This would be impossible for those who have farm animals or live on or near a farm (even miles away) since typical farm animal smells often carry into a home; there’s no guarantee that a licenser wouldn’t claim the smell needs to be removed, regardless of the origin. Also, “pet waste” is already addressed in Section 19; it is required to be inaccessible to children.</p> <p>Subd. 2: As we shared before regarding the 2nd draft, what constitutes “debris?” Dust isn’t considered debris by any reasonable person, but this word leaves a lot of room for interpretation.</p> <p>Subd. 3: As we suggested regarding the 2nd draft, remove the sanitizing requirement for surfaces and tools used for preparing or serving food. We aren’t restaurants, and we are careful. Washing well with soap and water is enough, and sanitizing chemicals are typically unsafe for consumption, even in small quantities. What would constitute “high heat,” because we aren’t allowed to have water in our sinks (that are accessible to children) that is more than 120 degrees. Most of our water heaters are set to only 120 degrees for this reason. Furthermore, this section is titled, “Cleaning and disinfecting,” and “sanitizing” isn’t defined in this statute.</p> <p>Subd. 5: This language requires cleaning and disinfecting sleeping materials but washing them is enough. This would promote superbugs, and it doesn’t allow for the fact that most families wash most of the bedding when the provider sends it home at the end of the week.</p>
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				<p>Subd. 6: This language about toilet training chairs isn't the same as in 142I.14. Is a built-in seat with a large and small ring going to be labeled a "toilet training seat" by licensing? If so, we oppose listing it because they aren't necessarily soiled after each use, and children of all ages use them. Cleaning them after each use would be time-consuming and take the provider away from the direct view of the children too often.</p> <p>Thanks for removing "toilet stools" from this language, as we suggested.</p>
142I.15	245A.	118	Cleaning, sanitizing, and disinfecting – Diapers, changing areas, and disposal	<p>Subd. 8: Keep current language in rule/statute. This language is cumbersome and needs clarification, but it still creates issues.</p> <p>Subd. 8a: Thanks for incorporating our clarification that an adequate supply of clean diapers must be available for each child <u>who wears diapers</u>.</p> <p>Subd. 8c: As we suggested regarding the 2nd draft, remove the requirement that clothes be worn over diapers because emergency situations or extenuating circumstances might occur that would prevent this.</p> <p>Subd. 8e: As we suggested regarding the 2nd draft, remove new language regarding changing tables and pads, especially the clause, "even if using a nonabsorbent covering that is discarded after each use." Hospitals and clinics use paper on their tables for each patient then discard it without requiring cleaning or sanitizing between every patient. If they can use this system when working with a myriad of diseases and germs, family child care providers can dispose of a nonabsorbent covering after each use without having to clean AND disinfect every time.</p> <p>Subd. 8f: As we suggested regarding the 2nd draft, remove the requirement to dispose of diapers only in a covered diaper disposal receptacle in the diaper changing area or directly outside in a garbage can. Providers dispose of diapers in the best possible place at that time; it shouldn't matter to others.</p>

142I.16	9502.0445	118-119	Environmental Health	<p>Remove all new language and keep existing language in statute.</p> <p>Subd. 1: Thanks for accepting our suggestion to clarify that this only applies to those who use private wells.</p> <p>Subd. 1b.2: This should be 1b.1iii. Otherwise, it would require all providers to close without reason instead of those with water test results outside recommended levels.</p> <p>Subd. 2: As we've suggested for the previous drafts, remove this new section about radon testing. Information about radon can continue to be presented through Develop-approved trainings and a "best practices" manual for providers. This section is not logical because it doesn't account for those with a radon mitigation system; they typically have meters that constantly show the radon levels, so testing isn't necessary. Eliminate the new requirement to document every radon test and share the results of every radon test with enrolled families (and the commissioner upon request).</p>
142I.17	9502.0415	119	Activities and equipment – General activities	<p>Keep language in current rule and strike all new language in this chapter.</p> <p>Subd. 1: Once again, we insist that this language needs to clarify that these apply when children in these age groups are in care. Many providers don't enroll all these age groups.</p> <p>Subd. 1.1: As we noted regarding the 2nd draft, remove the word "daily" as there may be reasons for a provider not to take children out besides weather, such as icy conditions, a child not having appropriate winter gear, a planned indoor activity, etc. Remove the requirement to utilize weather advisory and air quality notifications from "local weather experts or a local or state authority" when determining if children can play outside. Providers use weather apps and other resources to make this determination without the need for DCYF to micromanage. Would DCYF add a documentation requirement every day the provider doesn't take children outside?</p> <p>Subd. 1.4: Again, we suggest "child-initiated" be changed to "child-directed."</p>

142I.17	9502.0415	120	Activities and equipment – Equipment	<p>Subd. 2: Keep current language in Rule 2.</p> <p>Subd. 2.1: This is worse than the 2nd draft language. Change to: “The license holder must have equipment sufficient in quantity for the number and ages of children in care.” It’s ridiculous to require a specific number of activities for each child. This would mean at least 54 activities for a C4 license, and providers shouldn’t have to count the number of activities.</p> <p>Subd. 2.2: Remove this language because this isn’t measurable and is subjective. Who defines what is “culturally diverse,” and would the standard be applied to every program objectively? It wouldn’t. Moreover, early learning is typically defined as birth-8 years old, and we can have children up to 10 in our programs who still count in our numbers.</p> <p>Subd. 2.3: We shared our concerns about this language in previous drafts. This would require equipment to be used in accordance with the manufacturer’s instructions. Many items are purchased without instructions; what if the provider doesn’t have them? This language seems to prohibit the use of loose parts, a STEM concept that encourages creativity, boosts fine motor skills, hones engineering skills, increases math comprehension, and more. Remove the proposed language.</p>
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142I.17	9502.0415	120	<p>Activities and equipment – Newborn or infant activities</p>	<p>Subd. 3: Keep current Rule 2 language. The new language belongs in a resource manual for providers.</p> <p>Subd. 3.1.: Thanks for incorporating our suggested language about the 2nd draft.</p> <p>Subd. 3.2 and 3.3: As we already suggested regarding the 2nd draft, remove new language; it's redundant.</p> <p>Subd. 3.4: Remove new language. This language would also require providers to allow newborns and infants opportunities to sit, crawl, toddle, walk, and play indoors and outdoors throughout the day, even though many of them can only play, and it isn't always feasible or safe to allow the youngest babies to be as free as the older children when outdoors.</p> <p>Subd. 3.2-3.9: As we noted regarding the 2nd draft, this language is unnecessary. Keep the current language in Rule 2. DCYF should have written: "Provide activities for the newborn or infant that develop the child's manipulative, fine and gross motor skills, self-awareness, and social-emotional skills.'</p> <p>Subd. 3.10: As we shared regarding the 2nd draft, this section about tummy time explains the benefits of tummy time which, like many sections of this draft, does not belong in law.</p>
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1421.17	9502.0415	120-121	Activities and Equipment – Newborn or infant equipment	<p>Subd. 4: Remove all the proposed language. We appreciate DYCF clarifying that this equipment is needed only if newborns/infants are in care, as we suggested about the 2nd draft.</p> <p>Subd. 4.1: We asked regarding the 2nd draft: why would an infant seat or high chair be needed for newborns? Remove “newborns” from this section. Every infant doesn’t necessarily need or use an infant seat or high chair at the same time.</p> <p>Subd. 4.2: We already suggested about the 2nd draft that they keep language that’s currently in rule/statute, and we feel the same about this language. Change “documentation” to “record” regarding crib inspections. The proposed language would require providers to share crib inspection reports with the commissioner and parents when requested. Parents don’t need this info; they don’t need documentation about every licensing requirement we must follow. It would be ideal to keep all language about sleeping materials and safe sleep in the same section.</p>
1421.17	9502.0415	121	Activities and equipment – Toddler activities	<p>Subd. 5: Keep current language in Rule 2. We don’t need it all spelled out for us. Thanks for clarifying that these activities are needed only if a toddler is in care, as we suggested regarding the 2nd draft.</p> <p>Subd. 5.1-5.5: We suggested this regarding the 2nd draft, too: change references to “the toddler” to “toddlers” and “child’s” to “children’s.” The proposed language is awkward and isn’t consistent with the newborn and infant sections.</p> <p>Subd. 5.5: It should read, “provide activities to support toddlers’ social-emotional development.”</p>
1421.17	9502.0415	121	Activities and equipment – Toddler equipment	<p>Subd. 6: Keep current language in Rule 2. We appreciate DYCF clarifying that this equipment is needed only if a toddler is in care, as we suggested regarding the 2nd draft.</p> <p>Subd. 6.1: As we noted regarding the 2nd draft, the added language about cleaning sleeping equipment and listing each item is already covered in 1421.17. It’s redundant. Additionally, this language should be the same as the language for preschoolers to ensure consistency.</p>

142I.17	9502.0415	121-122	Activities and equipment – Preschooler activities	<p>Subd. 7: Keep current language in Rule 2. This is all too detailed, tough to measure, and subjective.</p> <p>For consistency among the age groups, “preschooler” should be used instead of “child.”</p> <p>Thanks for clarifying that these activities are needed only if a preschooler is in care, as we suggested regarding the 2nd draft.</p> <p>Subd. 7.4: We noted that this language from the 2nd draft was difficult to read. Please update it to say, “give assistance in toileting, provide time to carry out self-help skills, and provide opportunities to be responsible for activities.”</p> <p>Subd. 7.5: Who says, “decision-making experiences?” Why not say, “...and to learn from the consequences of their decisions.”? Consequences can be positive or negative, depending on the situation. This encourages personal accountability, though we still think this language should be removed.</p> <p>Subd. 7.7: “small muscle” should be replaced with “fine motor” for consistency.</p>
142I.17	9502.0415	122	Activities and equipment - Preschooler equipment	<p>Subd. 8: Keep current language in Rule 2.</p> <p>We appreciate DYCF clarifying that this equipment is needed only if a preschooler is in care, as we suggested regarding the 2nd draft.</p> <p>Subd. 8.1: As we noted about the 2nd draft, the added language about cleaning sleeping equipment is already covered in 142.15 and 142.17.</p>
142I.17	9502.0415	122-123	Activities and equipment – School-age activities and equipment	<p>Subd. 9: Keep current language in Rule 2. Providers should not be required to provide bedding materials for all school agers. In fact, parents typically provide it. This should not be listed.</p>

142I.17	9502.0415	123	Activities and equipment – Bedding	<p>Subd. 10: We still want to ensure that this language allows bedding to be brought from home or provided by the child care provider.</p> <p>We also noted that this or similar language is repeated throughout Chapter 142I. It would be best to keep it in one place and not repeat the same language multiple times. Should “beds” be specifically added as an option, too?</p> <p>Subd. 10b: We suggested this regarding the 2nd draft, too: “...<i>must be in good condition, have no tears or holes, and be covered with individual bedding.</i>”</p>
142I.18	245A.146 245A.147 9502.0425	123	Infant sleep and crib requirements	<p>We shared all these concerns regarding the 2nd draft language; they haven’t changed.</p> <p>Subd. 1: Remove the section about commissioner inspection because this is a requirement for the commissioner, not providers.</p> <p>Subd. 2: Keep all current wording in existing statutes but remove all references to “in-person checks.” This proposed language would make it tougher for families to find infant care because it would be impossible in almost every family child care program without waking up infants.</p> <p>Subd. 2b: This would require providers to check on all newborns and infants every 20 minutes in person once they have been placed in a crib or portable crib, regardless of their proximity to the infant. This is excessive and unnecessary. Are there statistics showing recent problems with sleeping infants in family child care? A good monitor helps providers check on sleeping babies more often. Under the proposed language, providers would be required to bring all children from infants age 4 with them as they check on a sleeping infant due to supervision requirements. It would be impossible to expect the other children to be quiet, not to sneeze, etc. while checking on sleeping infants. Since the language requires checking on the infants once they are placed in the crib or portable crib, the infants might have difficulty falling asleep and it would keep the other children from napping in many cases. This language would have detrimental effects on children and providers. Remove this language.</p>

				<p>Subd. 2d: Thanks for accepting our suggestion to remove the 2nd draft language that prohibited the use of music, sound machines, or fans within three feet of a sleeping infant.</p> <p>However, this proposed language should be removed. Providers would not have music, fans, or sound machines this loud because it would harm babies, and babies wouldn't be able to sleep if the music, sound machine, or fan was too loud to hear them crying. So much of the proposed language, like this one, treats family child care providers like we're incompetent and want to hurt children. You can't regulate every single second of our days and every hypothetical. It isn't fair, feasible, or respectful.</p>
142I.19	9502.0435 245A.146 245A.51	124	Health policies and safety requirements	<p>Subd. 1a. Remove the comma after "cleaned."</p> <p>Subd. 1d: As we noted regarding the 2nd draft, if DCYF has a definition for "eye protection" or a specific item in mind, like safety goggles, it would make more sense to just say it instead of stating one thing that doesn't meet the requirement of "eye protection."</p> <p>Subd. 2: Keep existing language in statute.</p> <p>Subd. 2a: As we requested regarding the 2nd draft, remove the requirement to update the emergency preparedness plan annually. An update isn't required unless there is new information; it should be updated as needed.</p> <p>Subd. 2a.8: We asked for this draft to modify the emergency preparedness plan language to say "accommodations for any infants and toddlers in care, if applicable" because some providers don't have them in care and, therefore, shouldn't need to include them in the emergency plan.</p> <p>Subd. 2b: Again, we asked DCYF to remove new language that would require "annual training" and documentation of annual training on the emergency preparedness plan. This just creates more asinine paperwork and wastes time. Review should only be required if it's updated.</p>

142I.19	9502.0435 245A.146 245A.51	124	Health policies and safety requirements	<p>Subd 2d: Define “sufficiently charged” with regards to a cell phone because the language is subjective, as we requested regarding the 2nd draft.</p> <p>We also requested that they remove the new proposed requirement to bring each child’s parental contact info on emergency drills. Add “off-site activities” because DCYF removed this health and safety measure. Suggested language: “The emergency phone numbers of each child’s parents, physician, and dentist, if applicable, must be readily available within the home and taken on off-site activities or emergency evacuations.” This should be 3b.</p> <p>Subd. 2e: As we suggested regarding the 2nd draft, remove the language requiring providers to listen to the Emergency Alert System or local alerting systems during severe storms and tornadoes. Change language to say, “must stay updated for current emergency information and instructions.” Many providers stay updated using their phones for the most accurate info, so requiring them to use a different system may jeopardize the safety of the children. We support the allowance to use apps on smartphones for flashlights or portable radios/TVs. This should be 3c.</p> <p>Subd. 2f: This “written fire escape plan” creates a lot more paperwork when some of this is already addressed in our emergency plans. DCYF removed the requirement to have a designated place to meet outdoors, but a requirement to have a designated place to meet outside the child care home should be added to ensure children’s safety.</p> <p>Subd. 2g: As we suggested regarding the 2nd draft, remove the new requirement to document on the monthly fire and storm drills log the name of the caregiver who conducted the drill and the length of time to evacuate “all children safely.” Most providers are the sole caregivers; there is no purpose in this requirement. Providers evacuate using different routes, so the children learn them well and are prepared in case of emergency. Evacuation times will appear skewed depending on where the evacuation starts, progresses, and ends. This is just more unnecessary documentation. We also support removing the current (but fairly new) requirement to document the time of the drill.</p>
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142I.19	9502.0435 245A.146 245A.51	124	Health policies and safety requirements - Transporting children	<p>Subd. 3: As we noted regarding the 2nd draft, transportation requirements are repeated in a few sections; combine and condense into one section. They are not needed here unless they just refer to the section of this statute. Otherwise, any updates to language might miss the multiple references to this topic.</p> <p>Subd. 3.3: We suggested they change “motor vehicle” to “driver’s” license in the 2nd draft, and it still should be changed in this proposal.</p>
142I.19	9502.0435 245A.146 245A.51	125-126	Health policies and safety requirements – Pets and animals	<p>Remove all new language and keep existing language in Rule 2.</p> <p>We appreciate DCYF addressing some of our concerns that this could limit wonderful experiences with animals for children; the proposed language should allow more animals as pets in our homes, even if some of them would need to be inaccessible to children.</p> <p>Subd. 4: What is considered “contact” with pets? If a child looks at or talks to an animal, that child is making visual or verbal contact. “Touch” or “pet” would be better. Remove this new language.</p> <p>Subd. 4.1 and 4.2: As we noted regarding the 2nd draft, it isn’t licensing’s job to ensure pets are properly housed, cared for, licensed, and immunized or to ensure compliance with local licensing or other requirements for pets. They are licensors of child care homes, not animals. Requiring rabies shots and tags is in current language and should remain, but new language should be stricken.</p> <p>Subd. 4.4: The new requirement for written acknowledgement from parents about pets or animals allowed to roam in areas occupied by the children is ridiculous unless providers can include this in their policies and a signature confirming that the parents agree to the policies/handbook would meet this requirement.</p> <p>Subd. 4.5: This language would prevent animal experts and “traveling zoos” from visiting family child care homes. This language needs to be clarified that animals visiting with guest speakers are allowed if they are safe.</p> <p>Subd. 4.7: Remove this line as this is already covered by supervision requirements.</p>

				<p>Subd. 4.8: As we suggested regarding the 2nd draft, if the purpose of this section is to ensure children’s health and safety in food preparation, storage, or serving areas, then pet cages and enclosures being accessible to children is irrelevant and, therefore, the new language in the second draft should be removed.</p> <p>Subd. 4.9: We also suggested that all new language be removed in the 2nd draft. There should be an allowance for covered pet litter boxes as long as they are inaccessible to infants and toddlers. Most children of any age aren’t interested in them.</p> <p>Subd. 4.10: We shared our concerns about the 2nd draft that this language does not clarify the meaning of “immediately” with regards to notifying a parent if their child is bitten or scratched by an animal. The language from the first draft was better, but the current language in Rule 2 should remain.</p> <p>Subd. 4.11: We requested that this language be clarified from the 2nd draft, too, because this doesn’t clarify that the bite has to occur during operating hours or in relation to the family child care program. Moreover, is this about animals living at the family child care home? If so, it should be clarified because the provider likely couldn’t confine an animal they didn’t own.</p> <p>Thanks for defining “immediately,” as we suggested.</p>
142I.19	9502.0435 245A.146 245A.51	126- 127	Health policies and safety requirements – Pest control	<p>Subd. 5: As we noted about the 2nd draft, remove all new language regarding pest control. Who would determine what is and isn’t a pest? Rabbits, squirrels, chipmunks, raccoons, mice, rats, deer, etc. can all be considered pests to some and cute to others. Providers would also need to take steps to prevent attracting pests. Unfortunately, some people live in areas that have many of them, and there aren’t always great options for prevention beyond keeping food put away. This also requires any pesticides used to be approved and registered with the EPA; this eliminates many effective natural and less toxic options for pest control and management.</p> <p>Thanks for addressing our concern and removing the requirement for having a pest control policy.</p>

142I.19	9502.0435 245A.146 245A.51	127	Health policies and safety requirements – Garbage	<p>Subd. 6: Remove all new language, as we suggested about the 2nd draft. This new language is, well, garbage, because it would require garbage from being inaccessible to preschoolers, as well as infants and toddlers. All garbage containers would need a lid on them to be considered inaccessible (no exception for them being locked anywhere). This is ridiculous. Moreover, preventing preschoolers from accessing garbage containers would hinder their physical and self-help skills, independence, and confidence. Being able to clean up after themselves is a developmentally appropriate, logical, positive, and important opportunity. This language would <u>harm</u> children. Remove “preschoolers.”</p> <p>Thanks for removing the requirement for garbage to be emptied at least daily.</p>
142I.19	9502.0435 245A.146 245A.51	127	Health policies and safety requirements	<p>Subd. 7: As we suggested regarding the previous drafts, remove the new language. Providers would also be required to notify parents prior to admission about the presence of any firearms in their homes and any time additional firearms are added. This infringes on providers’ 2nd Amendment rights and is unnecessary because firearms (unloaded) and ammunition are already required to be stored separately in locked areas and inaccessible to children.</p> <p>Thanks for accepting our suggestion to remove the language that classified many toys as firearms.</p> <p>Subd. 8: As we stated regarding the 2nd draft, keep current language regarding accessibility of the first-aid kit. Put “tape” on a separate line from bandages; clarify that it’s “medical tape.”</p> <p>Thanks for accepting our request to remove all new language about monthly checks of the CPSC for lead warnings and recalls of all play equipment, toys, jewelry, imported vinyl mini-blinds, bibs, lunchboxes, and other food contact products.</p>

142I.19	9502.0435 245A.146 245A.51	127- 128	Health policies and safety requirements – Care of sick children	<p>Subd. 9: We shared all these suggestions and concerns regarding the 2nd draft language, too. Remove all new language.</p> <p>DCYF removed references to fever, vomiting, diarrhea, and rash for some reason. Schools still have these exclusions, so why was this removed for licensed family child care homes? These limits help ensure children’s health and safety.</p> <p>Subd. 9c: These seem to limit or don’t protect the rights of the family child care provider to have stronger illness policies than the state lists. This would be harmful to children and cause the spread of many diseases (coxsackie/HFM, lice, pink eye, strep, etc.). As small business owners, providers can set their illness policies to exceed state requirements and ensure the health and safety of the children in care, as well as their own families. This says that the commissioner’s infectious disease guidelines (which can always change), in addition to the child’s healthcare provider, OR a child’s ability to participate in routine activities without more caregiver supervision determine the exclusion period for reportable diseases. If that was the case, children would rarely be excluded because doctors frequently send children back with communicable diseases because “it’s just a virus” or “the child doesn’t have a fever.” A fever is not the gauge for whether someone is contagious.</p>
142I.19	9502.0435 245A.146 245A.51	128	Health policies and safety requirements – Medication administration requirements	<p>We still take issue with calling sunscreen, insect repellents, and diapering products—which could include diapers and wipes—“nonprescription medicine.” They should be listed as “nonprescription products.”</p>
142I.20	9502.0445 245A.147	128- 129	Food and Nutrition	<p>We shared these same comments regarding the 2nd draft language.</p> <p>Remove all new language.</p> <p>Subd. 1b: This section about feeding prohibits the use of any plastic in a microwave. What if a parent doesn’t have and can’t afford these items? Parents and providers can choose what they want. DCYF could include information about safe materials and best practices in a resource manual.</p>

142I.20	9502.0445 245A.147	128- 129	Food and Nutrition	<p>Subd. 3. Remove “in indoor and outdoor areas” because providers may bring everyone inside for water breaks before returning outside.</p> <p>Subd 4a and 4b: Remove all new language since it’s pointless. Even if a provider is not on the food program, the proposed changes would override parental and provider rights and require any meals served to include food from every food group except for cultural, religious, or medical reasons. Parents might have different reasons for wanting their child to eat something different some days. Let providers and families figure this out together without over-regulation by the state.</p> <p>Subd. 4b: Remove the first sentence since this is redundant; it’s addressed in 4d.</p> <p>Subd. 4d: Remove new language. Having children’s full names on any food or liquid items brought from home is unnecessary unless more than one child is bringing their own food. A small percentage of children bring food and liquids from home, and most providers don’t have anyone bringing food from home. The first OR last name would be sufficient, if anything. Or say that providers should label these items in some way if more than one child brings them from home. Leave the specific type of labeling to the provider’s discretion since they are professionals.</p> <p>Thanks for accepting our suggestion to remove new language requiring bottles to be sent home with the child each day.</p> <p>Subd. 5a: Remove this language because providers know what foods are perishable and how to safely store them. The new language does not make an exception for family-style meals as far as refrigerating liquids until they are served.</p> <p>Subd. 5b: Remove this language. Providers want to keep their appliances safe and clean, especially those used for food. Providers clean their appliances by choice. Who defines “clean?” This is micromanagement by DCYF.</p> <p>Subd. 5c: Thanks for incorporating our suggestion to keep licensing requirements consistent across all cultures.</p>
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142I.21	9502.0405 245A.51	129- 130	Children with special health care needs or disabilities	Remove the entire chapter, except keep current wording in statute about allergies and nondiscrimination. This will make it tougher for children with special needs to find high quality care (or possibly any care). The intent might be to encourage inclusion, but this would ruin that. Providers would be scared to take children with special needs because of the huge increase in paperwork, time, and liability from these pages. Providers would be required to follow instructions from the parents, physician, or therapist, even if they are not based on best practices or would significantly change their program. How would providers be able to “demonstrate to the parents and the agency how the child’s specific needs are being met?” This is subjective and not readily measurable. The Americans with Disabilities Act (ADA) already covers most of this and protects people with special needs with clearer language.
142I.22	245A.148	130- 131	Community-based family child care	Remove this section as this is not family child care; it belongs in a different statute than family child care.

- Remove all references to community-based family child care programs and place them in a separate chapter of statutes because they are not family child care, and they are certainly not homes. This will eliminate confusion and differentiate between family child care homes and other child care settings that are very different (appears on pages 88, 91, 93, 104, 106, 130, 131).
- We are concerned about the language from 142B that isn’t included in the proposed language but should or will remain and, therefore, might be updated without notification to providers. For example, the requirement for DCYF to notify providers about all changes to rules, statutes, and regulations that may affect us should remain.
- Laws are not meant to be exhaustive lists of recommendations or “best practices.” DCYF should take this opportunity to compile a reference guide of “best practices” based on a wide variety of research-based and evidence-based input from licensed family child care providers and other early childhood and school-age experts.
- Thanks to DCYF for incorporating our many grammatical suggestions from the second draft.
- The formatting needs to be adjusted for consistency and accuracy, including numerous instances of subheading “(a)” appearing on the same line as the “Subd.” Heading. All “(a)” subheadings should be on their own line, just like “b,” “c,” etc. In some subdivisions, the “a, b, c” format was skipped and incorrectly replaced with “1, 2, 3” formatting. It would be much easier to read and understand with these adjustments.