

2013 Legislation

This information includes actual statute language, as well as Wright County interpretation and implementation. If you have questions or need further clarification, contact your licenser.

245A.1435 REDUCTION OF RISK OF SUDDEN UNEXPECTED INFANT DEATH IN LICENSED PROGRAMS.

*(a) When a license holder is placing an infant to sleep, the license holder must place the infant on the infant's back, unless the license holder has documentation from the infant's **physician** directing an alternative sleeping position for the infant. The physician directive must be on a form approved by the commissioner and must remain on file at the licensed location. An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home.*

What does this mean for me?

- **Effective immediately, licensed programs can no longer accept a parent directive for infant sleep position. A physician directive is now required. DHS will be creating a Physician Directive form. If you have a request for an infant to sleep in alternate sleep position prior to the form being available, have the physician complete the current parent directive form.**
- **If you have an infant that is younger than 6 months old and is independently rolling over, have the parents sign the Acknowledgement of Independently Rolling Over form (attached, and available on the Wright County Website) and keep with the infant's enrollment forms.**

*(b) The license holder must place the infant in a crib directly on a firm mattress **with a fitted sheet** that is appropriate to the mattress size, that fits tightly on the mattress, and that overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort. **The license holder must not place anything in the crib with the infant except for the infant's pacifier.** For the purposes of this section, a pacifier is defined as a synthetic nipple designed for infant sucking with nothing attached to it. The requirements of this section apply to license holders serving infants younger than one year of age. Licensed child care providers must meet the crib requirements under section 245A.146.*

What does this mean for me?

- **Effective previously (notice given in previous newsletters), but language clarified in regards to fitted crib sheets required on all crib, portable crib and pack and plays.**
- **Nothing in the crib with an infant other than a pacifier.**

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

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

What does this mean for me?

- **Effective immediately, you must obtain written consent to swaddle, and are only allowed to swaddle according to the requirements of the above statute. While we are waiting for the DHS form for parents to complete, you may have parents write consent to swaddle and place with the infant's enrollment forms.**

245A.1446 FAMILY CHILD CARE DIAPERING AREA DISINFECTION.

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

- (1) the manufacturer's label or instructions state that the product is registered with the United States Environmental Protection Agency;*
- (2) the manufacturer's label or instructions state that the disinfectant is effective against Staphylococcus aureus, Salmonella choleraesuis, and Pseudomonas aeruginosa;*
- (3) the manufacturer's label or instructions state that the disinfectant is effective with a ten minute or less contact time;*
- (4) the disinfectant is clearly labeled by the manufacturer with directions for mixing and use;*
- (5) the disinfectant is used only in accordance with the manufacturer's directions; and*
- (6) the product does not include triclosan or derivatives of triclosan.*

What does this mean for me?

- **Effective immediately, variances are no longer required to use a bleach alternative for the diapering surface. A list of approved alternates can be found on the Wright County Website. If there is a product that is not listed on the website that you would like to use, you are responsible to obtain the verification that the product meets the above criteria.**

245A.147 FAMILY CHILD CARE INFANT SLEEP SUPERVISION REQUIREMENTS.

Subdivision 1. In-person checks on infants.

- (a) License holders that serve infants are encouraged to monitor sleeping infants by conducting in-person checks on each infant in their care every 30 minutes.*
- (b) Upon enrollment of an infant in a family child care program, the license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes during the first four months of care.*
- (c) When an infant has an upper respiratory infection, the license holder is encouraged to conduct in-person checks on the sleeping infant every 15 minutes throughout the hours of sleep.*

What does this mean for me?

- **This statute language is “encouraged”. Licensing will not be requiring any kind of documentation to verify in-person checks. It is best practice to follow the encouraged supervision guideline.**

Subd. 2. Use of audio or visual monitoring devices

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

What does this mean to me?

- **Again this language is “encouraged”. At minimum, you must remain within sight and or hearing of all children preschool and younger, and be able to intervene to protect their health and safety. A monitoring system may aid you in your supervision.**

245A.152 CHILD CARE LICENSE HOLDER INSURANCE

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

(b) If the license holder has liability insurance:

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

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

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

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

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

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

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

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

What does this mean for me?

- **Effective immediately, liability insurance continues to be encouraged, but optional. Notification of coverage of insurance and any changes to your insurance coverage must be communicated with parents at least annually, or as insurance changes. Enclosed please find an insurance statement form for your use if you carry insurance. This form will also be available on the Wright County website. If you do not carry insurance, continue to use the current Non-Coverage of Insurance form until a new form is developed by DHS.**

245A.50 FAMILY CHILD CARE TRAINING REQUIREMENTS.

Subd. 2. Child growth and development and behavior guidance training.

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

What does this mean for me?

- **This additional training will be made available and required at some point in 2014. Licensing will notify providers when this training requirement will go into effect.**

Subd. 3. First aid.

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

What does this mean for me?

- **If you have not completed First Aid training within the last 2 years (2012 or 2103), you must complete the training by January 1, 2014 and submit a copy of your certificate or card to your licensor.**

Subd. 4. Cardiopulmonary resuscitation.

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

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

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

What does this mean for me?

- **If your CPR training is more than 2 years old (2012 or 2103), you must complete the training again by January 1, 2014 and submit a copy of your certificate or card to your licenser.**

Subd. 5. Sudden unexpected infant death and abusive head trauma training.

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

What does this mean for me?

- **This new training curriculum will be made available and required at some point in 2014. Licensing will notify providers when this training requirement will go into effect.**

- (c) Abusive head trauma training required under this subdivision must be at least one-half hour in length and must be completed at least **once every year**. At a minimum, the training must address the risk factors related to shaking infants and young children, means of reducing the risk of abusive head trauma in child care, and license holder communication with parents regarding reducing the risk of abusive head trauma.*

What does this mean for me?

- **This new training curriculum will be made available and required at some point in 2014. Licensing will notify providers when this training requirement will go into effect.**
- **The SBS video will no longer be required in 2014**

- (d) Training for family and group family child care providers must be developed by the commissioner in conjunction with the Minnesota Sudden Infant Death Center and approved by the Minnesota Center for Professional Development.*

What does this mean for me?

- **There will be a statewide curriculum for SUID and ABT.**

Subd. 7. Training requirements for family and group family child care

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

- (1) "child growth and development training" under subdivision 2, paragraph (a);*
- (2) "learning environment and curriculum", including training in establishing an environment and providing activities that provide learning experiences to
 - a. meet each child's needs, capabilities, and interests;**
- (3) "assessment and planning for individual needs", including training in observing and assessing what children know and can do in order to provide curriculum and instruction that addresses their developmental and learning needs, including children with special needs and bilingual children or children for whom English is not their primary language;*
- (4) "interactions with children", including training in establishing
 - a. supportive relationships with children, guiding them as individuals and as part of a group;**
- (5) "families and communities", including training in working collaboratively with families and agencies or organizations to meet children's needs and to encourage the community's involvement;*
- (6) "health, safety, and nutrition", including training in establishing and maintaining an environment that ensures children's health, safety, and nourishment, including child abuse, maltreatment, prevention, and reporting; home and fire safety; child injury prevention; communicable disease prevention and control; first aid; and CPR;*
- (7) "program planning and evaluation", including training in establishing, implementing, evaluating, and enhancing program operations.; and*
- (8) behavior guidance, including training in the understanding of the functions of child behavior and strategies for managing behavior.*

What does this mean for me?

- **Annual training hours will increase to 16 hours per year at some point in 2014. Licensing will notify providers when the training hours increase.**

Subd. 9. Supervising for safety; training requirement

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

What does this mean for me?

- **Beginning in 2014, two of your annual training hours must be in "supervising for safety". This training is being developed in conjunction with Child Care Aware of MN and will be available in their 2014 training catalogs and on mnstreams.org.**

Subd. 10. Approved training

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

- (1) face-to-face or classroom training;*
- (2) online training; and*
- (3) relationship-based professional development, such as mentoring, coaching, and consulting.*

What does this mean for me?

- **All training approved by the Minnesota Center of Professional Development will be counted for training hours by licensing staff.**
- **On-line, correspondence courses, or self-study not approved by the Center (Wright County lending library, carecourses.com, childcarelounge.com, etc) will continue to be limited to half of your annual training hours.**

Are you overwhelmed, confused, or just need further clarification? Wright County Licensors will be providing a one hour free training to review the new legislation. Training certificates will be available, and registration is required.

2013 Legislative Update Training

To register, contact Tammy Romer at 763-682-7488 or 1-800-362-3667, ext. 7488, or tamara.romer@co.wright.mn.us. Please note which session you plan to attend.

Date: 10/22/2013
Time: Session 1: 6:00 p.m. to 7:00 p.m.
Session 2: 7:15 p.m. to 8:15 p.m.

Location: Wright County Government Center, 10 2nd Street NW, Buffalo

Room: 120A/B

Action Items

1. Read and become familiar with the 2013 legislation and Statute
2. Plan to attend one of the optional legislative update training to be held on 10/22/13.
3. Contact your licenser for questions and clarification.
4. Determine if a 'Physician's Sleep Position Directive' is needed for infants in your care. Communicate this change to parents to obtain the required physician's signature.
5. If there is an infant in your care that is under 6 months old, determine if the 'Acknowledgement of Independent Rolling Over' form is needed.
6. If there is an infant in care that you swaddle, you must obtain parent consent to swaddle as directed in Statute.
7. If you carry liability insurance, implement that new insurance form.
8. If you have not taken CPR or 1st Aid in 2012 or 2013, you must take both courses and submitted documentation of completion before 1/1/14.
9. Another update will follow when items are finalized.

**ACKNOWLEDGEMENT
OF
INFANT YOUNGER THAN SIX MONTHS OLD INDEPENDENTLY ROLLING OVER**

This form documents that the Parents(s)/Guardian(s) have witnessed and acknowledged that _____ (infant name) _____ (date of birth)

independently rolls over when placed to sleep on his or her back.

By signing this form, both the Licensed Family Child Care Provider and the Parent(s)/Guardian(s) acknowledge that _____ (infant name) will be allowed to remain in a position other than on his or her back while sleeping at the Licensed Family Child Care home.

Parent _____ Date

Parent _____ Date

Licensed Family Child Care Provider _____ Date

INSURANCE STATEMENT
(complete annually and immediately following a change in insurance)

This form is used to notify my day care parents of my liability insurance standards.

I carry liability insurance on my day care business, and

1. A certificate of coverage is available for your inspection.
2. The expiration date of my insurance is _____
3. Upon the expiration date listed above, I will provide a new written notice indicating the new expiration date or that I have not renewed the policy.

_____ My insurance status has changed as indicated above.

Please sign below to indicate that you have read and understand this notification.

Child Care Provider: _____ Date: _____

Parents: _____ Date: _____

INSURANCE STATEMENT
(complete annually and immediately following a change in insurance)

This form is used to notify my day care parents of my liability insurance standards.

I carry liability insurance on my day care business, and

1. A certificate of coverage is available for your inspection.
2. The expiration date of my insurance is _____
3. Upon the expiration date listed above, I will provide a new written notice indicating the new expiration date or that I have not renewed the policy.

_____ My insurance status has changed as indicated above.

Please sign below to indicate that you have read and understand this notification.

Child Care Provider: _____ Date: _____

Parents: _____ Date: _____