



**POLICIES, PROCEDURES AND PROGRAM RECORD
REQUIREMENTS FOR CHILD CARE CENTERS**
(Rule 3 programs)

This document is a guide to assist you with the development of policies and procedures required to operate a licensed child care center. Each of the policies identified below is required to be an individual document, titled in accordance with the titles identified in this document, and must contain **all** items specified.

Each policy must be **complete and compliant** with all requirements listed and must be submitted to the Department of Human Services (DHS) – Division of Licensing before a license application will be processed. Use the check box () by each item to verify that all required content has been included.

This guide is organized into the following three sections:

- Policies and procedures required for staff
- Policy information you are required to provide to parents of children served by your program
- Program administration records you will be required to maintain onsite once your program is licensed and operating

Please note that some information is required to be in both the policies and procedures for staff as well as the policy information for parents, therefore it will appear more than once in this document. If an item is required in both, you must include it in both.

Indexed Policies: Policies and procedures must be indexed with a table of contents or another method approved by the commissioner. The table of contents needs to identify each individual section by policy title and identify the corresponding page numbers where each section starts. An example of an acceptable alternative to a table of contents would be the use of visible tabs and dividers for each section, identifying each individual section by policy title. [[Minnesota Statutes, section 245A.04, subdivision 14](#)]

Policies and procedures are indexed with a table of contents or another approved method.

POLICIES AND PROCEDURES FOR STAFF

Accessibility to staff: Policies and procedures must be onsite and readily accessible to staff at all times.

Training of staff: The applicant or license holder must provide training to program staff related to their duties in implementing the program's policies and procedures, and document the training in personnel records.

Implementation of policies and procedures: The license holder is responsible to monitor implementation of the program's policies and procedures.

I. BEHAVIOR GUIDANCE POLICIES AND PROCEDURES – requirements found in [Minnesota Rules, part 9503.0055](#), subparts 1 through 6.

9503.0055, subpart 1. General requirements. The applicant and license holder must develop written behavior guidance policies and procedures and the license holder must see that the policies and procedures are carried out. The policies and procedures must include all of the following statements identified below. The behavior guidance policies and procedures must:

- A. Ensure that each child is provided with a positive model of acceptable behavior;
- B. Be tailored to the developmental level of the children that the center is licensed to serve;
- C. Redirect children and groups away from problems toward constructive activity in order to reduce conflict;
- D. Teach children how to use acceptable alternatives to problem behavior in order to reduce conflict;
- E. Protect the safety of children and staff persons; and
- F. Provide immediate and directly related consequences for a child's unacceptable behavior.

9503.0055, subpart 2. Persistent Unacceptable Behavior. The applicant and license holder must develop written procedures for dealing with persistent unacceptable behavior that requires an increased amount of staff guidance and time. These procedures must include the following:

- A. Procedures for staff observation and recording of the child's unacceptable behavior and staff response to the behavior; and
- B. Procedures for developing a plan to address the behavior documented in item A in consultation with the child's parent and with other staff persons and professionals when appropriate.

9503.0055, subpart 3. Prohibited Actions. The applicant and license holder must have and enforce a policy that prohibits the following actions by or at the direction of a staff person:

- A. Subjection of a child to corporal punishment, which includes but is not limited to:
 - Rough handling
 - Shoving
 - Hair pulling

- Ear pulling
- Shaking
- Slapping
- Kicking
- Biting
- Pinching
- Hitting
- Spanking

B. Subjection of a child to emotional stress, which includes but is not limited to:

- Name calling
- Ostracism
- Shaming
- Making derogatory remarks about a child or the child's family
- Using language that threatens, humiliates, or frightens the child

C. Separation of a child from the group except within rule requirements.

D. Punishments for lapses in toileting.

E. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.

F. The use of physical restraint other than to physically hold a child where containment is necessary to protect a child or others from harm.

G. The use of mechanical restraints, such as tying.

9503.0055, subpart 4. Separation from the group. No child may be separated from the group unless the following has occurred:

A. Less intrusive methods of guiding the child's behavior have been tried and were ineffective.

B. The child's behavior threatens the well being of the child or other children in the program.

C. A child who requires separation from the group must:

1) Remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person;

2) The child's return to the group must be contingent on the child's stopping or bringing under control the behavior that precipitated the separation; and

3) The child must be returned to the group as soon as the behavior that precipitated the separation abates or stops.

D. Children between the ages of six weeks and 16 months must not be separated from the group as a means of behavior guidance.

9503.0055, subpart 5. Separation Report. All separations from the group must be noted on a daily log that must include the following:

- A. The child's name;
- B. The staff person's name;
- C. Time;
- D. Date;
- E. Information indicating what less intrusive methods were used to guide the child's behavior;
- F. How the child's behavior continued to threaten the well being of the child or other children in care;
- G. If a child separated from the group three or more times in one day, the child's parent shall be notified and the parent notification shall be indicated on the daily log; and
- H. If a child is separated five or more times in one week, eight times or more in two weeks, the procedures in subpart 2 must be followed.

Behavior Guidance Policies and Procedures are complete and contain all required content as specified above.

II. EMERGENCY AND ACCIDENT POLICIES AND RECORDS – requirements found in [Minnesota Rules, part 9503.0110, subparts 1, 2, and 3.](#)

9503.0110, subpart 1. Policies and records. The applicant and license holder must develop written policies governing emergencies, accidents, and injuries. The license holder must ensure that written records are kept about incidents, emergencies, accidents, and injuries that have occurred.

9503.0110, subpart 2. Instruction record. The license holder must keep a record of instructions to all staff persons and, when appropriate, to children and parents, about how to carry out the policies.

9503.0110, subpart 3. Policy content. The policies must contain:

- A. Procedures for administering first aid which includes a description of how the license holder will ensure all teachers and assistant teachers are trained in first aid within 90 days of the start of work. At a minimum for initial licensure, there must be an individual trained in first aid present in the facility during all hours of operation as well as on field trips and when transporting children. Within 90 days of initial licensure, all teachers and assistant teachers must be trained.
- B. Safety rules to follow in avoiding each of the following:
 - Injuries
 - Burns
 - Poisoning
 - Choking
 - Suffocation

- Traffic accidents
- Pedestrian accidents
- C. A statement that the program will conduct a daily inspection of potential hazards in the center and on the outdoor activity area.
- D. Procedures for fire prevention and procedures for staff to follow in the event of a fire. Fire procedures must:
 - 1. Mandate monthly fire drills and a log of dates and times showing that the fire drills were held;
 - 2. Identify the following information which must also be posted within the center:
 - primary and secondary exits, (**submit a map of your facility's floor plan showing designated primary and secondary fire exits, and evacuation routes**)
 - building evacuation routes,
 - the telephone number of the fire department, and
 - which staff persons are responsible for the evacuation of children in all areas of the center.
 - 3. Contain instructions on how to use a fire extinguisher and how to close off a fire area; and
 - 4. Provide for the training of staff persons to carry out the fire procedures.
- E. Procedures to follow that include the location of an emergency shelter in the event of:
 - 1. blizzard
 - 2. tornado (**identify the designated tornado shelter area on the same map of your facility's floor plan showing designated primary and secondary fire exits, and evacuation routes**)

Note: These procedures must include monthly tornado drills from April to September and a log of times and dates showing that the drills were held.
 - 3. other natural disaster
- F. Procedures to follow when a child is missing;
- G. Procedures to follow if:
 - 1. an unauthorized person attempts to pick up a child;
 - 2. a person who is incapacitated attempts to pick up a child;
 - 3. a person who is suspected of abuse attempts to pick up a child; and
 - 4. no one comes to pick up a child.

- H. Sources of emergency medical care (911 or designated medical source);
- I. Procedures for recording accidents, injuries, and incidents involving a child enrolled in the center. The written record of accidents, injuries, and incidents must include the following information:
 - 1. name and age of the person(s) involved;
 - 2. date of the accident, injury, or incident;
 - 3. place of the accident, injury, or incident;
 - 4. type of injury;
 - 5. action taken by staff persons(s); and
 - 6. to whom the accident, injury, or incident was reported.
- J. Procedures mandating an annual analysis of accident, injury, and incident records and any modification of the center's policies based on the analysis.

Emergency and Accident Policies and Records are complete and contain all required content as specified above.

III. HEALTH POLICIES – requirements found in [Minnesota Rules, part 9503.0140](#), subparts 1 and 2.

The applicant and license holder must develop written health policies and must ensure that they are carried out.

Note: A health consultant is required to review the written Health Policies **prior** to initial licensure and then annually. A monthly review by the health consultant is required for programs serving infants. A license holder must request a policy review by the health consultant if a change is made to the Health Policies or if there is an outbreak of contagious reportable illness. A copy of the health consultant's findings must be maintained in the center's administrative record.

“Health Consultant” means a physician licensed to practice medicine under Minnesota Statutes, chapter 147; a public health nurse or registered nurse licensed under Minnesota Statutes, section 148.171; or the Board of Health as defined in Minnesota Statutes, section 145A.02, or its designee.

- Submit written documentation of the health consultant's approval of these policies with the application. If changes are made to the policies during the application process, the applicant will need to obtain an updated approval of policies from the health consultant.**
- A. Written health policies must include:
 - 1. First aid policies and procedures;

- 2. Safety policies and procedures required in part [9503.0110, subpart 3, items A, B, and C](#);
- 3. Diapering procedures and practices developed in consultation with a health consultant which include:
 - (a) the use of individual disposable diaper changing covers for the table; and
 - (b) application procedures for use of diaper products on a child.
- 4. Sanitation procedures and practices for food not prepared by or provided by the license holder as specified in part [9503.0145, subpart 3](#). These procedures and practices must be in compliance with the requirements for food and beverage establishments in [chapter 4626](#) and must include procedures for;
 - (a) hand washing;
 - (b) maintaining hot and cold food temperatures at safe levels;
 - (c) washing of food, utensils, and equipment; and
 - (d) serving of food;
- 5. Procedures for food prepared on-site must be in compliance with the requirements for food and beverage establishments in [chapter 4626](#) and must include procedures for:
 - (a) preparation of food;
 - (b) handling of food;
 - (c) serving of food;
 - (d) hand washing; and
 - (e) washing of food, utensils, and equipment.
- 6. Sanitary procedures and practices to prepare, handle, and store food for infants must include:
 - (a) policies and procedures for the preparation of formula, milk, breast milk, solid foods, and supplements;
 - (b) policies and procedures for the handling of formula, milk, breast milk, solid foods, and supplements; and
 - (c) policies and procedures for the storage of formula, milk, breast milk, solid foods, and supplements.

Health Policies are complete and contain all required content as specified above.

IV. **MALTREATMENT OF MINORS MANDATED REPORTING POLICY** - requirements found in [Minnesota Statutes, sections 245A.145, subdivision 1](#), and [245A.66, subdivision 1](#).

To meet these requirements, it is recommended that you use the sample policy titled "[Maltreatment of Minors Mandated Reporting Policy for DHS Licensed Programs](#)."

- A. **Minnesota Statutes, section 245A.145, subdivision 1** - All licensed child care providers must develop policies and procedures for reporting suspected child maltreatment that fulfill the requirements in section [626.556](#) and must develop policies and procedures for reporting complaints about the operation of a child care program. The policies and procedures must include:
 - 1. The telephone number of the local county child protection agency for reporting suspected maltreatment of a child occurring within a family or in the community.
 - 2. The telephone number of the Department of Human Services, Division of Licensing Maltreatment Intake line at (651) 431-6600, for reporting suspected maltreatment of a child occurring in a licensed child care program.
 - 3. The telephone number of the Department of Human Services, Division of Licensing at (651) 431-6500, for reporting possible licensing violations.

- B. **Minnesota Statutes, section 245A.66, subdivision 1** – The license holder shall establish and maintain policies and procedures to ensure that an internal review is completed and that corrective action is taken if necessary to protect the health and safety of children in care when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made. The review must include an evaluation of whether:
 - 1. related policies and procedures were followed;
 - 2. the policies and procedures were adequate;
 - 3. there is a need for additional staff training;
 - 4. the reported event is similar to past events with the children or the services involved; and
 - 5. there is a need for corrective action by the license holder to protect the health and safety of children in care.

- Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any. The license holder shall:
 - 1. identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed. The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment; and
 - 2. document that the internal review has been completed and provide documentation showing the review was completed to the commissioner upon the commissioner's request.

Note: The reporting policies and procedures must be provided to the parents of all children at the time of enrollment in the child care program **and** must be made available upon request.

- Maltreatment of Minors Mandated Reporting Policies are complete and contain all required content as specified above.**

- V. **RISK REDUCTION PLAN** – requirements found in [Minnesota Statutes, section 245A.66, subdivisions 2 and 3.](#)

To meet these requirements, it is recommended that you use the sample form titled “[Child Care Center Risk Reduction Plan.](#)”

Child care centers must develop a risk reduction plan that identifies the general risks to children served by the child care center. The license holder must establish procedures to minimize identified risks, train staff on the procedures, and annually review the procedures.

- A. Assessment of risk to children.** The risk reduction plan must include an assessment of risk to children the center serves or intends to serve and identify specific risks based on the outcome of the assessment. The assessment of risk must be based on the following:
- 1. **Physical plant.** The risk reduction plan must identify specific risks to children based on an assessment of the physical plant where licensed services are provided, including an evaluation of the following factors:
 - the condition and design of the facility and its outdoor space;
 - the condition and design of the outdoor space;
 - bathrooms;
 - storage areas;
 - accessibility of medications and cleaning products that are harmful to children when children are not supervised; and
 - the existence of areas that are difficult to supervise.
 - For each risk identified in the physical plant assessment, the risk reduction plan must include the development and implementation of specific policies and procedures or refer to existing policies and procedures that minimize the risks identified.
 - 2. **Environment.** The risk reduction plan must identify specific risks to children based on an assessment of the environment for each facility and for each site, including an evaluation of the following factors:

- the type of grounds and terrain surrounding the building; and
 - the proximity to hazards, busy roads, and publicly accessed businesses.
 - For each risk identified in the physical plant assessment, the risk reduction plan must include the development and implementation of specific policies and procedures or a reference to existing policies and procedures that minimize the risks identified.
- B. Known risks to children.** In addition to program-specific risks identified in the physical plant and environment assessments, the risk reduction plan must include the development and implementation of policies and procedures or refer to existing policies and procedures that minimize the risk of harm or injury to children for the following known risks:
- closing children's fingers in doors, including cabinet doors;
 - leaving children in the community without supervision;
 - children leaving the facility without supervision;
 - caregiver dislocation of children's elbows;
 - burns from hot food or beverages, whether served to children or being consumed by caregivers, and the devices used to warm food and beverages;
 - injuries from equipment, such as scissors and glue guns;
 - sunburn;
 - feeding children foods to which they are allergic;
 - children falling from changing tables; and
 - children accessing dangerous items or chemicals or coming into contact with residue from harmful cleaning products.
- C. Prohibit accessibility of hazardous items to children.** The risk reduction plan must include a statement that hazardous items will be inaccessible to children at all times when children are present.
- D. Adequate supervision of children.** The risk reduction plan must include specific policies and procedures to ensure adequate supervision of children at all times as defined under [Minnesota Statutes, section 245A.02, subdivision 18](#). The policies and procedures must include particular emphasis on the following:
- times when children are transitioned from one area within the facility to another;
 - nap-time supervision, including infant crib rooms as specified under section 245A.02, subdivision 18, which requires that when an infant is placed to sleep in a crib to sleep, supervision occurs when a staff person is within sight or hearing of the infant. When

supervision of a crib room is provided by sight or hearing, the center must have a plan to address the other supervision component;

- child drop-off and pick-up times;
 - supervision during outdoor play and on community activities, including but not limited to field trips and neighborhood walks; and
 - supervision of children in hallways.
- E. Orientation to the risk reduction plan.** The license holder shall ensure that all mandated reporters, as defined in [Minnesota Statutes, section 626.556, subdivision 3](#), who are under the control of the license holder, receive an orientation to the risk reduction plan prior to first providing unsupervised direct contact services, as defined in [Minnesota Statutes, section 245C.02, subdivision 11](#), to children, not to exceed 14 days from the first supervised direct contact, and annually thereafter.

Orientation to the risk reduction plan must be documented in personnel records.

- F. Annual review of the risk reduction plan.** The license holder must review the risk reduction plan annually. When conducting the review, the license holder must consider incidents that have occurred in the center since the last review, including:
- 1. The assessment factors in the plan;
 - 2. The internal reviews conducted under this section, if any;
 - 3. Substantiated maltreatment findings, if any; and
 - 4. Incidents that caused injury or harm to a child, if any, that occurred since the last review.

The annual review of the risk reduction plan must be documented.

Following any change to the risk reduction plan, the license holder must inform mandated reporters, under the control of the license holder, of the changes in the risk reduction plan and document that the mandated reporters were informed of the changes.

- Risk reduction plan is complete and contains all required content as specified above.**

VI. CHILD CARE PROGRAM PLAN – requirements found in [Minnesota Rules, part 9503.0045, subpart 1](#).

The applicant and license holder must develop a written child care program plan, and the license holder must see that it is carried out. The written child care program plan must include the following content.

- A. A statement mandating that children are supervised at all times.

- B. A statement identifying the age categories and number of children to be served by the program.
- C. A statement describing the days and hours of operation of the program.
- D. A description of the general education methods used by the program and the religious, political, or philosophical basis, if any.
- E. A statement that the program plan must be developed and evaluated in writing annually by a staff person qualified as a teacher under part 9503.0032.
- F. Goals and objectives which promote the physical, intellectual, social, and emotional development of the children in each age category, as described in part 9503.0005, subpart 2, for which care is provided;
- G. A description of specific activities designed to promote the intellectual, physical, social, and emotional development of a child in a manner consistent with the child's cultural background.
- H. A statement that the intellectual, physical, social, and emotional progress of each child be documented in the child's record and conveyed to the parent(s) during the conferences specified in part 9503.0090, subpart 2.
- I. A daily schedule for both indoor and outdoor activities for each age category served by the program.
- J. A description of activities that are both quiet and active, teacher directed and child initiated.
- K. A description of a variety of activities that require the use of varied equipment and materials.
- L. A statement that the program plan must be available for parents on request.

Child care program plan is complete and contains all required content as specified above.

VII. NAP AND REST POLICY – requirements found in [Minnesota Rules, part 9503.0050](#).

The applicant and license holder must develop a policy for naps and rest that is consistent with the developmental level of the children enrolled in the center. The parent(s) of each child must be informed at the time the child is enrolled of the center's policy on naps and rest.

- A. Confinement limitation: A child who has completed a nap or rested quietly for 30 minutes must not be required to remain on a cot or in a crib or bed.
- B. Placement of equipment: Naps and rest must be provided in a quiet area that is physically separated from children who are engaged in an activity that will disrupt a napping or resting child. Cribs, cots, and beds must be placed so there are clear aisles and unimpeded access for both adults and children on at least one side of each piece of napping and resting equipment. Cribs, cots, and beds must be placed directly on the floor and must not be stacked when in use.
- C. Bedding: Separate bedding must be provided for each child in care. Bedding must be washed weekly and when soiled or wet. Blankets must be washed or dry cleaned weekly and when soiled or wet.

- D. **Crib standard:** A crib must be provided for each infant for which the center is licensed to provide care. The equipment must be of safe and sturdy construction that conforms to federal crib standards under Code of Federal Regulations, title 16, part 1219 for full-size baby cribs, or part 1220 for non-full-size baby cribs. See [Minnesota Statutes, section 245A.146](#), for additional crib safety standards including routine crib inspection requirements.
- E. **Reduction of risk of sudden unexpected infant death:** Pursuant to [Minnesota Statutes, section 245A.1435](#), the license holder must place each infant to sleep 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.
- The license holder must place each infant in a crib on a firm mattress with a fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress, and 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, as defined in Code of Federal Regulations, title 16, part 1511.
- 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.
- 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.

Nap and rest policies are complete and contain all required content as specified above.

VIII. PROGRAM DRUG AND ALCOHOL POLICY – requirements found in [Minnesota Statutes, section 245A.04, subdivision 1, \(c\)](#).

- Drug or Alcohol Use, Prohibited.** The applicant or license holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the

influence of a chemical that impairs the individual's ability to provide services or care. The license holder must train employees, subcontractors, and volunteers about the program's drug and alcohol policy.

Note: Include documentation of training on the policy prohibiting drug and alcohol use in each staff person's personnel record.

- Program drug and alcohol policy is complete and contains all required content as specified above.**

POLICY INFORMATION FOR PARENTS

- I. **POLICY INFORMATION FOR PARENTS** – requirements found in [Minnesota Rules, part 9503.0090, subpart 1](#).

At the time of a child's enrollment, the parent must be provided with written notification of the:

- A. ages and total numbers of children the center is licensed to serve;
- B. hours and days of operation including A.M. and P.M. sessions for half-day programs;
- C. child care program options the center is licensed to operate, including:
 - 1. a description of the program's educational methods and religious, political, or philosophical basis, if any; and
 - 2. how the parents may review the center's child care program plan.
- D. center's policy on parent conferences which must include a written assessment to a parent of a child's intellectual, physical, social, and emotional development;
- E. center's policy requiring a health care summary within 30 days of enrollment and an immunization record of a child at the time of enrollment;
- F. policies and procedures for the care of children who become sick at the center and parent notification practices for the onset of or exposure to a contagious illness or condition when there is an emergency or injury requiring medical attention;
- G. center's policies and procedures for administering first aid and sources of care to be used in case of emergencies;
- H. center's policies on the administration of medicine;
- I. procedures for obtaining written parental permission for field trips;

- J. procedures for obtaining written parental permission before each occasion of research, experimental procedure, or public relations activity involving a child;
- K. the program's policies on the provision of meals and snacks;
- L. center's behavior guidance policies and procedures;
- M. presence of pets;
- N. center's policy that parents of enrolled children may visit the center any time during the hours of operation; and
- O. telephone number of the Department of Human Services (DHS), Division of Licensing (651-431-6500).

Policy information for parents is complete and contains all required content as specified above.

II. NAP AND REST POLICY – requirements found in [Minnesota Rules, part 9503.0050](#).

The applicant and license holder must develop a policy for naps and rest that is consistent with the developmental level of the children enrolled in the center. The parent(s) of each child must be informed at the time the child is enrolled of the center's policy on naps and rest.

- A. Confinement limitation: A child who has completed a nap or rested quietly for 30 minutes must not be required to remain on a cot or in a crib or bed.
- B. Placement of equipment: Naps and rest must be provided in a quiet area that is physically separated from children who are engaged in an activity that will disrupt a napping or resting child. Cribs, cots, and beds must be placed so there are clear aisles and unimpeded access for both adults and children on at least one side of each piece of napping and resting equipment. Cribs, cots, and beds must be placed directly on the floor and must not be stacked when in use.
- C. Bedding: Separate bedding must be provided for each child in care. Bedding must be washed weekly and when soiled or wet. Blankets must be washed or dry cleaned weekly and when soiled or wet.
- D. Crib standard: A crib must be provided for each infant for which the center is licensed to provide care. The equipment must be of safe and sturdy construction that conforms to federal crib standards under Code of Federal Regulations, title 16, part 1219 for full-size baby cribs, or part 1220 for non-full-size baby cribs. See [Minnesota Statutes, section 245A.146](#), for additional crib safety standards including routine crib inspection requirements.
- E. Reduction of risk of sudden unexpected infant death: Pursuant to [Minnesota Statutes, section 245A.1435](#), the license holder must place each infant to sleep 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.

- The license holder must place each infant in a crib on a firm mattress with a fitted sheet that is appropriate to the mattress size, that fits tightly on the mattress, and 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, as defined in Code of Federal Regulations, title 16, part 1511.
- 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.
- 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.

Nap and rest policies are complete and contain all required content as specified above.

III. PROGRAM GRIEVANCE PROCEDURE FOR PARENTS – requirements found in [Minnesota Statutes, section 245A.04, subdivision 1, \(d\)](#).

- The applicant and license holder must have a program grievance procedure that permits persons served by the program and their authorized representatives to bring a grievance to the highest level of authority in the program.

Grievance procedures for parents are complete and contain all required content as specified above.

IV. **MALTREATMENT OF MINORS MANDATED REPORTING POLICY** - requirements found in [Minnesota Statutes, sections 245A.145, subdivision 1](#), and [245A.66, subdivision 1](#).

To meet these requirements, it is recommended that you use the sample policy titled "[Maltreatment of Minors Mandated Reporting Policy for DHS Licensed Programs](#)."

- A. **Minnesota Statutes, section 245A.145, subdivision 1** - All licensed child care providers must develop policies and procedures for reporting suspected child maltreatment that fulfill the requirements in section [626.556](#) and must develop policies and procedures for reporting complaints about the operation of a child care program. The policies and procedures must include:
 - 1. The telephone number of the local county child protection agency for reporting suspected maltreatment of a child occurring within a family or in the community.
 - 2. The telephone number of the Department of Human Services, Division of Licensing Maltreatment Intake line at (651) 431-6600, for reporting suspected maltreatment of a child occurring in a licensed child care program.
 - 3. The telephone number of the Department of Human Services, Division of Licensing at (651) 431-6500, for reporting possible licensing violations.

- B. **Minnesota Statutes, section 245A.66, subdivision 1** – The license holder shall establish and maintain policies and procedures to ensure that an internal review is completed and that corrective action is taken if necessary to protect the health and safety of children in care when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made. The review must include an evaluation of whether:
 - 1. related policies and procedures were followed;
 - 2. the policies and procedures were adequate;
 - 3. there is a need for additional staff training;
 - 4. the reported event is similar to past events with the children or the services involved; and
 - 5. there is a need for corrective action by the license holder to protect the health and safety of children in care.

- Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any. The license holder shall:
 - 1. identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed. The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment; and

2. document that the internal review has been completed and provide documentation showing the review was completed to the commissioner upon the commissioner's request.

Note: The reporting policies and procedures must be provided to the parents of all children at the time of enrollment in the child care program and must be made available upon request.

- Maltreatment of Minors Mandated Reporting Policies are complete and contain all required content as specified above.

PROGRAM ADMINISTRATIVE RECORDS

The following is a list of records that must be maintained by the program within the center at all times and be available for inspection at the request of the Commissioner.

These requirements are found in [Minnesota Rules, parts 9503.0115](#) and [9503.0140](#); and [Minnesota Statutes, sections 245A.14](#), [245A.146](#), and [245A.66](#).

- A. Record of information given to parents as specified in [Minnesota Rules, part 9503.0090](#);
- B. Personnel records as specified in [Minnesota Rules, part 9503.0120](#);
- C. Children's records as specified in [Minnesota Rules, parts 9503.0125](#);
- D. Child Care Program Plan as specified in [Minnesota Rules, part 9503.0045](#);
- E. A log of fire and tornado drills, and incident, emergency, accident, and injury records as specified in [Minnesota Rules, part 9503.0110](#);
- F. Staff distribution records as specified in [Minnesota Rules, part 9503.0040](#);
- G. Separation reports as specified in [Minnesota Rules, part 9503.0055](#);
- H. The report by the health consultant as specified in [Minnesota Rules, part 9503.0140](#);
- I. Record of medicine administration as specified in [Minnesota Rules, part 9503.0140, subpart 7](#);
- J. Record of crib safety checks as specified in [Minnesota Statutes, section 245A.146](#);
- K. Record of the use of experienced aides as specified in [Minnesota Statutes, section 245A.14, subdivision 8](#); and unqualified substitute staff persons as specified in [Minnesota Rules, part 9503.0034, subpart 3](#);
- L. Record of internal reviews and corrective action plans as specified in [Minnesota Statutes, section 245A.66, subdivision 1](#); and

- M. The child care center's risk reduction plan as specified in [Minnesota Statutes, section 245A.66, subdivisions 2 and 3.](#)
- N. Policies and procedures necessary to maintain compliance with licensing requirements under Minnesota Statutes and Minnesota Rules as specified in [Minnesota Statutes, section 245A.04, subdivision 14.](#)