



Family Child Care Implementation Plan for 2022 Legislative Changes

Office of Inspector General, Licensing Division

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Physician assistant direction for alternative sleeping position

This section adds physician assistants as professionals who can direct an alternative sleeping position for an infant in a licensed program. Physicians and advanced practice registered nurses can also provide this direction.

As a reminder, family child care providers must place an infant on their back for sleep unless the provider has a signed directive from a physician, an advanced practice registered nurse (APRN), or physician assistant (PA) for an alternative sleep position for the infant. The [Directive for Alternative Infant Sleep Position form](#) has been updated to include physician assistants.

[Chapter 58](#), Section 99

Child care regulation modernization pilot project authorization

This new language gives DHS the authority to conduct and administer pilot projects to test methods and procedures for the family child care and child care center regulation modernization projects. As a reminder, the National Association for Regulatory Administration (NARA) is leading child care regulation modernization projects and implementing a stakeholder engagement process that solicits input from licensed child care providers, county licensors, parents, experts in child development, staff from DHS, and others. The regulation modernization projects will support the development of three components: key indicator systems for abbreviated inspections, risk-based tiered violation systems, and revised licensing standards.

With this authority, DHS will be able to test the proposed risk-based tiered violation system and licensing standards in a limited number of counties before they are adopted statewide. The pilot projects will allow DHS, county licensors, and providers an opportunity to identify technical or policy issues that could make the projects' rollouts ineffective or inefficient.

For more information about the Child Care Regulation Modernization projects, please visit: [Child Care Regulation Modernization / Minnesota Department of Human Services \(mn.gov\)](#).

[Chapter 98](#), Article 12, Section 19

Primary provider of care for special family child care

This new language provides additional clarity for special family child care programs that have a primary provider of care. As a reminder, special family child care programs must designate a primary provider of care if the license holder is an organization and someone else is providing the day-to-day care. For example, if a church holds a license, and they hire someone to provide care, the person providing care would be the primary provider of care.

The new language authorizes the primary provider of care for a special family child care program to communicate on matters related to licensing. It also adds primary provider of care to the statutory definition of controlling individual.

For special family child care programs with a primary provider of care, this means that the primary provider of care will continue to work with their county licenser for licensing reviews and any other licensing matters that come up. County licensers can contact the primary provider of care directly instead of working through the license holder (an organization).

[Chapter 98](#), Article 12, Sections 1 and 2