



Partnering with Providers, Supporting Family Child Care Businesses

Leadandcaremn.org

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To: Senate Health and Human Services Chair and Committee members

Re: Omnibus bill Article 7

My name is Cyndi Cunningham, and I am a Licensed Family Child Care provider with 30 years of experience in Ramsey County. I also serve as a Certified Trainer, Course Writer (within Achieve guidelines), and the public policy chair for Lead & Care, a 501(c)(3) association representing Licensed Family Child Care providers.

When I refer to ‘we’ or ‘I,’ it is inclusive of the Lead & Care association. Due to the nature of our businesses and the statewide settings, we work hard to stay bipartisan and work towards that goal with everything we do.

Our board comprises six members from across Minnesota, and I lead a committee of four, each deeply engaged with provider perspectives within their respective regions. We interact with child care providers throughout the state using social media tools such as polls and surveys, encouraging input, sending newsletters, and engaging in ongoing conversations.

Unfortunately, we’re in a position to be wrangling this bill forward at this point in time with provider frustration and some who are in opposition to any and all parts of the bill.

Many have heard me since November state that we wanted a collaborative bill which didn’t need so many amendments. We don’t have that. It’s going to take amendments and more work at these tables.

The DCYF proposal came out in early January. Immediately Lead & Care’s public policy committee worked through the details to make a marked-up version and created a document to use as a vehicle attempting to bring forth our highest concerns. We met with legislators since January and DCYF since early February multiple times.

We appreciate everyone’s engagement both DCYF, Legislators and providers. This is hard work. What we do have in front of us is a bill that’s slightly better than previous drafts in some ways,

such as increased infant/toddlers, one stream of licenses and inclusion of additional pets, yes that's important for our care settings and our own children.

What we also ended up getting was additional and intensified regulations which have not come under public discussion until now.

These changes, which are the primary focus of our amendments we presented in the Senate and were to be introduced here, have come after the shift last July to the new department.

The department seems to have a negative bias and lack of understanding of our industry. I kept wondering why this is. I realized that with the delegated license our county licensors know us through the good and the bad.

The state agency only knows us through the bad. Correction orders and licensing actions.

Summary of key proposed amendments:

- **Ratios:** Increased ratios are supported; however, excluding the infant/toddler ratio is unacceptable. There is confusion due to the shift of the current B2 ratio to the C1 ratio. Additionally, many programs operating under B2 standards actually adhere to B1 ratios, a fact that has not been adequately recognized. Therefore, we request the introduction of a "C" license equivalent to the B1 license to ensure that programs remain operational and can effectively accommodate fluctuations in enrollment.
- **Firearms:** We share concerns about children's safety around firearms. Our proposal changes how we communicate with families but does not lessen these concerns—it protects privacy while encouraging safe storage discussions.

A high percentage of child involved firearm incidents take place within the home, not in care settings.

Providers use their policies to discuss with potential clients to ensure good fit. We talk through these policies during interviews. By putting the storage requirement in our policy, the same as we include immunization and safe sleep gives an educational opportunity of safe storage that families may not be knowledgeable about. It will serve as a vehicle to discuss safe storage with all parents who then may question their own home setting.

The bill as it is written requires a disclosure of the presence of firearms in the building in our policies, then it is required that these policies be made available to all requests, electronically or on paper. Out of our ability to have influence on who has this knowledge. Stolen firearms are a large concern and a provider's private home deserves privacy from general public knowledge to ensure safety for all.

The proposal in the bill puts the info of the presence of fire arms beyond what we believe is safe for everyone involved, and more than what we think the intention is. The agency supplied us with 8 states policies which they utilized to bring their proposal forward. The level of disclosure required exceeds what is necessary or common in these

other states; our additional proposed modifications are based on those resources provided by the agency.

Our approach encourages meaningful conversations about safe storage rather than simple disclosure of firearm presence.

- **Supervision of providers' own children:** Caring for our own children presents one of the biggest challenges in-home child care. Often, programs are started because parents wish to stay home with their children and see an opportunity to care for others as well. However, our children must then follow program standards, even though this is their home. We are licensed as a 'non-residential' setting, while our own children remain in a residential environment.
- **Supervision of providers own children:** In 2024, DHS reported that the Administrative Law judge made rulings which the DHS commissioner respected, resulting in a clarification of parental rights within our own homes. The situation is complex, but it's further complicated by the state's refusal to inform providers of these rights. In Draft 2, the state included specific wording we had seen, but it was omitted from the final proposal despite its previous inclusion. We are requesting clear, concise wording from the state agency, so all providers understand and comply with the rules. Our delegated license is already quite complex; we simply need straightforward language. Since this oversight is already in practice by the agency, they should be acknowledged and communicated to everyone.
- **Restraint:** Restraint, by definition does not include simply placing a child in a safe, secure location such as a crib, which is often done in play areas. This practice allows children to calm down, protects them and all children from behaviors like biting or hitting, and gives the provider a short break. The child remains supervised and engaged, offering relief for everyone involved. The agency's concern that a child might be left in such a spot for four hours is unreasonable, as other regulations would prevent this kind of neglect. Removing the commonly used option of equipment breaks is unnecessary.

Training on Abusive Head Trauma instructs caregivers to find a secure place for a child when interactions become stressful or difficult. The restriction proposed in this bill contradicts that guidance and should be revised so caregivers can follow best practices.

This is an appropriate point in discussion where we are expressing our support for the ECE board amendment. Addressing the actual care of children is best managed by a board of qualified experts, not by regulators.

Minnesota is home to numerous highly skilled educators, providers, and professionals. Currently, the state recognizes national organizations from outside the state, which are incorporated into Parent Aware with minimal adaptation.

We believe that Minnesota has an ability to set standards best for Minnesota.

The main original goal of this project coming out of the FCC Task force was to move Rule 9502 into statute. Then in future sessions we can continue to do what we have for years, update statute.

If this bill doesn't pass, we revert to current law and structure with 9502 locked in Rule, only to be reopened by the agency. They haven't done so for 30+ years, which is why we have all invested in this project. This investment of time, effort and money will be lost with no plan to move Rule 9502 to statute in the future.

Should the bill be enacted in its current form, it will create challenges for our industry. The sector has already experienced significant reductions, reductions which have left families with fewer options for childcare.

Lead & Care would oppose the bill as written without amendments presented by providers and associations.

We think that there is a path to continue to work with legislators, pass the bill with the amendments proposed by providers and associations, continue to work with legislators in the Senate, hearing in the House, Conference committee to bring something into statute that we can continue to work to bring to fruition. Future sessions we can continue to make the statute better.

Thank you for your time and efforts.

Cyndi Cunningham

Lead & Care Public Policy Chair