

Minnesota Attorney General: Administrative Rules Proceedings

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MINNESOTA LEGISLATURE

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December 13, 1982

Mr. Tom Lombard
Supervisor, Preschool Screening and
School Psychological Services
647 Capitol Square Building
550 Cedar Street
St. Paul, MN 55101

Dear Tom:

The modifications to the rules governing preschool health screening programs present a potential problem. As drafted, the references to minimum referral criteria on page 5, lines 26 and 27 and on page 10, lines 26 to 29 would appear to incorporate the criteria by reference. According to statute, our office would not be able to approve the rules unless the criteria were conveniently available to the public. Two copies of the criteria would need to be sent me for placement in the State Law Library, and the criteria would have to contain a date. If and when the criteria were changed, the rule would need to be amended.

An alternative is to omit knowledge of the criteria as a qualification of a professional health screener and to have the referral criteria as part of the Health Department Training seminars or equivalent training programs. The language on page 10 could be modified to specify that the guidelines are to be used in training a professional health screener. It would help to omit the word "minimum" when describing referral criteria.

Please let me know how you wish to handle this situation.

Sincerely,

Betsy Rice

Betsy Rice
Assistant Revisor

BR:bv
Enclosure
cc: Lois Steinhaus

5. Other optional components must be explained in the district's annual plan. Providers of optional components must meet the standards for screening personnel described in 5 MCAR S 1.0723.

C. Duplication of services. No screening program shall provide a laboratory test, health history, or physical assessment to any child who has had the laboratory test, health history, physical assessment, or physical examination as part of a well-child evaluation within the previous 12 months. The school district shall request the results of any laboratory test, health history, or physical examination conducted within 12 months preceding a scheduled preschool screening program, for inclusion in the school records in lieu of comparable information collected in the screening program. Procedures shall be developed for exchange of information in accordance with D.

D. Private data. Data on individual children is private as defined by state statutes and shall not be disclosed to a third party, including the district, without the informed consent of the parent. All information must be made available to the parent.

E. Referrals. ~~If a condition appears to be in need of diagnosis or further attention, the parent must be informed of appropriate agencies or providers capable of performing needed services, such as the family physician, licensed school nurse, or special education programs~~ The Department of Education in consultation with the Department of Health shall develop guidelines for minimum referral criteria for each screening component.

F. Follow-up on referrals. A minimum of two attempts shall be made, at least one of which shall be in writing with return postage, to determine whether the recommended referrals were used and were valid. The school district is not required to follow up on health maintenance referrals.

G. Inclusion in school records. Data on individual children obtained in the screening program shall be incorporated into

approved and report submitted before the aid is paid.

5 MCAR S 1.0723 Screening program staff.

A. Preschool screening coordinator. Each district shall designate a preschool screening coordinator to be responsible for administering all components of the screening program. The coordinator may be a volunteer.

B. Screening personnel. In selecting personnel for screening programs, school districts shall give first priority to volunteers who have the qualifications required by D.-I. of this part. Second priority shall be given to others who possess at least minimum qualifications and who can provide services determined to be most cost effective. Personnel may perform one or more of the functions described in 5 MCAR S 1.0723 if they meet each of the qualifications.

C. Services delegated by professionals. If a qualified professional delegates services, the professional must assure that all delegated services comply with 5 MCAR SS 1.0720-1.0724 and that adequate supervision is provided. The professional is responsible for services delegated and provided by other persons.

D. Professional health screener qualifications. A person who performs professional health screening must be a licensed medical physician ~~or~~ a, dentist, registered nurse, chiropractor, optometrist, podiatrist, or psychologist. A professional health screener who is not a licensed physician, or a registered nurse must:

1. know all minimum referral criteria developed according to 5 MCAR S 1.0724 E.;

~~1.~~ 2. have successfully completed Department of Health training seminars or equivalent training programs to prepare individuals to perform child screening as. The seminars or programs must be designated by the Department of Health in consultation with the Department of Education; and

~~2. have annually participated in at least five contact hours of continuing education in pediatric or health assessment. The hours must be offered through the Department of Health or meet the continuing education requirements of the~~

STATE OF MINNESOTA

DEPARTMENT REVISOR OF STATUTES

Office Memorandum

TO : Tom Lombard
~~Lois Steinhaus~~
Department of Education

DATE: 12/10/82

FROM : Elizabeth V. Rice
Assistant Revisor

PHONE: 296-2798

SUBJECT: # AR0223 Pre-School Health and Development Screening

Enclosed ~~are four~~ is one copies of your rule with the modifications you requested.

On the same day you submit the rules to the Attorney General for adoption, you must also resubmit two copies to our office for final approval.

If you have any questions or need further modifications, please call.

There are some differences from the material you sent me. I believe the reasons are self-evident. If not, please call.

The new language, U. 2., on page 7 troubles me. It appears to be a program requirement and yet is more likely a requirement of a person doing screening. I feel it would be better as a separate item under . 0723.

On page 7, line 20, there is a reference to equivalent training programs in I. There doesn't seem to be any equivalent training for dental screeners.

Betsy Rice

State Board of Education
Department of Education
Instruction Division

Adopted Rules Governing the Preschool Screening Program (5 MCAR SS 1.0720-1.0724)

Rules as Adopted

Chapter Thirty-Six:
Preschool Health and Developmental Screening

5 MCAR S 1.0720 Definitions.

A. Scope. As used in 5 MCAR SS 1.0720-1.0724, the terms defined in 5 MCAR S 1.0720 have the meanings given them.

B. Assessment. "Assessment" has the same meaning as "screening".

C. Developmental screening. "Developmental screening" means identification of the motor, language, social-emotional, and cognitive status of the child.

D. Health maintenance referral. "Health maintenance referral" means a referral made for periodic medical or dental examinations, immunizations, or health or nutritional counseling.

E. Licensed, registered, or certified. "Licensed," "registered," or "certified" means licensed, registered, or certified in Minnesota.

F. Parent. "Parent" means the mother, father, or legally appointed guardian. If a child is a ward of the commissioner of public welfare or other public official, the parent is the commissioner or such official. If the parent or guardian is unknown or cannot be found after reasonable efforts have been made, the parent is an agency or other person appointed pursuant to Minnesota Statutes or court order.

G. Preschool health and developmental screening program. "Preschool health and developmental screening program" or "screening program" means the systematic procedures developed to conduct screening of preschool children.

H. Referral. "Referral" means an organized system for

providing information to the parent at the summary interview about the names of agencies or providers to possibly be used ~~in~~ for evaluation~~,~~ or diagnosis~~, and treatment of problems identified through screening procedures~~.

I. Screening. "Screening" means the use of procedures to sort out apparently well children from those in need of more definitive study of health or developmental problems.

J. Screening personnel. "Screening personnel" means professional, paraprofessional, and volunteer staff who conduct activities as part of the screening program.

5 MCAR S 1.0721 Participation in program and delivery of services.

A. Available screening. All children shall have available without cost the services of trained personnel to screen for possible health and developmental problems once prior to entering school.

B. Voluntary screening. Participation in the screening program by children is voluntary, and can not be required for entry into school. A parent may elect to participate in only a part of the screening program.

C. Methods of providing screening. A screening program shall be provided by all school boards, with the consultation of local societies of health providers. If possible school boards, individually or in cooperation with other schools or agencies, shall contract with or purchase services from approved early and periodic screening programs. If this is not possible or all services are not available, school boards may contract with other health care providers to operate screening programs. Volunteer screening programs shall also be integrated and utilized where available. An agreement to provide a component of the screening program must be in writing, describe the responsibilities, and state the date and location of the component to be provided.

D. Coordination with other screening programs. Screening programs and follow-up shall be coordinated as far as possible with other health screening programs and providers to eliminate

duplication of services and provide more efficient administration. School boards shall arrange for exchange of information on students with other health screening programs and providers. The exchange shall be consistent with 5 MCAR S 1.0724 D.

E. Exclusion from providing screening. If an individual or group is excluded from performing a screening component it may submit a complaint to the school board. The school board must take appropriate action.

5 MCAR S 1.07221 School district plan and program report.

A. Annual plan. Annually each school district shall submit to the Department of Education a plan for implementing a preschool screening program. The plan must be in accordance with Minnesota Statutes, sections 123.701 to 123.705 and 5 MCAR SS 1.0720-1.0724.

B. Content of plan. The plan must be on forms supplied by the commissioner of education and contain substantially the following:

1. information identifying the district and the preschool screening coordinator;

2. information about the screening, such as the number and age range of the children to be screened, the estimated screening date, and program components;

3. whether advanced funding is requested; and

4. the assurance of the clerk of the school board and the superintendent or other authorized agent of the district that the district is in compliance with state laws and rules requiring that:

a. the public will be informed and actively encouraged to participate in the preschool screening program;

b. local societies of health care providers will be consulted about the preschool screening program;

~~b.~~ c. all staff will meet the qualifications as defined in 5 MCAR S 1.0723;

~~c.~~ d. all required screening components will be offered in accordance with 5 MCAR S 1.0724 A.;

~~d.~~ e. the required screening services will be offered at no direct cost to the participating parent;

~~e.~~ f. a referral and follow-up process will be available;

~~f.~~ g. no reimbursement request will be submitted for children whose screening has been paid for by other agencies or for costs reimbursed by other sources;

~~g.~~ h. no reimbursement will be claimed for more than one screening per child; and

~~h.~~ i. copies of the child screening form and the program cost report will be submitted to the Department of Education.

C. Effect of plan. The plan is submitted in consideration of and for the purpose of obtaining state aid from the Department of Education. The district shall agree that state aid is paid in reliance on the representations and assurances made in the plan. The assurances in B.4. are binding on the district and the persons who sign on behalf of the district.

D. Exceptions. Requests for exceptions to required components of the screening program must be made annually before the screening program is implemented. The State Board of Education shall grant an exception if the district provides evidence that it is not financially feasible for the district to provide one or more components.

E. Program report. Annually each school district shall submit to the Department of Education a report of the following information:

1. the number of children screened in required and optional components;

2. the number of children who were eligible for screening;

3. the district's cost by component; and

4. the average cost of any optional components and any fees charged for optional components.

F. Final aid payment. The final aid payment shall be paid at the conclusion of the screening program or the fiscal year, whichever occurs first. A district's plan must have been

approved and report submitted before the aid is paid.

5 MCAR S 1.0723 Screening program staff.

A. Preschool screening coordinator. Each district shall designate a preschool screening coordinator to be responsible for administering all components of the screening program. The coordinator may be a volunteer.

B. Screening personnel. In selecting personnel for screening programs, school districts shall give first priority to volunteers who have the qualifications required by D.-I. of this part. Second priority shall be given to others who possess at least minimum qualifications and who can provide services determined to be most cost effective. Personnel may perform one or more of the functions described in 5 MCAR S 1.0723 if they meet each of the qualifications.

C. Services delegated by professionals. If a qualified professional delegates services, the professional must assure that all delegated services comply with 5 MCAR SS 1.0720-1.0724 and that adequate supervision is provided. The professional is responsible for services delegated and provided by other persons.

D. Professional health screener qualifications. A person who performs professional health screening must be a licensed medical physician ~~or a~~, dentist, registered nurse, chiropractor, optometrist, podiatrist, or psychologist. A professional health screener who is not a licensed physician, or a registered nurse must:

1. know all minimum referral criteria developed according to 5 MCAR S 1.0724 E.;

~~1.~~ 2. have successfully completed Department of Health training seminars or equivalent training programs to prepare individuals to perform child screening ~~as~~. The seminars or programs must be designated by the Department of Health in consultation with the Department of Education~~;~~ and

~~2. have annually participated in at least five contact hours of continuing education in pediatric or health assessment. The hours must be offered through the Department of Health or meet the continuing education requirements of the~~

Board ~~of Nursing~~.

E. Developmental screener qualifications. A person who performs developmental screening without supervision must be licensed as a special education teacher, school psychologist, kindergarten teacher, prekindergarten teacher, ~~or~~ registered nurse, or licensed physician and must have completed~~:~~

~~1.~~ training seminars provided by the Department of Education~~;~~ or

~~2.~~ equivalent training as determined by the Department of Education in consultation with the Department of Health. Other persons who perform developmental screening must meet supervision requirements in H.

F. Vision and hearing screener qualifications. A person who performs vision or hearing screening must have been trained by:

1. the Department of Health to perform vision or hearing screening; or

2. a program providing equivalent preparation as determined by the Department of Health in consultation with the Department of Education.

G. Laboratory assistant qualifications. A person who performs laboratory tests must have been trained by:

1. the Department of Health to perform the specific tests used in the screening program; or

2. a program providing equivalent preparation as determined by the Department of Health in consultation with the Department of Education.

H. Clinic assistant qualifications. ~~A person who is a clinic assistant may perform vision, hearing, and developmental screening and measure height, weight, and blood pressure.~~ A clinic assistant is a lay person or a paraprofessional who may perform any component of the screening program. The clinic assistant must be under the supervision of a professional qualified for the screening component for which the clinic assistant is used. The professional must be present at the screening site. A clinic assistant must have been trained by:

1. Department of Education or Department of Health

professional staff to administer the health or developmental screening measures to be performed by the clinic assistant; or

2. a program providing equivalent preparation as determined by the Department of Education or the Department of Health.

I. Dental screener qualifications. A person who performs dental assessments must be a:

1. licensed dental hygienist or a registered or certified dental assistant; or

2. registered nurse who has been trained by the Department of Health or approved by the Department of Health in consultation with the Department of Education, as having been trained to perform dental screening; or

3. licensed dentist, licensed physician, school nurse practitioner, or pediatric nurse practitioner using screening procedures according to 5 MCAR S 1.0724.

J. Equivalent training programs. The Department of Health, in consultation with the Department of Education, shall approve a program as providing equivalent training for the purpose of D., F., G., H., and I. if the program meets all of the following:

1. it provides information and training required to perform the specific screening activities specified in D., F., G., H., or I.;

2. it must have been completed within two years of the time the person requests the equivalent designation;

3. it must offer the same or greater number of course contact hours as the Department of Health training seminars;

4. the instructor qualifications must be at least equivalent to the instructor qualifications of Department of Health training seminar instructors; and

5. the course materials must be consistent with materials used in Department of Health training seminars.

~~J.~~ K. Volunteer. A volunteer may be a lay person, paraprofessional, or professional who performs screening without fee or payment. A volunteer may perform any of the screening components if the volunteer meets the qualifications established

in 5 MCAR S 1.0723.

5 MCAR S 1.0724 Screening procedures.

A. Required components. Screening procedures shall include the components in 1. to 6., unless an exception has been granted according to 5 MCAR S 1.0722 D.

1. A professional health screener must obtain a health history at an individual parent interview to review past and present health status including immunization status and perinatal, psychosocial, and family health information.

2. A developmental screener must measure the child's cognition, fine and gross motor skills, speech and language , and social-emotional development. The procedures must include at least:

a. a parent report of the child's functioning history in skills development, emotional status, and behavior status; and

b. direct observation of the child's functioning.

Standardized developmental screening instruments approved by the Department of Education must be used. They must contain norms for the age range tested and written procedures for administration, scoring, and interpretation.

3. A hearing screener must screen for deviations from the normal range of auditory acuity using the Puretone Audiometer or the Verbal Auditory Screening of Children (VASC) or equivalent procedures as determined by the Department of Health in consultation with the Department of Education.

4. A vision screener must screen for eye health, deviations from the normal range of visual acuity, and muscle balance. The procedures include:

a. an external inspection of the eyes, including lids, lashes, and surrounding area;

b. muscle balance screening procedures, including at least an observation, alternate cover test, and corneal light reflection or equivalent screening procedures as determined by the Department of Health in consultation with the Department of Education; and

c. an instrument to screen for visual acuity such as the HOTV Chart, the Snellen E cube, the Snellen Alphabet E-Chart, or an instrument with equivalent standards, as determined by the Department of Health in consultation with the Department of Education.

5. A screener must measure the child's height, weight, and blood pressure.

6. After all screening is completed, a professional health screener must conduct a summary interview with the parent ~~or~~ to discuss the health and developmental findings ~~to explain the results~~ and make referral recommendations.

B. Optional components. Screening procedures may also include the components in 1. to 5.

1. Dental inspection of the child's mouth to detect obvious oral or dental abnormalities may be provided. If dental education is provided, it should include at least information about fluorides, snacks, sealants, and regular dental visits.

2. Physical inspection of the unclothed child may be provided. If provided, it must include an inspection of pulse, respiration, head, eyes, ears, nose, pharynx, neck, chest, heart, lungs, abdomen, spine, extremities, joints, muscle tone, and skin according to normal procedures.

3. Laboratory tests may be provided and if provided, must be appropriate for the age and sex of the child. The tests may include:

a. urine (bililabstix);

b. anemia testing (microhematocrit, hemoglobin);

c. blood lead test for increased lead absorption and lead poisoning in children whose history indicates the possibility of exposure to undue levels of lead in the environment or atmosphere; and

d. sickle cell test administered when indicated by the child's health history or physical inspection, and only with specific consent of the parent.

4. Nutrition assessment of the child's food intake may be provided.

5. Other optional components must be explained in the district's annual plan. Providers of optional components must meet the standards for screening personnel described in 5 MCAR S 1.0723.

C. Duplication of services. No screening program shall provide a laboratory test, health history, or physical assessment to any child who has had the laboratory test, health history, physical assessment, or physical examination as part of a well-child evaluation within the previous 12 months. The school district shall request the results of any laboratory test, health history, or physical examination conducted within 12 months preceding a scheduled preschool screening program, for inclusion in the school records in lieu of comparable information collected in the screening program. Procedures shall be developed for exchange of information in accordance with D.

D. Private data. Data on individual children is private as defined by state statutes and shall not be disclosed to a third party, including the district, without the informed consent of the parent. All information must be made available to the parent.

E. Referrals. ~~If a condition appears to be in need of diagnosis or further attention, the parent must be informed of appropriate agencies or providers capable of performing needed services, such as the family physician, licensed school nurse, or special education programs~~ The Department of Education in consultation with the Department of Health shall develop guidelines for minimum referral criteria for each screening component.

F. Follow-up on referrals. A minimum of two attempts shall be made, at least one of which shall be in writing with return postage, to determine whether the recommended referrals were used and were valid. The school district is not required to follow up on health maintenance referrals.

G. Inclusion in school records. Data on individual children obtained in the screening program shall be incorporated into

school district records, except as indicated in D. Screening data that are not substantiated may not be incorporated in the child's school record as confirmed health or developmental problems.

H. Medical assistance information. School districts shall request information from parents concerning medical assistance eligibility to make it possible for the district to comply with 5 MCAR S 1.07221 B.4.f.

I. Services prohibited. Diagnosis, treatment, or therapy shall not be provided in the screening program but may be provided as a part of a related program.

J. Special education. Educational placement decisions, diagnostic conclusions, and objectives for individual educational plans may not be based solely or primarily on the screening data made available to the district from the screening program.

K. Fees. Districts may charge parents a fee for any of the optional screening components. Parents may refuse the optional components and receive the required components free of charge.

Repealer. 5 MCAR SS 1.0722 and 1.0725 are repealed.

Relettering. Reletter 5 MCAR S 1.0724 G. as E. and reletter E. and F. as F. and G.

Our File No. 005

RULE REVIEW CHECKLIST

DATE RULE RECEIVED 1/21/83
DATE FOR REVIEW 1/31/83
DATE DUE 2/4/83

Adopted w/a hearing _____
Adopted w/o hearing ✓
Temporary rule _____

Approved 2/7/83 Disapproved _____ Returned to Agency _____

Resubmitted _____ Due _____
Approved _____ Disapproved _____ Returned to Agency _____

Date filed w/Secretary of State _____ Revisor approved 1/24/83 disapproved _____

✓ Rule as Adopted

✓ Rule as Proposed

✓ Order Adopting 12.14.82 Date

✓ Notice of Intent to Solicit Outside Opinion SR 3/26/79 and 4/5/82

✓ Order for rulemaking
N/A date of Hearing

✓ Certificate of Board's Authorizing Resolution

✓ Notice of rulemaking
✓ Sufficiency

✓ Affidavit of Mailing Notice or rulemaking
8.10.82 At least 30 days prior to ~~hearing~~/adoption

✓ Affidavit of Add Mailing
✓ Mailing list Certificate

✓ Publication in State Register
8.16.82 At least 30/~~20~~ days prior to ~~hearing~~/adoption

N/A Hearing Examiner's Report

Chief Hearing Examiner's Report(s)
_____ Approving H.E.'s Report
_____ Approving agency action

✓ Agency's Findings of Fact

✓ LCRAR Report or agency Affidavit

✓ Certificate of Board's Resolution Adopting Rules

N/A Order Approving Incorporation by Reference

✓ Statement of Need and Reasonableness

N/A Petition for Adoption of a Rule

✓ Record (includes transcript or tape, exhibits, comments received by agency, requests for a hearing, and other relevant materials)

✓ Certificate of Compliance w/Rulemaking Procedures

N/A Affidavit of Mailing Notice of Submission to Attorney General

✓ Notice of Submission to the Attorney General
no requests rec'd.

STATE OF MINNESOTA

DEPARTMENT ATTORNEY GENERAL

Office Memorandum

TO : JOHN J. FEDA
Secretary, State Bd of Education

DATE: 2/7/83

attn: MICHAEL J. BRADLEY, Special Assistant Attorney General

FROM : LARRY D. STARNS
Special Assistant
Attorney General

PHONE: 297-3493

SUBJECT: In the Matter of the Proposed Adoption of Rules of the State Board of Education Governing the Preschool Screening Program

Enclosed herewith are the rules you have submitted for approval. These rules have been approved by this office and filed with the Secretary of State. Please note that they have not been filed with the State Register. This must be done promptly by your agency.

Upon receipt and before transmittal to your agency, however, it is important that you recheck these rules as to:

1. Affixation of stamps of the Attorney General and Secretary of State;

2. Coverage by these stamps of all rules submitted; and

3. Inclusion of all pages to the rules in the approved set.

If you have any questions in this regard, please contact me.

Encs.
LDS/ls
cc: Ms. Kathy Burek
Mr. Duane Harves

AG copy

State Board of Education
Department of Education
Instruction Division

Adopted Rules Governing the Preschool Screening Program (5 MCAR SS 1.0720-1.0724)

Rules as Adopted

Chapter Thirty-Six:
Preschool Health and Developmental Screening

5 MCAR S 1.0720 Definitions.

A. Scope. As used in 5 MCAR SS 1.0720-1.0724, the terms defined in 5 MCAR S 1.0720 have the meanings given them.

B. Assessment. "Assessment" has the same meaning as "screening".

C. Developmental screening. "Developmental screening" means identification of the motor, language, social-emotional, and cognitive status of the child.

D. Health maintenance referral. "Health maintenance referral" means a referral made for periodic medical or dental examinations, immunizations, or health or nutritional counseling.

E. Licensed, registered, or certified. "Licensed," "registered," or "certified" means licensed, registered, or certified in Minnesota.

F. Parent. "Parent" means the mother, father, or legally appointed guardian. If a child is a ward of the commissioner of public welfare or other public official, the parent is the commissioner or such official. If the parent or guardian is unknown or cannot be found after reasonable efforts have been made, the parent is an agency or other person appointed pursuant to Minnesota Statutes or court order.

G. Preschool health and developmental screening program. "Preschool health and developmental screening program" or "screening program" means the systematic procedures developed to conduct screening of preschool children.

H. Referral. "Referral" means an organized system for

providing information to the parent at the summary interview about the names of agencies or providers to possibly be used ~~in~~ for evaluation~~,~~ or diagnosis~~, and treatment of problems identified through screening procedures~~. FofF 8a.

I. Screening. "Screening" means the use of procedures to sort out apparently well children from those in need of more definitive study of health or developmental problems.

J. Screening personnel. "Screening personnel" means professional, paraprofessional, and volunteer staff who conduct activities as part of the screening program.

5 MCAR S 1.0721 Participation in program and delivery of services.

A. Available screening. All children shall have available without cost the services of trained personnel to screen for possible health and developmental problems once prior to entering school.

B. Voluntary screening. Participation in the screening program by children is voluntary, and can not be required for entry into school. A parent may elect to participate in only a part of the screening program.

C. Methods of providing screening. A screening program shall be provided by all school boards, with the consultation of local societies of health providers. If possible school boards, individually or in cooperation with other schools or agencies, shall contract with or purchase services from approved early and periodic screening programs. If this is not possible or all services are not available, school boards may contract with other health care providers to operate screening programs. Volunteer screening programs shall also be integrated and utilized where available. An agreement to provide a component of the screening program must be in writing, describe the responsibilities, and state the date and location of the component to be provided. FofF 8b

D. Coordination with other screening programs. Screening programs and follow-up shall be coordinated as far as possible with other health screening programs and providers to eliminate

duplication of services and provide more efficient administration. School boards shall arrange for exchange of information on students with other health screening programs and providers. The exchange shall be consistent with 5 MCAR S 1.0724 D.

E. Exclusion from providing screening. If an individual or group is excluded from performing a screening component it may submit a complaint to the school board. The school board must take action it determines is advisable.

See FoF 8d. which provides for similar language to be included in a different section

5 MCAR S 1.07221 School district plan and program report.

A. Annual plan. Annually each school district shall submit to the Department of Education a plan for implementing a preschool screening program. The plan must be in accordance with Minnesota Statutes, sections 123.701 to 123.705 and 5 MCAR SS 1.0720-1.0724.

B. Content of plan. The plan must be on forms supplied by the commissioner of education and contain substantially the following:

1. information identifying the district and the preschool screening coordinator;

2. information about the screening, such as the number and age range of the children to be screened, the estimated screening date, and program components;

3. whether advanced funding is requested; and

4. the assurance of the clerk of the school board and the superintendent or other authorized agent of the district that the district is in compliance with state laws and rules requiring that:

a. the public will be informed and actively encouraged to participate in the preschool screening program;

b. local societies of health care providers will be consulted about the preschool screening program;

FoF 8c

~~b.~~ c. all staff will meet the qualifications as defined in 5 MCAR S 1.0723;

~~c.~~ d. all required screening components will be offered in accordance with 5 MCAR S 1.0724 A.;

~~d.~~ e. the required screening services will be offered at no direct cost to the participating parent;

~~e.~~ f. a referral and follow-up process will be available;

~~f.~~ g. no reimbursement request will be submitted for children whose screening has been paid for by other agencies or for costs reimbursed by other sources;

~~g.~~ h. no reimbursement will be claimed for more than one screening per child; and

~~h.~~ i. copies of the child screening form and the program cost report will be submitted to the Department of Education.

C. Effect of plan. The plan is submitted in consideration of and for the purpose of obtaining state aid from the Department of Education. The district shall agree that state aid is paid in reliance on the representations and assurances made in the plan. The assurances in B.4. are binding on the district and the persons who sign on behalf of the district.

D. Exceptions. Requests for exceptions to required components of the screening program must be made annually before the screening program is implemented. The State Board of Education shall grant an exception if the district provides evidence that it is not financially feasible for the district to provide one or more components.

E. Program report. Annually each school district shall submit to the Department of Education a report of the following information:

1. the number of children screened in required and optional components;

2. the number of children who were eligible for screening;

3. the district's cost by component; and

4. the average cost of any optional components and any fees charged for optional components.

F. Final aid payment. The final aid payment shall be paid at the conclusion of the screening program or the fiscal year, whichever occurs first. A district's plan must have been

approved and report submitted before the aid is paid.

5 MCAR S 1.0723 Screening program staff.

A. Preschool screening coordinator. Each district shall designate a preschool screening coordinator to be responsible for administering all components of the screening program. The coordinator may be a volunteer.

B. Screening personnel. In selecting personnel for screening programs, school districts shall give first priority to volunteers who have the qualifications required by D.-I. of this part. Second priority shall be given to others who possess at least minimum qualifications and who can provide services determined to be most cost effective. Personnel may perform one or more of the functions described in 5 MCAR S 1.0723 if they meet each of the qualifications. ? clarify? related to the function being performed.

C. Services delegated by professionals. If a qualified professional delegates services, the professional must assure that all delegated services comply with 5 MCAR SS 1.0720-1.0724 and that adequate supervision is provided. The professional is responsible for services delegated and provided by other persons.

D. Professional health screener qualifications. A person who performs professional health screening must be a licensed medical physician ~~or a~~, dentist, registered nurse, chiropractor, optometrist, podiatrist, or psychologist. A professional health screener who is not a licensed physician, or a registered nurse must: see similar language, FofF 6.

~~1.~~ have successfully completed Department of Health training seminars or equivalent training programs to prepare individuals to perform child screening as. The seminars or programs must be designated by the Department of Health in consultation with the Department of Education; ~~and~~ FofF 6.

~~2. have annually participated in at least five contact hours of continuing education in pediatric or health assessment. The hours must be offered through the Department of Health or meet the continuing education requirements of the Board of Nursing.~~ FofF 3

E. Developmental screener qualifications. A person who

performs developmental screening without supervision must be licensed as a special education teacher, school psychologist, kindergarten teacher, prekindergarten teacher, ~~or~~ registered nurse, or licensed physician and must have completed~~:~~

~~1.~~ training seminars provided by the Department of Education~~,~~ or

~~2.~~ equivalent training as determined by the Department of Education in consultation with the Department of Health. Other persons who perform developmental screening must meet supervision requirements in H.

F. Vision and hearing screener qualifications. A person who performs vision or hearing screening must have been trained by:

1. the Department of Health to perform vision or hearing screening; or

2. a program providing equivalent preparation as determined by the Department of Health in consultation with the Department of Education.

G. Laboratory assistant qualifications. A person who performs laboratory tests must have been trained by:

1. the Department of Health to perform the specific tests used in the screening program; or

2. a program providing equivalent preparation as determined by the Department of Health in consultation with the Department of Education.

H. Clinic assistant qualifications. ~~A person who is a clinic assistant may perform vision, hearing, and developmental screening and measure height, weight, and blood pressure.~~ A clinic assistant is a lay person or a paraprofessional who may perform any component of the screening program. The clinic assistant must be under the supervision of a professional qualified for the screening component for which the clinic assistant is used. The professional must be present at the screening site. A clinic assistant must have been trained by:

1. Department of Education or Department of Health professional staff to administer the health or developmental screening measures to be performed by the clinic assistant; or

2. a program providing equivalent preparation as determined by the Department of Education or the Department of Health.

I. Dental screener qualifications. A person who performs dental assessments must be a:

1. licensed dental hygienist or a registered or certified dental assistant; or

2. registered nurse who has been trained by the Department of Health or approved by the Department of Health in consultation with the Department of Education, as having been trained to perform dental screening; or

3. licensed dentist, licensed physician, school nurse practitioner, or pediatric nurse practitioner using screening procedures according to 5 MCAR S 1.0724.

J. Equivalent training programs. The Department of Health, in consultation with the Department of Education, shall approve a program as providing equivalent training for the purpose of D., F., G., and H. if the program meets all of the following:

1. it provides information and training required to perform the specific screening and referral activities specified in D., F., G., H., or I.;

2. it must offer the same or greater number of course contact hours as the Department of Health training seminars;

3. the instructor qualifications must be at least equivalent to the instructor qualifications of Department of Health training seminar instructors; and

4. the course materials must be consistent with materials used in Department of Health training seminars.

~~J.~~ K. Volunteer. A volunteer may be a lay person, paraprofessional, or professional who performs screening without fee or payment. A volunteer may perform any of the screening components if the volunteer meets the qualifications established in 5 MCAR S 1.0723.

5 MCAR S 1.0724 Screening procedures.

A. Required components. Screening procedures shall include the components in 1. to 6., unless an exception has been granted

according to 5 MCAR S 1.0722 D.

1. A professional health screener must obtain a health history at an individual parent interview to review past and present health status including immunization status and perinatal, psychosocial, and family health information.

2. A developmental screener must measure the child's cognition, fine and gross motor skills, speech and language , and social-emotional development. The procedures must include at least:

a. a parent report of the child's functioning history in skills development, emotional status, and behavior status; and

b. direct observation of the child's functioning.

Standardized developmental screening instruments approved by the Department of Education must be used. They must contain norms for the age range tested and written procedures for administration, scoring, and interpretation.

3. A hearing screener must screen for deviations from the normal range of auditory acuity using the Puretone Audiometer or the Verbal Auditory Screening of Children (VASC) or equivalent procedures as determined by the Department of Health in consultation with the Department of Education. F8F4

4. A vision screener must screen for eye health, deviations from the normal range of visual acuity, and muscle balance. The procedures include:

a. an external inspection of the eyes, including lids, lashes, and surrounding area;

b. muscle balance screening procedures, including at least an observation, alternate cover test, and corneal light reflection or equivalent screening procedures as determined by the Department of Health in consultation with the Department of Education; and

c. an instrument to screen for visual acuity such as the HOTV Chart, the Snellen E cube, the Snellen Alphabet E-Chart, or an instrument with equivalent standards, as determined by the Department of Health in consultation with the

Department of Education.

5. A screener must measure the child's height, weight, and blood pressure.

6. After all screening is completed, a professional health screener must conduct a summary interview with the parent ~~en~~ to discuss the health and developmental findings ~~to explain the results~~ and make referral recommendations.

B. Optional components. Screening procedures may also include the components in 1. to 5.

1. Dental inspection of the child's mouth to detect obvious oral or dental abnormalities may be provided. If dental education is provided, it should include at least information about fluorides, snacks, sealants, and regular dental visits.

2. Physical inspection of the unclothed child may be provided. If provided, it must include an inspection of pulse, respiration, head, eyes, ears, nose, pharynx, neck, chest, heart, lungs, abdomen, spine, extremities, joints, muscle tone, and skin according to normal procedures.

3. Laboratory tests may be provided and if provided, must be appropriate for the age and sex of the child. The tests may include:

a. urine (bililabstix);

b. anemia testing (microhematocrit, hemoglobin);

c. blood lead test for increased lead absorption and lead poisoning in children whose history indicates the possibility of exposure to undue levels of lead in the environment or atmosphere; and

d. sickle cell test administered when indicated by the child's health history or physical inspection, and only with specific consent of the parent.

4. Nutrition assessment of the child's food intake may be provided.

5. Other optional components must be explained in the district's annual plan. Providers of optional components must meet the standards for screening personnel described in 5 MCAR S 1.0723.

C. Duplication of services. No screening program shall provide a laboratory test, health history, or physical assessment to any child who has had the laboratory test, health history, physical assessment, or physical examination as part of a well-child evaluation within the previous 12 months. The school district shall request the results of any laboratory test, health history, or physical examination conducted within 12 months preceding a scheduled preschool screening program, for inclusion in the school records in lieu of comparable information collected in the screening program. Procedures shall be developed for exchange of information in accordance with D.

FoF 5

MS §123.704

D. Private data. Data on individual children is private as defined by state statutes and shall not be disclosed to a third party, including the district, without the informed consent of the parent. All information must be made available to the parent.

E. Referrals. ~~If a condition appears to be in need of diagnosis or further attention, the parent must be informed of appropriate agencies or providers capable of performing needed services, such as the family physician, licensed school nurse, or special education programs~~ The Department of Education in consultation with the Department of Health shall develop guidelines for referral criteria for each screening component.

FoF 8h.

F. Follow-up on referrals. A minimum of two attempts shall be made, at least one of which shall be in writing with return postage, to determine whether the recommended referrals were used and were valid. The school district is not required to follow up on health maintenance referrals.

G. Inclusion in school records. Data on individual children obtained in the screening program shall be incorporated into school district records, except as indicated in D. Screening data that are not substantiated may not be incorporated in the child's school record as confirmed health or developmental problems.

FoF 8.i.

H. Medical assistance information. School districts shall

request information from parents concerning medical assistance eligibility to make it possible for the district to comply with 5 MCAR S 1.07221 B.4.f.

I. Services prohibited. Diagnosis, treatment, or therapy shall not be provided in the screening program but may be provided as a part of a related program.

J. Special education. Educational placement decisions, diagnostic conclusions, and objectives for individual educational plans may not be based solely or primarily on the screening data made available to the district from the screening program.

K. Fees. Districts may charge parents a fee for any of the optional screening components. Parents may refuse the optional components and receive the required components free of charge.

Repealer. 5 MCAR SS 1.0722 and 1.0725 are repealed.

Relettering. Reletter 5 MCAR S 1.0724 G. as E. and reletter E. and F. as F. and G.

APPROVED AS TO LEGALITY

February 4, 1983

HUBERT H. HUMPHREY, III ATTORNEY GENERAL

BY _____

SPECIAL ASSISTANT ATTORNEY GENERAL

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED
FEB - 8 1983

Secretary of State

10:55
A.M.

Rules as Proposed

Chapter Thirty-Six:

Preschool Health and Developmental Screening

5 MCAR S 1.0720 Definitions. ~~For the purposes of this chapter~~

A. Scope. As used in 5 MCAR SS 1.0720-1.0724, the terms ~~are defined as follows:~~ in 5 MCAR S 1.0720 have the meanings given them.

~~A.~~ B. Assessment ~~as used in these rules is synonomous with~~. "Assessment" has the same meaning as "screening" ~~as indicated below~~.

~~B.~~ C. Developmental screening ~~includes identifying~~. "Developmental screening" means identification of the motor, language, social-emotional, and cognitive status of the child.

D. Health maintenance referral. "Health maintenance referral" means a referral made for periodic medical or dental examinations, immunizations, or health or nutritional counseling.

E. Licensed, registered, or certified. "Licensed," "registered," or "certified" means licensed, registered, or certified in Minnesota.

~~C.~~ F. Parent ~~or parents include: 1) a biological~~. "Parent" means the mother ~~or~~, father, ~~2) an adoptive mother or father, 3)~~ ~~a~~ or legally appointed guardian, ~~4) in the event that~~. If a child is a ward of the Commissioner of Public Welfare or other public official, the parent is the commissioner or such official ~~, or 5) when~~. If the parent or guardian is unknown or cannot be found after reasonable efforts have been made, ~~then such~~ the parent is an agency or other person appointed pursuant to Minnesota Statutes or court order.

~~D.~~ G. Preschool health and developmental screening program. "Preschool health and developmental screening program" or "screening program" means the systematic procedures developed to conduct screening ~~or~~ of preschool children ~~in accordance with Minnesota statutes~~.

~~E.~~ H. Referral. "Referral" means an organized system for providing information ~~on~~ to the parent about agencies or ~~specialists~~ providers to be ~~utilized~~ used in evaluation,

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diagnosis, and treatment of problems identified through ~~the~~ screening ~~procedure~~ procedures.

~~F.~~ I. Screening. "Screening" means the use of procedures to sort out apparently well children from those in need of more definitive study of ~~physical~~ health or developmental problems.

~~G.~~ J. Screening personnel. "Screening personnel" means professional, paraprofessional, and volunteer staff ~~in local schools or contracted agencies~~ who ~~will~~ conduct activities ~~related to~~ as part of the ~~preschool health and developmental~~ screening program.

5 MCAR S 1.0721 Participation in program and delivery of services.

A. Available screening. All children ~~in the state of Minnesota~~ shall have available without cost the services of trained personnel to screen for possible health and developmental problems once prior to entering school.

B. Voluntary screening. Participation in the screening program by children ~~shall be~~ is voluntary, and ~~shall~~ can not be required for entry into school. ~~Parents~~ A parent may elect to participate in only a part of the screening program ~~if they so desire~~.

C. Methods of providing screening. ~~Preschool health and developmental~~ A screening ~~services~~ program shall be provided by all ~~local~~ school boards, with the consultation of local societies of health providers. If possible school boards, individually or in cooperation with other schools or agencies, shall~~, wherever possible,~~ contract with or purchase ~~service~~ services from ~~an~~ approved early and periodic screening ~~program~~ programs. ~~Where~~ If this is not possible, or all services are not available, school boards may contract with other health care providers to operate screening programs. Volunteer screening programs shall also be integrated and utilized where available.

D. Coordination with other screening programs. ~~The~~ ~~Preschool~~ Screening ~~program~~ programs and follow-up shall be coordinated as far as possible with other health screening programs and providers to eliminate duplication of services and

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provide more efficient administration. School ~~districts~~ boards shall arrange for exchange of information on students with other health screening programs and providers. ~~Such~~ The exchange shall be consistent with 5 MCAR S 1.0724 D.

5 MCAR S 1.07221 School district plan and program report.

A. Annual plan. Annually each school district shall submit to the Department of Education a plan for implementing a preschool screening program. The plan must be in accordance with Minn. Stat. SS 123.701-123.705 and 5 MCAR SS 1.0720-1.0724.

B. Content of plan. The plan must be on forms supplied by the Commissioner of Education and contain substantially the following:

1. information identifying the district and the preschool screening coordinator;

2. information about the screening, such as the number and age range of the children to be screened, the estimated screening date, and program components;

3. whether advanced funding is requested; and

4. the assurance of the clerk of the school board and the superintendent or other authorized agent of the district that the district is in compliance with state laws and rules requiring that:

a. the public will be informed and actively encouraged to participate in the preschool screening program;

b. all staff will meet the qualifications as defined in 5 MCAR S 1.0723;

c. all required screening components will be offered in accordance with 5 MCAR S 1.0724 A.;

d. the required screening services will be offered at no direct cost to the participating parent;

e. a referral and follow-up process will be available;

f. no reimbursement request will be submitted for children whose screening has been paid for by other agencies or for costs reimbursed by other sources;

g. no reimbursement will be claimed for more than one screening per child; and

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h. copies of the child screening form and the program cost report will be submitted to the Department of Education.

C. Effect of plan. The plan is submitted in consideration of and for the purpose of obtaining state aid from the Department of Education. The district shall agree that state aid is paid in reliance on the representations and assurances made in the plan. The assurances in B.4. are binding on the district and the persons who sign on behalf of the district.

D. Exceptions. Requests for exceptions to required components of the screening program must be made annually before the screening program is implemented. The State Board of Education shall grant an exception if the district provides evidence that it is not financially feasible for the district to provide one or more components.

E. Program report. Annually each school district shall submit to the Department of Education a report of the following information:

1. the number of children screened in required and optional components;

2. the number of children who were eligible for screening;

3. the district's cost by component; and

4. the average cost of any optional components and any fees charged for optional components.

F. Final aid payment. The final aid payment shall be paid at the conclusion of the screening program or the fiscal year, whichever occurs first. A district's plan must have been approved and report submitted before the aid is paid.

5 MCAR S 1.0723 ~~Staffing~~ Screening program staff.

A. Preschool screening coordinator. Each district shall designate a preschool screening coordinator to be responsible for administering all components of the screening program. The coordinator may be a volunteer.

B. Screening personnel. ~~Screening shall be performed by qualified personnel~~ In selecting personnel ~~to implement the pre-school screening program~~ for screening programs, school districts shall give first priority to volunteers who have the

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qualifications required by D.-I. of this part. Second priority shall be given to others ~~possessing~~ who possess at least minimum qualifications and who can provide services determined to be most cost effective. A ~~person~~ Personnel may perform one or more of the functions described in ~~A. through F. of this section provided appropriate~~ 5 MCAR S 1.0723 if they meet each of the qualifications ~~are met. Each pre-school health and developmental screening program shall include the following screening personnel meeting the stated minimum qualifications:~~

C. Services delegated by professionals. If a qualified professional delegates services, the professional must assure that all delegated services comply with 5 MCAR SS 1.0720-1.0724 and that adequate supervision is provided. The professional is responsible for services delegated and provided by other persons.

~~A. Nurse~~ D. Professional health screener qualifications. A person who performs professional health screening must be a licensed medical physician or a registered nurse. A screener who is a registered nurse must:

~~1. A nurse currently licensed to practice professional nursing in the state of Minnesota shall be qualified to perform those pre-school screening functions permitted under the state nurse practice act, and~~

~~2.~~ ~~Who has~~ have successfully completed Department of Health training seminars ~~provided by the Minnesota Department of Health~~ or ~~participated in~~ equivalent training programs to prepare individuals to perform child screening as designated by the ~~Minnesota~~ Department of Health ~~to prepare individual to perform child screening.~~ in consultation with the Department of Education; and

2. have annually participated in at least five contact hours of continuing education in pediatric or health assessment. The hours must be offered through the Department of Health or meet the continuing education requirements of the Board of Nursing.

~~B. Clinic coordinator who shall be responsible for administration of all components of the pre-school screening~~

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~~program.~~ E. Developmental screener qualifications. A person who performs developmental screening must be licensed as a special education teacher, school psychologist, kindergarten teacher, prekindergarten teacher, or registered nurse and must have completed:

1. training seminars provided by the Department of Education; or

2. equivalent training as determined by the Department of Education in consultation with the Department of Health.

~~C.~~ F. Vision and hearing ~~technician~~ screener qualifications. A person who performs vision or hearing screening must have been trained by:

1. ~~Who has been trained by~~ the ~~Minnesota~~ Department of Health to perform vision ~~and~~ or hearing screening~~,~~; or

2. ~~Who has been trained by~~ a program providing equivalent preparation as determined by the Department of Health in consultation with the Department of Education.

~~D.~~ G. Laboratory assistant~~, for programs with a laboratory component~~ qualifications. A person who performs laboratory tests must have been trained by:

1. ~~Who must be registered as a laboratory technician, or~~

~~2.~~ ~~Who has been trained~~ the Department of Health to perform the specific tests used in the screening ~~session under the supervision of a nurse trained in accordance with 5 MCAR Section 1.0723 A.~~ program; or

2. a program providing equivalent preparation as determined by the Department of Health in consultation with the Department of Education.

~~E.~~ H. Clinic assistant qualifications. A person who is a clinic assistant may perform vision, hearing, and developmental screening and measure height, weight, and blood pressure. A clinic assistant is a lay person or a paraprofessional who must be under the supervision of a professional qualified for the screening component for which the clinic assistant is used. The professional must be present at the screening site. A clinic assistant must have been trained by:

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1. ~~Who has been trained by~~ Department of Education or Department of Health professional staff ~~in administering one or more of~~ to administer the health or developmental screening measures~~,~~ to be performed by the clinic assistant; or

2. ~~Who has been trained by~~ a program providing equivalent preparation as determined by the Department of ~~Health~~ Education or the Department of ~~Education~~ Health.

~~F.~~ I. Dental screener qualifications. A person who performs dental assessments must be a:

1. ~~Who must be a~~ licensed dental hygienist or a registered or certified dental assistant~~,~~; or

2. registered nurse who has been trained by the ~~Minnesota~~ Department of Health or approved by the ~~Minnesota~~ Department of Health in consultation with the Department of Education, as having been trained to perform dental screening~~.~~; or

3. licensed dentist, licensed physician, school nurse practitioner, or pediatric nurse practitioner using screening procedures according to 5 MCAR S 1.0724.

J. Volunteer. A volunteer may be a lay person, paraprofessional, or professional who performs screening without fee or payment. A volunteer may perform any of the screening components if the volunteer meets the qualifications established in 5 MCAR S 1.0723.

5 MCAR S 1.0724 Screening procedures.

A. Required components. Screening procedures shall include the ~~following~~ components~~:~~ in 1. to 6., unless an exception has been granted according to 5 MCAR S 1.0722 D.

1. A professional health screener must obtain a health history at an individual parent interview to review ~~of~~ past and present health status including immunization status and perinatal, psychosocial, and family health ~~and immunizations~~~~,~~ information.

2. ~~Developmental screening tests of~~ A developmental screener must measure the child's ~~development in the areas of~~ cognition, fine and gross motor ~~development~~~~,~~ skills, speech and language ~~development~~, and social-emotional development~~,~~ ~~and~~

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~~cognitive development by using procedures which shall include:~~ The procedures must include at least:

a. a parent report of the child's functioning history in ~~the areas of~~ skills development, emotional status, and behavior status; and

b. direct observation of the child's functioning ~~utilizing~~. Standardized developmental screening instruments approved by the ~~Minnesota~~ Department of Education ~~and which have:~~

~~(1)~~ must be used. They must contain norms for the age range tested and written procedures for administration ~~and~~, scoring, and interpretation.

~~(2) Norms for the age range being tested.~~

3. A hearing ~~tests:~~ ~~To test~~ screener must screen for deviations from the normal range of auditory acuity using the Puretone ~~Audiometric Screening Test.~~ A Audiometer or the Verbal Auditory Screening of Children ~~may be used for 4 year old children~~ (VASC).

4. A Vision ~~tests:~~ ~~To test~~ screener must screen for eye health, deviations from the normal range of visual acuity, and muscle balance ~~in the child. Approved programs must~~ The procedures include:

a. ~~Check the child for a history of maternal and/or neonatal infection and a family history of ocular abnormalities such as color blindness or retinitis pigmentosa:~~ an external inspection of the eyes, including lids, lashes, and surrounding area;

b. ~~Observe and examine the child's pupils and light following reflex, presence and absence of nystagmus, muscle balance, and an external examination of the eyes:~~

~~c.~~ muscle balance screening procedures ~~include~~, including at least an observation, alternate cover test, ~~and the Hirschberg test~~ and corneal light reflection or ~~a test with~~ equivalent ~~standards~~ screening procedures as determined by the Department of Health ~~or~~ in consultation with the Department of Education~~, which is appropriate for the age group being screened:~~ ; and

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~~d.~~ c. ~~Test for visual acuity.~~ A ~~test~~ an instrument to screen for visual acuity such as the ~~Screening Test for Young Children and Retardates (STYCAR)~~ HOTV Chart, the Snellen E cube, the Snellen Alphabet E-Chart, or ~~a test~~ an instrument with equivalent standards, as determined by the Department of Health ~~or~~ in consultation with the Department of Education, ~~must be used~~.

5. ~~Dental inspection. The child's mouth is to be inspected for any obvious oral or dental abnormalities~~ A screener must measure the child's height, weight, and blood pressure.

6. A professional health screener must conduct a summary interview with the parent on the health and developmental findings to explain the results and make referral recommendations.

B. ~~As of July 1, 1978, the~~ Optional components. Screening ~~procedure shall, in addition to the components included in A. of this section,~~ procedures may also include the ~~following~~ components: in 1. to 5.

1. Dental inspection of the child's mouth to detect obvious oral or dental abnormalities may be provided. If dental education is provided, it should include at least information about fluorides, snacks, sealants, and regular dental visits.

~~1.~~ 2. Physical inspection of the unclothed child ~~including~~ may be provided. If provided, it must include an inspection of pulse, respiration, ~~blood pressure,~~ head, eyes, ears, nose, pharynx, neck, chest, heart, lungs, abdomen, spine, extremities, joints, muscle tone, and skin ~~and neurologic reaction~~ according to normal procedures.

~~2.~~ 3. Laboratory tests: ~~The following tests are to~~ may be ~~administered~~ provided and if provided, must be appropriate for the age and sex of the child ~~including~~:. The tests may include:

a. ~~Tuberculin.~~

~~b.~~ Urine (bililabstix)~~.~~;

~~c.~~ b. anemia testing (microhematocrit, hemoglobin)~~.~~;

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~~d.~~ c. blood lead test for increased lead absorption and lead poisoning in children whose history indicates the possibility of exposure to undue levels of lead in the environment or atmosphere~~.~~; and

~~e.~~ d. sickle cell ~~testing. This~~ test ~~is to be~~ administered when indicated by the child's health history or physical inspection, and only with specific consent of the parent~~(s) or guardian(s)~~.

~~3.~~ 4. Nutrition ~~status review.~~ assessment a ~~review~~ of the child's food intake may be provided.

5. Other optional components must be explained in the district's annual plan. Providers of optional components must meet the standards for screening personnel described in 5 MCAR S 1.0723.

C. Duplication of services. No ~~preschool~~ screening program shall provide a laboratory ~~tests~~ test, a health history, or physical assessment to any child who has ~~been provided with these~~ had the laboratory ~~tests~~ test, a health history, physical assessment, or physical examination within the previous 12 months. The school district shall request the results of any laboratory test, health history, or physical examination conducted within ~~the~~ 12 months preceding a scheduled preschool screening ~~clinic~~ program, for inclusion in the school records in lieu of comparable information collected in the screening program. Procedures shall be developed for exchange of ~~student~~ information in accordance with ~~5 MCAR S 1.0724~~ D.

D. Private data. Data on individual ~~students in~~ children is private as defined by state statutes and shall not be disclosed to a third party, including the district, without the informed consent of the parent. All information must be made available to the ~~parents~~ parent.

E. ~~Upon identification of~~ Referrals. If a condition appears to be in need of diagnosis or further attention, ~~parents shall~~ the parent must be informed of appropriate agencies or ~~specialists~~ providers capable of performing needed services, such as the family physician, licensed school nurse, or special

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education programs.

F. Follow-up on referrals. A minimum of two attempts shall be made, at least one of which shall be in writing with return postage, to determine whether the recommended referrals were ~~utilized~~ used and were valid. The school district is not required to follow up on health maintenance referrals.

G. Inclusion in school records. Data on individual ~~students~~ children obtained in the screening program shall be incorporated into school district records, except as indicated in D. ~~of this section~~.

H. Medical assistance information. ~~Local~~ School districts shall request information from parents concerning medical assistance eligibility to make it possible for the district to comply with 5 MCAR S ~~1.0725 C~~ 1.07221 B.4.f.

I. Services prohibited. Diagnosis, treatment, or therapy shall not be provided in the ~~pre-school~~ screening program but ~~this does not preclude provision of such services~~ may be provided as a part of a related program.

J. Special education. Educational placement decisions, diagnostic conclusions, and objectives for individual educational plans may not be based solely or primarily on the screening data made available to the district from the screening program.

K. Fees. Districts may charge parents a fee for any of the optional screening components.

Repealer. 5 MCAR SS 1.0722 and 1.0725 are repealed.

Relettering. Reletter 5 MCAR S 1.0724 G. as E. and reletter E. and F. as F. and G.

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OFFICE OF THE REVISOR OF STATUTES
PROPOSED RULES

7-12-82
RD223

Agency State Board of Education

Division Department of Education

Agency Contact Lois Steinhaus Phone Number 296-4428

Title: Proposed Rules Governing Preschool Health and Developmental Screening Programs

Type of Rules: Permanent X Temporary_____

Incorporations by References: None

Rule Number	Material Incorporated
	Author
	Title
	Place
	Publisher
	Date
	Cost
	Places Available

See Additional references on back Yes____ No X

Duplication of Statutory Language

Rule Number		Statutory Section Duplicated
5 MCAR S 1.0721	A.	MS 123.702, Subd. 1
	B.	123.702, Subd. 1 & 1a
	C.	123.702, Subd. 4, 5, 6, & 7
1.0724	C.	123.702, Subd. 1a
	D.	123.704,
	E.	123.702, Subd. 2

The attached rules are approved as to form.

Steven C. Cross
Revisor of Statutes

Name: Elizabeth V. Rice
Elizabeth V. Rice

Title: Assistant Revisor

Phone: 296-2798

Sate of Minnesota
State Board of Education

In the Matter of the Proposed
Adoption of Rules of the State
Board of Education Governing
the Preschool Screening Program

ORDER ADOPTING
RULES

Notice of the Board's intent to adopt the above-entitled rule without a public hearing was published in the State Register on August 16, 1982, and was sent by United States mail to all persons on the list maintained by agency pursuant to Minn. Stat. § 15.0412, subd. 4 on August 10, 1982. After affording interested and affected persons an opportunity to submit comments for 30 days after Notice, receiving fewer than seven written requests for a public hearing within the 30-day comment period, and determining the need for and reasonableness of the above-captioned rules.

NOW, THEREFORE, IT IS ORDERED that this rule identified as 5 MCAR § 1.0720-1.0724 is adopted this 14th day of December, 1982, pursuant to authority vested in the Board by Minn. Stat. § 123.703, subd. 1.

STATE OF MINNESOTA

John J. Finley

Secretary, State Board of Education

State Board of Education
Department of Education
Instruction Division

In the Matter of the Proposed
Adoption of Rules of the State
Board of Education Governing
the Preschool Screening Program
5 MCAR §§ 1.0720-1.0724

Notice of Intent to Adopt Rules
Without a Public Hearing

Notice is hereby given that the State Board of Education proposes to revise the above-entitled rules without a public hearing. The Board has determined that the proposed adoption of these rules will be noncontroversial in nature and has elected to follow the procedures set forth in Minn. Stat. § 15.0412, subd. 4h.

The proposed rules govern the administration of the preschool screening mandate as authorized by Minn. Stat. § 123.703, subd. 1., which establishes authority for the Board of Education to promulgate rules for preschool screening program standards.

Proposed revisions to 5 MCAR §§ 1.0720-1.0724 remove obsolete provisions of the current rules, establish new procedures as required by legislative amendments to Minn. Stat. §§ 123.702-123.703, and provide clarifications of some preschool screening program standards.

Persons interested in these rules shall have 30 days to submit comments on the proposed rules. The proposed rules may be modified if the modifications are supported by the data and views submitted to the agency and do not result in a substantial change in the proposed language.

Unless seven or more persons submit written requests for a public hearing on the proposed rules within the 30-day comment period, a public hearing will not be held. In the event a public hearing is required, the agency will proceed according to provisions of Minn. Stat. § 15.0412, subds. 4-4f.

Persons who wish to submit comments or a written request for a public hearing should submit such comments or requests to:

Thomas J. Lombard, Supervisor
Preschool Screening Program
State Department of Education
647 Capitol Square Building
550 Cedar Street
St. Paul, MN 55101
Telephone: (612) 296-4080

Authority for the adoption of these rules is contained in Minn. Stat. § 123.703, subd. 1. Additionally, a Statement of Need and Reasonableness that describes the need for and reasonableness of the proposed rules and identifies the data and information relied upon to support the proposed rules has been prepared and is available from Thomas J. Lombard upon request.

Upon adoption of the final rules without a public hearing, the proposed rules, this Notice, and the Statement of Need and Reasonableness, all written comments received, and the final Rules as Adopted will be delivered to the Attorney General for review as to form and legality, including the issue of substantial change. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the final rules as proposed for adoption, should submit a written statement of such request to Thomas J. Lombard.

A copy of the proposed rules is attached to this Notice.

Copies of this Notice and the proposed rules are available and may be obtained by contacting Thomas J. Lombard.

State of Minnesota
State Board of Education

John J. Feda
Secretary

State of Minnesota
Department of Education

State Board of Education
Division of Instruction

In the Matter of the Proposed
Adoption of Rules of the State
Board of Education Governing
the Preschool Screening Program

ORDER FOR NOTICE OF INTENT
TO ADOPT RULES WITHOUT
PUBLIC HEARING

IT IS ORDERED this 13th day of July, 1982, that a Notice of Intent to Adopt Rules Without Public Hearing in the above-entitled matter be given to all persons who have registered their names with the State Board of Education for that purpose and be published in the State Register.

State of Minnesota
Board of Education

John J. Feda
Secretary

CERTIFICATE OF BOARD'S

AUTHORIZING RESOLUTION

I, John J. Feda, do hereby certify that I am the secretary of the Board of Education, a board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the Board of Education duly and properly called and held on the 13th day of July, 1982, that a quorum was present at said meeting, that a majority of those present voted for the resolution and that said resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

> "RESOLVED, that John J. Feda, secretary of the Board of Education, be and he hereby is granted the authority and directed to sign an Order of the Board directing that Notice be given of the Board's intent to adopt without a public hearing rules governing the Preschool Screening Program, to sign the Notice thereof, and to perform any and all acts incidental thereof. In the event a public hearing becomes necessary, he or his deputy hereby is granted the authority and directed to call a hearing for the purpose of promulgating said rules as well as perform any and all acts incidental thereto, including but without being limited to signing an Order for Hearing and Notice of Hearing as well as acting as the Board's representative at all hearings."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 13th day of July, 1982.

John J. Feda, Secretary
State Board of Education

Member, State Board of Education

VI. Project Cost

The department estimated that the cost of this project should not exceed $85,000. For a Phase I effort to generate at least three times the consultant's fee. The consultant's fee to be payable upon collection of the additional revenues by the state.

VII. Project Completion Date

The project will be completed by May 1, 1983 or within 12 months of the date of project authorization.

VIII. Proposal Contents

The following will be considered minimum contents of the proposal:

a. A restatement of the objectives to show or demonstrate the responder's view of the nature of the project.

b. Identify and describe the deliverables to be provided by the responder.

c. Outline the responder's background and experience with particular emphasis on state government work. Also, summarize responder's experience with financial management work. Identify personnel to conduct the project and detail their training and work experience. No change in personnel assigned to the project will be permitted without the approval of the state project director or manager.

d. Responder will prepare a detailed cost and work plan which will identify the major tasks to be accomplished and be used as a scheduling and managing tool as well as the basis for invoicing.

e. Identify the level of the department's participation in the project as well as any other services to be provided by the department.

IX. Evaluation

"All proposals received by the deadline will be evaluated by representatives of the Department of Finance. In some instances, an interview may be part of the evaluation process. Factors upon which proposals will be judged include, but are not limited, to the following:

a. expressed understanding of project objectives;

b. project work plan;

c. project cost detail; and

d. qualification of both company and personnel, experience of project personnel will be given greater weight than that of the firm.

Evaluation and selection will be completed by April 30, 1982. Results will be sent immediately by mail to all responders.

OFFICIAL NOTICES

Pursuant to the provisions of Minn. Stat. § 15.0412, subd. 6, an agency, in preparing proposed rules, may seek information or opinion from sources outside the agency. Notices of intent to solicit outside opinion must be published in the *State Register* and all interested persons afforded the opportunity to submit data or views on the subject, either orally or in writing.

The *State Register* also publishes other official notices of state agencies, notices of meetings, and matters of public interest.

State Board of Education
Department of Education
Instruction Division

Notice of Intent to Solicit Outside Opinion Regarding Proposed Rules Governing the Preschool Screening Program

Notice is hereby given that the State Department of Education is seeking information or opinions from sources outside the agency in preparing to promulgate new rules governing the Preschool Screening Program. The promulgation of these rules is authorized by Minnesota Statutes § 123.703, subd. 1, which permits the agency to adopt rules for this program.

The State Department of Education requests information and comments concerning the subject matter of these rules.

Interested or affected persons or groups may submit statements of information or comment orally or in writing. Written statements should be addressed to:

Thomas Lombard
647 Capitol Square Building
550 Cedar St.
St. Paul, MN 55101

Oral statements will be received during regular business hours over the telephone at 612/296-1432 and in person at the above address.

All statements of information and comment shall be accepted until May 1, 1982. Any written material received by the State Department of Education shall become part of the record in the event that the rules are promulgated.

March 30, 1982

State Board of Education
Department of Education
School Management Services Division

Notice of Intent to Solicit Outside Opinion Regarding Proposed Rules Governing the Use of Liquefied Petroleum Gas (LPG) for School Buses

Notice is hereby given that the State Department of Education is seeking information or opinions from sources outside the agency in preparing to promulgate rules governing the use of liquefied petroleum gas as an alternate fuel for school buses.

The promulgation of these rules is authorized by Minnesota Statutes § 169.45, which requires the State Board of Education to prescribe rules governing the minimum design standards for school buses.

The State Department of Education requests information and comments concerning the subject matter of these rules. Interested or affected persons or groups may submit statements of information or comment orally or in writing. Written statements should be addressed to:

Gerald Pavek
Pupil Transportation
Department of Education
550 Cedar Street
St. Paul, MN 55101

Oral statements will be received during regular business hours over the telephone by contacting Gerald Pavek at (612) 296-2839, or in person at the above address.

All statements of information and comment shall be accepted until May 12, 1982. Any written materials received by the State Department of Education shall become part of the record in the event that the rules are promulgated.

March 26, 1982

Ronald J. Laliberte
Assistant Commissioner

Department of Energy, Planning and Development
Energy Division

Notice Regarding Minnesota State Plan for U.S. Department of Energy, Phase II Institutional Buildings Grants Program

The revised Minnesota State Plan for the U.S. Department of Energy, Phase II Grant Programs for Schools and Hospitals and Buildings Owned by Units of Local Government and Public Care Institutions has been approved.

The Cycle IV application deadline is Friday, May 7, 1982 at 4:30 pm. Federal grants for fifty percent of project costs will be awarded on a competitive basis. The remaining fifty percent must be provided by local, non-federal matching funds. Schools

State of Minnesota
Department of Education

State Board of Education
Instruction Division

IN THE MATTER OF: The Proposed Adoption of Rules of the State Board of Education Governing the Preschool Screening Program Without Public Hearing

STATE OF MINNESOTA)
) ss.
County of Ramsey)

AFFIDAVIT OF MAILING

John R. Jelinek, being first duly sworn, deposes and says:

That on the 10th day of August, 1982, at the City of St. Paul, County of Ramsey, State of Minnesota, he served the attached Notice of Intent to Adopt Rules Without Public Hearing and a copy of the rules as proposed, by depositing in the State of Minnesota Central Mail System for United States mailing at said City of St. Paul, a copy thereof, properly enveloped, with postage prepaid, on all persons and associations named on the certified list (see attached Certificate) who have requested that their names be placed on file with the Minnesota Department of Education for the purpose of receiving notice of the proposed adoption of rules by the State Board of Education.

John R Jelinek

Subscribed and sworn to before me

this 10th day of August,

1982.

Lois E. Steinhaus

LOIS E. STEINHAUS
NOTARY PUBLIC-MINNESOTA
RAMSEY COUNTY
MY COMMISSION EXPIRES MAY 9, 1989

State of Minnesota
Department of Education

State Board of Education
Instruction Division

IN THE MATTER OF: The Proposed Adoption of Rules of the State Board of Education Governing Preschool Screening Program Without Public Hearing

Affidavit of Additional Notice of the State Board of Education Mailing List

I hereby certify that in addition to the Notice required for persons on the State Board of Education rulemaking mailing list, of persons who have specifically requested notice of rulemaking proceedings, a notice and a copy of the rules as proposed were mailed to school superintendents, directors of ECSUs, AVTIs, vocational centers, joint powers districts, and also to the state commissioner of health.

State Board of Education

John J. Feda
Secretary

Subscribed and sworn to before me
this 10 day of August,
1982.

Luana Vadnais
Notary Public

Ramsey County, Minnesota

My commission expires _____.

LUANA VADNAIS
NOTARY PUBLIC-MINNESOTA
RAMSEY COUNTY
My Comm. Expires June 16, 1984

State of Minnesota
Department of Education

State Board of Education
Instruction Division

STATE OF MINNESOTA

COUNTY OF RAMSEY

IN THE MATTER OF: The Proposed Adoption

of Rules of the State Board of Education

Governing Preschool Screening Program

Without Public Hearing

CERTIFICATE

I hereby certify that the list of persons, associations, and other interested groups who have requested, pursuant to Minn. Stat. § 15.0412, subd. 4, that their names be placed on file with and maintained by the Minnesota Department of Education for the purpose of receiving notice of the proposed adoption of rules by the State Board of Education is accurate and complete as of 10 o'clock A .M. this 9th day of August, 1982.

STATE BOARD OF EDUCATION

By Linda Alberg

B. Two vehicles insured. Accidents chargeable to the principle operator of vehicle number one, while operating vehicle number one.

1. Vehicle number one.

Coverage	Premium with no accidents	Premium including surcharge for one chargeable accident	Premium including surcharge for two chargeable accidents
Bodily injury, property damage	$ 80	$	$
Uninsured motorist	5		
Personal injury protection	40		
Comprehensive	25		
Collision	50		
TOTAL PREMIUM	$200	$	$

2. Vehicle number two.

Coverage	Premium with no accidents	Premium including surcharge for one chargeable accident	Premium including surcharge for two chargeable accidents
Bodily injury, property damage	$120	$	$
Uninsured motorist	5		
Personal injury protection	60		
Comprehensive	40		
Collision	75		
TOTAL PREMIUM	$300	$	$

State Board of Education
Department of Education
Instruction Division

Proposed Rules Governing the Preschool Screening Program (5 MCAR §§ 1.0720-1.0724)

Notice of Intent to Adopt Rules without a Public Hearing

Notice is hereby given that the State Board of Education proposes to revise the above-entitled rules without a public hearing. The board has determined that the proposed adoption of these rules will be noncontroversial in nature and has elected to follow the procedures set forth in *Minn. Stat.* § 15.0412, subd. 4h.

The proposed rules govern the administration of the preschool screening mandate as authorized by *Minn. Stat.* § 123.703, subd. 1., which establishes authority for the Board of Education to promulgate rules for preschool screening program standards.

Proposed revisions to 5 MCAR §§ 1.0720-1.0724 remove obsolete provisions of the current rules, establish new procedures as required by legislative amendments to *Minn. Stat.* §§ 123.702-123.703, and provide clarifications of some preschool screening program standards.

Persons interested in these rules shall have 30 days to submit comments on the proposed rules. The proposed rules may be modified if the modifications are supported by the data and views submitted to the agency and do not result in a substantial change in the proposed language.

Unless seven or more persons submit written requests for a public hearing on the proposed rules within the 30-day comment

period, a public hearing will not be held. In the event a public hearing is required, the agency will proceed according to provisions of *Minn. Stat.* § 15.0412, subds. 4-4f.

Persons who wish to submit comments or a written request for a public hearing should submit such comments or requests to:

Thomas J. Lombard, Supervisor
Preschool Screening Program
State Department of Education
647 Capitol Square Building
550 Cedar Street
St. Paul, MN 55101
Telephone: (612) 296-4080

Authority for the adoption of these rules is contained in *Minn. Stat.* § 123.703, subd. 1. Additionally, a statement of need and reasonableness that describes the need for and reasonableness of the proposed rules and identifies the data and information relied upon to support the proposed rules has been prepared and is available from Thomas J. Lombard upon request.

Upon adoption of the final rules without a public hearing, the proposed rules, this notice, and the statement of need and reasonableness, all written comments received, and the final rules as adopted will be delivered to the Attorney General for review as to form and legality, including the issue of substantial change. Persons who wish to be advised of the submission of this material to the Attorney General, or who wish to receive a copy of the final rules as proposed for adoption, should submit a written statement of such request to Thomas J. Lombard.

A copy of the proposed rules is attached to this notice.

Copies of this notice and the proposed rules are available and may be obtained by contacting Thomas J. Lombard.

John J. Feda, Secretary
State Board of Education

Rules as Proposed

Chapter Thirty-Six:
Preschool Health and Developmental Screening

5 MCAR § 1.0720 Definitions. ~~For the purposes of this chapter~~

A. Scope. As used in 5 MCAR §§ 1.0720-1.0724, the terms ~~are~~ defined ~~as follows:~~ in 5 MCAR § 1.0720 have the meanings given them.

~~A.~~ B. Assessment ~~as used in these rules is synonomous with~~. "Assessment" has the same meaning as "screening" ~~as indicated below~~.

~~B.~~ C. Developmental screening ~~includes identifying~~. "Developmental screening" means identification of the motor, language, social-emotional, and cognitive status of the child.

D. Health maintenance referral. "Health maintenance referral" means a referral made for periodic medical or dental examinations, immunizations, or health or nutritional counseling.

E. Licensed, registered, or certified. "Licensed," "registered," or "certified" means licensed, registered, or certified in Minnesota.

~~C.~~ F. Parent ~~or parents include: 1) a biological~~. "Parent" means the mother ~~or~~, father, ~~2) an adoptive mother or father, 3) a~~ or legally appointed guardian~~, 4) in the event that~~. If a child is a ward of the Commissioner of Public Welfare or other public official, the parent is the commissioner or such official~~; or 5) when~~. If the parent or guardian is unknown or cannot be found after reasonable efforts have been made, ~~then such~~ the parent is an agency or other person appointed pursuant to *Minnesota Statutes* or court order.

~~D.~~ G. Preschool health and developmental screening program. "Preschool health and developmental screening program" or "screening program" means the systematic procedures developed to conduct screening ~~or~~ of preschool children ~~in accordance with Minnesota statutes~~.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

~~E.~~ H. Referral. "Referral" means an organized system for providing information ~~on~~ to the parent about agencies or ~~specialists~~ providers to be ~~utilized~~ used in evaluation, diagnosis, and treatment of problems identified through ~~the~~ screening ~~procedure~~ procedures.

~~F.~~ I. Screening. "Screening" means the use of procedures to sort out apparently well children from those in need of more definitive study of ~~physical~~ health or developmental problems.

~~G.~~ J. Screening personnel. "Screening personnel" means professional, paraprofessional, and volunteer staff ~~in local schools or contracted agencies~~ who ~~will~~ conduct activities ~~related to~~ as part of the ~~preschool health and developmental~~ screening program.

5 MCAR § 1.0721 Participation in program and delivery of services.

A. Available screening. All children ~~in the state of Minnesota~~ shall have available without cost the services of trained personnel to screen for possible health and developmental problems once prior to entering school.

B. Voluntary screening. Participation in the screening program by children ~~shall be~~ is voluntary, and ~~shall~~ can not be required for entry into school. ~~Parents~~ A parent may elect to participate in only a part of the screening program ~~if they so desire~~.

C. Methods of providing screening. ~~Preschool health and developmental~~ A screening ~~services~~ program shall be provided by all ~~local~~ school boards, with the consultation of local societies of health providers. If possible school boards, individually or in cooperation with other schools or agencies, shall~~, wherever possible,~~ contract with or purchase ~~service~~ services from ~~an~~ approved early and periodic screening ~~program~~ programs. ~~Where~~ If this is not possible~~,~~ or all services are not available, school boards may contract with other health care providers to operate screening programs. Volunteer screening programs shall also be integrated and utilized where available.

D. Coordination with other screening programs. ~~The Preschool~~ Screening ~~program~~ programs and follow-up shall be coordinated as far as possible with other health screening programs and providers to eliminate duplication of services and provide more efficient administration. School ~~districts~~ boards shall arrange for exchange of information on students with other health screening programs and providers. ~~Such~~ The exchange shall be consistent with 5 MCAR § 1.0724 D.

5 MCAR § 1.07221 School district plan and program report.

A. Annual plan. Annually each school district shall submit to the Department of Education a plan for implementing a preschool screening program. The plan must be in accordance with *Minn. Stat.* §§ 123.701-123.705 and 5 MCAR §§ 1.0720-1.0724.

B. Content of plan. The plan must be on forms supplied by the Commissioner of Education and contain substantially the following:

1. information identifying the district and the preschool screening coordinator;

2. information about the screening, such as the number and age range of the children to be screened, the estimated screening date, and program components;

3. whether advanced funding is requested; and

4. the assurance of the clerk of the school board and the superintendent or other authorized agent of the district that the district is in compliance with state laws and rules requiring that:

a. the public will be informed and actively encouraged to participate in the preschool screening program;

b. all staff will meet the qualifications as defined in 5 MCAR § 1.0723;

c. all required screening components will be offered in accordance with 5 MCAR § 1.0724 A.;

d. the required screening services will be offered at no direct cost to the participating parent;

e. a referral and follow-up process will be available;

f. no reimbursement request will be submitted for children whose screening has been paid for by other agencies or for costs reimbursed by other sources;

g. no reimbursement will be claimed for more than one screening per child; and

h. copies of the child screening form and the program cost report will be submitted to the Department of Education.

C. Effect of plan. The plan is submitted in consideration of and for the purpose of obtaining state aid from the Department of Education. The district shall agree that state aid is paid in reliance on the representations and assurances made in the plan. The assurances in B.4. are binding on the district and the persons who sign on behalf of the district.

D. Exceptions. Requests for exceptions to required components of the screening program must be made annually before the screening program is implemented. The State Board of Education shall grant an exception if the district provides evidence that it is not financially feasible for the district to provide one or more components.

E. Program report. Annually each school district shall submit to the Department of Education a report of the following information:

1. the number of children screened in required and optional components;

2. the number of children who were eligible for screening;

3. the district's cost by component; and

4. the average cost of any optional components and any fees charged for optional components.

F. Final aid payment. The final aid payment shall be paid at the conclusion of the screening program or the fiscal year, whichever occurs first. A district's plan must have been approved and report submitted before the aid is paid.

5 MCAR § 1.0723 ~~Staffing~~ Screening program staff.

A. Preschool screening coordinator. Each district shall designate a preschool screening coordinator to be responsible for administering all components of the screening program. The coordinator may be a volunteer.

B. Screening personnel ~~Screening shall be performed by qualified personnel~~ In selecting personnel ~~to implement the pre-school screening program~~ for screening programs, school districts shall give first priority to volunteers who have the qualifications required by D.-I. of this part. Second priority shall be given to others ~~possessing~~ who possess at least minimum qualifications and who can provide services determined to be most cost effective. ~~A person~~ Personnel may perform one or more of the functions described in ~~A. through F. of this section provided appropriate~~ 5 MCAR § 1.0723 if they meet each of the qualifications ~~are met. Each pre-school health and developmental screening program shall include the following screening personnel meeting the stated minimum qualifications:~~

C. Services delegated by professionals. If a qualified professional delegates services, the professional must assure that all delegated services comply with 5 MCAR §§ 1.0720-1.0724 and that adequate supervision is provided. The professional is responsible for services delegated and provided by other persons.

~~A. Nurse~~ D. Professional health screener qualifications. A person who performs professional health screening must be a licensed medical physician or a registered nurse. A screener who is a registered nurse must:

1. ~~A nurse currently licensed to practice professional nursing in the state of Minnesota shall be qualified to perform those pre-school screening functions permitted under the state nurse practice act,~~ and

~~2. Who has~~ have successfully completed Department of Health training seminars ~~provided by the Minnesota Department of Health~~ or ~~participated in~~ equivalent training programs to prepare individuals to perform child screening as designated by the ~~Minnesota~~ Department of Health ~~to prepare individual to perform child screening.~~ in consultation with the Department of Education; and

2. have annually participated in at least five contact hours of continuing education in pediatric or health assessment. The hours must be offered through the Department of Health or meet the continuing education requirements of the Board of Nursing.

~~B. Clinic coordinator who shall be responsible for administration of all components of the pre-school screening program.~~ E. Developmental screener qualifications. A person who performs developmental screening must be licensed as a special education teacher, school psychologist, kindergarten teacher, prekindergarten teacher, or registered nurse and must have completed:

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

1. training seminars provided by the Department of Education; or

2. equivalent training as determined by the Department of Education in consultation with the Department of Health.

~~C.~~ F. Vision and hearing ~~technician~~ screener qualifications. A person who performs vision or hearing screening must have been trained by:

1. ~~Who has been trained by~~ the ~~Minnesota~~ Department of Health to perform vision ~~and~~ or hearing screening~~,~~; or

2. ~~Who has been trained by~~ a program providing equivalent preparation as determined by the Department of Health in consultation with the Department of Education.

~~D.~~ G. Laboratory assistant~~,~~ ~~for programs with a laboratory component~~ qualifications. A person who performs laboratory tests must have been trained by:

1. ~~Who must be registered as a laboratory technician, or~~

~~2.~~ ~~Who has been trained~~ the Department of Health to perform the specific tests used in the screening ~~session under the supervision of a nurse trained in accordance with 5 MCAR Section 1.0723 A.~~ program; or

2. a program providing equivalent preparation as determined by the Department of Health in consultation with the Department of Education.

~~E.~~ H. Clinic assistant qualifications. A person who is a clinic assistant may perform vision, hearing, and developmental screening and measure height, weight, and blood pressure. A clinic assistant is a lay person or a paraprofessional who must be under the supervision of a professional qualified for the screening component for which the clinic assistant is used. The professional must be present at the screening site. A clinic assistant must have been trained by:

1. ~~Who has been trained by~~ Department of Education or Department of Health professional staff ~~in administering one or more of~~ to administer the health or developmental screening measures~~;~~ to be performed by the clinic assistant; or

2. ~~Who has been trained by~~ a program providing equivalent preparation as determined by the Department of ~~Health~~ Education or the Department of ~~Education~~ Health.

~~F.~~ I. Dental screener qualifications. A person who performs dental assessments must be a:

1. ~~Who must be a~~ licensed dental hygienist or a registered or certified dental assistant~~,~~; or

2. registered nurse who has been trained by the ~~Minnesota~~ Department of Health or approved by the ~~Minnesota~~ Department of Health in consultation with the Department of Education, as having been trained to perform dental screening~~.~~; or

3. licensed dentist, licensed physician, school nurse practitioner, or pediatric nurse practitioner using screening procedures according to 5 MCAR § 1.0724.

J. Volunteer. A volunteer may be a lay person, paraprofessional, or professional who performs screening without fee or payment. A volunteer may perform any of the screening components if the volunteer meets the qualifications established in 5 MCAR § 1.0723.

5 MCAR § 1.0724 Screening procedures.

A. Required components. Screening procedures shall include the ~~following~~ components~~:~~ in 1. to 6., unless an exception has been granted according to 5 MCAR § 1.0722 D.

1. A professional health screener must obtain a health history at an individual parent interview to review ~~of~~ past and present health status including immunization status and perinatal, psychosocial, and family health ~~and immunizations;~~ information.

2. ~~Developmental screening tests of~~ A developmental screener must measure the child's ~~development in the areas of~~ cognition, fine and gross motor ~~development,~~ skills, speech and language ~~development~~, and social-emotional development~~,~~ ~~and cognitive development by using procedures which shall include:~~. The procedures must include at least:

a. a parent report of the child's functioning history in ~~the areas of~~ skills development, emotional status, and behavior status; and

b. direct observation of the child's functioning ~~utilizing~~. Standardized developmental screening instruments approved by the ~~Minnesota~~ Department of Education ~~and which have;~~

~~(1)~~ must be used. They must contain norms for the age range tested and written procedures for administration ~~and~~, scoring, and interpretation.

~~(2) Norms for the age range being tested.~~

3. A hearing ~~tests: To test~~ screener must screen for deviations from the normal range of auditory acuity using the Puretone ~~Audiometric Screening Test. A~~ Audiometer or the Verbal Auditory Screening of Children ~~may be used for 4 year old children~~ (VASC).

4. A Vision ~~tests: To test~~ screener must screen for eye health, deviations from the normal range of visual acuity, and muscle balance ~~in the child. Approved programs must~~ The procedures include:

a. ~~Check the child for a history of maternal and/or neonatal infection and a family history of ocular abnormalities such as color blindness or retinitis pigmentosa.~~ an external inspection of the eyes, including lids, lashes, and surrounding area;

b. ~~Observe and examine the child's pupils and light following reflex, presence and absence of nystagmus, muscle balance, and an external examination of the eyes.~~

~~c.~~ muscle balance screening procedures ~~include~~, including at least an observation, alternate cover test, ~~and the Hirschberg test~~ and corneal light reflection or ~~a test with~~ equivalent ~~standards~~ screening procedures as determined by the Department of Health ~~or~~ in consultation with the Department of Education~~, which is appropriate for the age group being screened.~~; and

~~d.~~ c. ~~Test for visual acuity. A test~~ an instrument to screen for visual acuity such as the ~~Screening Test for Young Children and Retardates (STYCAR)~~ HOTV Chart, the Snellen E cube, the Snellen Alphabet E-Chart, or ~~a test~~ an instrument with equivalent standards, as determined by the Department of Health ~~or~~ in consultation with the Department of Education~~, must be used~~.

5. ~~Dental inspection: The child's mouth is to be inspected for any obvious oral or dental abnormalities~~ A screener must measure the child's height, weight, and blood pressure.

6. A professional health screener must conduct a summary interview with the parent on the health and developmental findings to explain the results and make referral recommendations.

B. ~~As of July 1, 1978, the~~ Optional comopnents. Screening ~~procedure shall, in addition to the components included in A. of this section,~~ procedures may also include the ~~following~~ components~~:~~ in 1. to 5.

1. Dental inspection of the child's mouth to detect obvious oral or dental abnormalities may be provided. If dental education is provided, it should include at least information about fluorides, snacks, sealants, and regular dental visits.

~~1.~~ 2. Physical inspection of the unclothed child ~~including~~ may be provided. If provided, it must include an inspection of pulse, respiration, ~~blood pressure,~~ head, eyes, ears, nose, pharynx, neck, chest, heart, lungs, abdomen, spine, extremities, joints, muscle tone, and skin ~~and neurologic reaction~~ according to normal procedures.

~~2.~~ 3. Laboratory tests~~:~~ ~~The following tests are to~~ may be ~~administered~~ provided and if provided, must be appropriate for the age and sex of the child ~~including:~~. The tests may include:

a. ~~Tuberculin.~~

~~b.~~ Urine (bililabstix)~~.~~;

~~c.~~ b. anemia testing (microhematocrit, hemoglobin)~~.~~;

~~d.~~ c. blood lead test for increased lead absorption and lead poisoning in children whose history indicates the possibility of exposure to undue levels of lead in the environment or atmosphere~~.~~; and

~~e.~~ d. sickle cell ~~testing: This~~ test ~~is to be~~ administered when indicated by the child's health history or physical inspection, and only with specific consent of the parent~~(s)~~ ~~or guardian(s)~~.

~~3.~~ 4. Nutrition ~~status review:~~ assessment ~~a review~~ of the child's food intake may be provided.

KEY: PROPOSED RULES SECTION — Underlining indicates additions to existing rule language. ~~Strike outs~~ indicate deletions from existing rule language. If a proposed rule is totally new, it is designated "all new material." ADOPTED RULES SECTION — Underlining indicates additions to proposed rule language. ~~Strike outs~~ indicate deletions from proposed rule language.

5. Other optional components must be explained in the district's annual plan. Providers of optional components must meet the standards for screening personnel described in 5 MCAR § 1.0723.

C. Duplication of services. No ~~preschool~~ screening program shall provide a laboratory ~~tests~~ test, ~~a~~ health history, or physical assessment to any child who has ~~been provided with these~~ had the laboratory ~~tests~~ test, ~~a~~ health history, physical assessment, or physical examination within the previous 12 months. The school district shall request the results of any laboratory test, health history, or physical examination conducted within ~~the~~ 12 months preceding a scheduled preschool screening ~~clinic~~ program, for inclusion in the school records in lieu of comparable information collected in the screening program. Procedures shall be developed for exchange of ~~student~~ information in accordance with ~~5 MCAR § 1.0724~~ D.

D. Private data. Data on individual ~~students in~~ children is private as defined by state statutes and shall not be disclosed to a third party, including the district, without the informed consent of the parent. All information must be made available to the ~~parents~~ parent.

E. ~~Upon identification of~~ Referrals. If a condition appears to be in need of diagnosis or further attention, ~~parents shall~~ the parent must be informed of appropriate agencies or ~~specialists~~ providers capable of performing needed services, such as the family physician, licensed school nurse, or special education programs.

F. Follow-up on referrals. A minimum of two attempts shall be made, at least one of which shall be in writing with return postage, to determine whether the recommended referrals were ~~utilized~~ used and were valid. The school district is not required to follow up on health maintenance referrals.

G. Inclusion in school records. Data on individual ~~students~~ children obtained in the screening program shall be incorporated into school district records, except as indicated in D. ~~of this section~~.

H. Medical assistance information. ~~Local~~ School districts shall request information from parents concerning medical assistance eligibility to make it possible for the district to comply with 5 MCAR § ~~1.0725 C~~ 1.07221 B.4.f.

I. Services prohibited. Diagnosis, treatment, or therapy shall not be provided in the ~~pre-school~~ screening program but ~~this does not preclude provision of such services~~ may be provided as a part of a related program.

J. Special education. Educational placement decisions, diagnostic conclusions, and objectives for individual educational plans may not be based solely or primarily on the screening data made available to the district from the screening program.

K. Fees. Districts may charge parents a fee for any of the optional screening components.

Repealer. 5 MCAR §§ 1.0722 and 1.0725 are repealed.

Relettering. Reletter 5 MCAR § 1.0724 G. as E. and reletter E. and F. as F. and G.

Department of Transportation

Proposed Rules Governing Individual Eligibility for Special Transportation Service for the Metropolitan Area of Minneapolis and St. Paul

Notice of Hearing

Notice is hereby given that a public hearing in the above-entitled matter will be held pursuant to *Minnesota Statutes*, section 15.0412, subdivision 4, in Room 57, State Office Building, State Capitol Complex, 435 Park Street, St. Paul, Minnesota on September 21, 1982, commencing at 10:00 A.M. and continuing until all persons or representatives of associations or other interested groups have had an opportunity to be heard concerning adoption of the proposed rules captioned above by submitting either oral or written data, statements, or arguments. Statements or briefs may be submitted without appearing at the hearing.

The Commissioner of Transportation has been provided the statutory authority to promulgate rules governing individual eligibility for special transportation service in the Metropolitan area of Minneapolis and St. Paul under the Metro Mobility Project in *Minnesota Statutes* section 174.31, subdivision 3(g) (most current amendment found at Minn. Laws 1981, Third Extra Session, Chapter 2, Section 19); which section requires the commissioner to establish criteria to be used in determining eligibility. The proposed rules, if adopted, generally would:

1. establish eligibility criteria,
2. provide for administrative procedures,
3. require evidence of disability,

State of Minnesota
State Board of Education

In the Matter of the Proposed
Adoption of Rules of the State
Board of Education Governing the
Preschool Screening Program
5 MCAR SS 1.0720-1.0724

FINDINGS OF FACT
AND CONCLUSIONS

FINDINGS OF FACT

On August 16, 1982, the Minnesota State Board of Education and the Minnesota Department of Education published in the State Register proposed rules governing the preschool screening program. The proposed rules were published pursuant to Minnesota Statutes Section 15.0412, subd. 4h, authorizing adoption of "noncontroversial" rules without a public hearing. Under those statutes a public hearing must be held if requested by seven or more persons. The Department received twelve requests for public hearing, eleven of which were from Doctors of Chiropractic. Eight of these requests were rescinded during the comment period when it was agreed that chiropractors were eligible to serve as professional health screeners. There were insufficient requests remaining to require a public hearing.

Several persons submitted comments to the Department for consideration regarding the proposed rules. A point by point review of these comments follows:

1. From Carol Settergren, R.N., Nurse Coordinator, Independent School District #709, Duluth, MN:

Comment: The language in 5 MCAR S 1.0723E. is not clear and makes it sound as if the school district must have all developmental screeners be professionals.

Response: Change S 1.0723 E. to the following language:

E. Developmental screener qualifications. A person who performs developmental screening <u>without supervision</u> must be licensed as a special education teacher, school psychologist, kindergarten teacher, prekindergarten teacher, ~~or~~ registered nurse <u>or licensed physician</u> and must have completed: ✓p.6

1. training seminars provided by the Department of Education; or
2. equivalent training as determined by the Department of Education in consultation with the Department of Health.

<u>Other persons who perform developmental screening must meet the supervision requirements of 5 MCAR S 1.0723 H.</u> ✓p.6

2. From Dr. Marcia Carthaus, Coordinator for Special Education, Independent School District #273, Edina, MN:

Comment: In 5 MCAR S 1.0720, the term "assessment" has the same meaning as "screening" and she does not view the terms as being synonymous.

Response: Dr. Carthaus is correct that there could be some confusion over the terms because special educators regard an assessment as a comprehensive evaluation. However, Minn. Stat. 123.702 uses the term "assessment" interchangeably with "screening." Therefore, it is necessary to define them as synonyms and no change is recommended.

Comment: Speech clinicians should be included as developmental screeners in 5 MCAR S 1.0723 E.

Response: Speech clinicians are included under the generic term "special education teachers." Therefore, the language proposed in the previous response to Ms. Carol Settergren's comment is sufficient.

Comment: It is not clear whether the training requirements in 5 MCAR S 1.0723 are annual or singular requirements.

Response: No amendment is required. As stated, the training requirements are one-time requirements.

3. From W. A. Wettergren, Executive Secretary, Minnesota School Boards Association:

Comment: The continuing education requirement in 5 MCAR S 1.0723 D.2. for registered nurses to have at least five contact hours annually in pediatric assessment should be dropped. It is stated that this requirement could reduce individual choice and initiative, and could reduce the number of nurses available for service delivery.

Response: Drop the continuing education requirement in 5 MCAR S 1.0723 D.2. dropped p.5

4. From Lynn Theurer, Administrator, Winona County Community Health Services, Winona, MN:

Comment: Recommended that the continuing education requirement for nurses in 5 MCAR S 1.0723 D.2. be deleted.

Response: This requirement should be deleted as recommended in the response to W. A. Wettergren's comments. p.5

Comment: Naming the brand name of the audiometer in 5 MCAR S 1.0724 A.3. could become restrictive with developing technology.

Response: Broaden the language in 5 MCAR S 1.0724 A.3. by adding the following phrase at the end of this item: or equivalent screening procedures as determined by the Department of Health in consultation with the Department of Education. p.8

Comment: Objection was made to no longer requiring school districts to follow-up on health maintenance referrals in 5 MCAR S 1.0724 F.

Response: Department of Health standards for referral criteria require that children who have not been examined by a dentist or a physician within 18 months of the screening are automatically referred, even if no problems

are evident. Many referrals are made for these health maintenance reasons and they are not considered urgent enough to mandate that schools follow up on them, as they should for problem-based referrals. No change is recommended.

5. From Arvid J. Houglum, Director of Public Health, Olmsted County Health Department, Rochester, MN:

Comment: The language in 5 MCAR S 1.0724 C. regarding nonduplication of services should be clarified to state that no screening program shall provide a laboratory test, health history or physical assessment to any child who has had these components within the previous 12 months as part of a routine periodic well-child health evaluation. Dr. Houglum goes on to state that health histories and physical assessments made primarily for the purpose of diagnosing an acute medical problem are insufficient in scope to substitute for a well-child evaluation.

Response: Add the recommended clause in 5 MCAR S 1.0724 C. as follows:

C. Duplication of services. No screening program shall provide a laboratory test, health history, or physical assessment to any child who has had the laboratory test, health history, physical assessment, or physical examination within the previous 12 months <u>as part of a routine well-child evaluation</u>. The school district shall request the results of any laboratory test, health history or physical examination conducted within 12 months preceding a scheduled preschool screening program, for inclusion in the school records in lieu of comparable information collected in the screening program. Procedures shall be developed for exchange of information in accordance with D.

p. 10

Comment: It was suggested that 5 MCAR S 1.0724 K. be expanded by permitting contracted providers to charge a fee for optional screening components.

Response: The option for contracted providers to collect a fee is implicit in the proposed language and further statements to this effect are unnecessary. However, the language should be amended as follows to assure that parents maintain their option to participate in any of the screening components: K. Fees. Districts may charge parents a fee for any of the optional screening components. <u>A parent may refuse the optional components and receive the required components free of charge</u>.

6. Several memos were received from George R. Pettersen, M.D., Commissioner of Health and delegated officials from the Minnesota Department of Health (MDH):

Comment: In response to the request from several chiropractors to have this profession included with registered nurses and physicians as professional health screeners, MDH staff recommended the following definition be added to 5 MCAR S 1.0720:

Response: The above definition should be added.

Not added as a definition. Why? But see p.5, new language.

<u>K. Licensed health professional. Licenses health professional means licensed physician, dentist, registered nurse, chiropractor, optometrist, podiatrist or psychologist</u>.

Comment: 5 MCAR S 1.0723 should be amended to allow MDH the authority to review the preparation of health professionals and determine their need for current training or orientation to the preschool screening program and

MDH standards.

Response: Minn. Stat. SS 123.702, subd. 1a and 123.703 subd. 1 require these rules to be consistent with standards of the State Commissioner of Health. Therefore, the following revision of 5 MCAR S 1.0723 D. should be made, along with a new item 5 MCAR S 1.0724 K. This language was composed by MDH staff and offered to the Department by Commissioner Pettersen:

D. Professional health screener qualifications. A person who performs professional health screening must be a licensed ~~medical physician or a registered nurse.~~ health professional. ~~A screener who is a registered nurse~~ Professional health screeners who are not a licensed physician or a registered nurse must:

Similar language added

1. have successfully completed Department of Health training seminars or equivalent training programs to prepare individuals to perform child screening as designated by the Department of Health in consultation with the Department of Education; and

2. be knowledgeable of all referral criteria determined under 5 MCAR S 1.0724 E.

Not added, per Revisor

K. Equivalent training programs. In designating equivalent training programs pursuant to Parts D., F., G., H., and I. of 5 MCAR S 1.0723, the Department of Health in consultation with the Department of Education shall approve the program if it meets the following criteria:

1. the program must provide the information and training required to perform the specific screening activities specified in parts D., F., G., H., or I, of 5 MCAR S 1.0723;

2. the program must have been completed within two years from the time the person requests the equivalent designation;

this not included

per Revisor

3. the program must offer the same or greater number of course contact hours as the MDH training seminars;

4. the programs instructors' qualifications must be at least equivalent to the instructor qualifications of MDH training seminar instructors; and

5. the program course materials must be consistent with materials utilized in MDH training seminars.

Similar language added as .0723 J p.7

7. From Ms. Kathleen Kelso, Legislative Liaison, Minnesota Nurses Association (MNA):

Comment: Registered nurses cannot be required to attend MDH training seminars as proposed by MDH language in the preceding comment.

Response: Minn. Stat. S 123.703, subd. 1, states that Board of Education rules shall unconditionally permit registered nurses to perform screening components that can be done by a nurse. Despite a strong recommendation from the Commissioner of Health and MDH staff that some registered nurses should be required to complete MDH training seminars, the MNA position is legally correct. While it is agreed that not all registered nurses are adequately prepared to function as health screeners in the preschool screening

program, the statutory reference cited here precludes a mandate for registered nurses to attend MDH training seminars. Therefore, registered nurses should be identified with physicians in 5 MCAR S 1.0724 D.

8. From Richard E. Williams, M.D., Chairman, Screening Subcommittee, Minnesota Medican Association:

Comment: Dr. Williams met with the State Board of Education on August 10, 1982, with lengthy testimony on further revisions to the proposed rules. After several meetings with staff from the Minnesota Medical Association and State Department of Health, several additional changes were mutually agreed upon.

Response: The following changes were presented to the Board of Education on September 14, 1982, and the designated rule references should be amended. These amendments are considered to be needed clarification of confusing language and in some cases add new items that improve the usefullness of these rules:

a. Reword 5 MCAR S 1.0720 H. as follows: "Referral" means an organized system for ~~providing~~ the provision of information to the parent at the summary interview about the names of agencies or providers to be possibly utilized ~~used in~~ for evaluation~~,~~ or diagnosis,. ~~and treatment of problems identified through screening procedures.~~

p.2

b. Add the following sentence to 5 MCAR S 1.0721 C.: All agreements for the provision of each component of the screening process shall be in writing, describing responsibilities for the screening and shall include dates and locations of the screening to be performed.

p.2

c. Add the following sentence as 5 MCAR S 1.07221 B4i: Local societies of health care providers will be consulted about the preschool screening program.

p.3

d. Add the following sentence as 5 MCAR S 1.07221 G.: Any individual or group claiming improper exclusion from performing any component of the screening process may file a complaint with the school board who shall determine the validity of the complaint and take such corrective action as is advisable under these circumstances.

? p.3 similar language used, but in different section

e. Add "licensed physician" to the list of developmental screeners in 5 MCAR S 1.0723 E.

f. Amend 5 MCAR S 1.0723 H. as follows: ~~A person who is a clinic assistant may perform vision, hearing, and developmental screening and measure height, weight and blood pressure.~~ A clinic assistant is a lay person or a paraprofessional who may perform any component of the screening program, but who must be under the supervision of a professional qualified for the screening component for which the clinic assistant is used. The professional must be present at the screening site. A clinic assistant must have been trained by:

p.6

g. Amend 5 MCAR S 1.0724 A.6. as follows: A professional health screener must conduct a summary interview with the parent at the completion of the screening ~~on~~ to discuss the health and developmental findings ~~to explain the results~~ and make referral recommendations.

p.9

h. Completely rewrite 5 MCAR S 1.0724 E. as follows: ~~Referals.--If a~~

~~condition-appears-to-be-in-need-of-diagnosis-or-further-attention,-the-parent must-be-informed-of-appropriate-agencies-or-providers-capable-of-performing needed---services,-such-as-the-family-physician,-licensed-school-nurse,-or special-education-programs.~~ Referrals. The Department of Education in consultation with the Commissioner of Health shall develop guidelines on minimum referral criteria for each screening component. p. 10

i. Add the following sentence to 5 MCAR S 1.0724 G.: Screening data that are not substantiated may not be listed as confirmed health or developmental problems in a child's school record. p. 10

All of the criticisms and comments received on the proposed rules have received careful and deliberate consideration. In most instances, the comments resulted in changes which improved the rules but do not affect the substance of the rules. The Department has concluded that the proposed rules, with technical amendments, satisfy the requirements of Minnesota Statutes Section 15.0412, subd. 4h, and that the proposed rules as amended should be adopted and published as final rules.

CONCLUSIONS

1. The Board gave due, timely, and adequate legal notice of its intent to adopt the rule without a public hearing.

2. Fewer than seven persons requested a public hearing during the 30 day comment period.

3. The Board has the statutory authority to promulgate the proposed rule.

4. The Board has fulfilled all relevant, substantive, and procedural requirements of law or rule.

5. The Board has demonstrated the need for and the reasonableness of the proposed rules by an affirmative presentation of facts.

December 14, 1982

John J. Feda

John J. Feda, Secretary
State Board of Education

CERTIFICATE OF BOARD'S
RESOLUTION ADOPTING RULES

I, John J. Feda, do hereby certify that I am Secretary of the Board of Education, a Board duly authorized under the laws of the State of Minnesota, and that the following is a true, complete, and correct copy of a resolution adopted at a meeting of the Board of Education, duly and properly called and held on the 14th day of December, 1982, that a quorum was present at said meeting, that a majority of those present voted for the resolution, and that said resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

> "RESOLVED, that the rules governing the preschool screening program be and they hereby are approved and adopted pursuant to the authority vested in us by Minn. Stat. § 123.103, subd. 1, and that John J. Feda, the secretary of the Board of Education, be and hereby is authorized to sign an order adopting these rules and further is authorized to perform the necessary acts to provide that these rules have the force and effect of law."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 14th day of December, 1982.

John J. Feda, Secretary
State Board of Education

Member, State Board of Education

In the Matter of the Proposed Adoption of Rules of the State Board of Education Governing the Preschool Screening Program (5 MCAR §§ 1.0720-1.0724)

STATEMENT OF COMPLIANCE WITH RULEMAKING PROCEDURES

I, Assistant Attorney General Michael J. Bradley, do hereby declare that I have examined the rules and all related documents and that, based on my examination and my personal familiarity with the applicable procedures, the Administrative Procedure Act, the rules of the Office of Administrative Hearings, and the rules of the Attorney General have been followed. Any exceptions are noted below.

Michael J. Bradley
Assistant Attorney General

Dated: Jan 20, 1983