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State of Minnesota

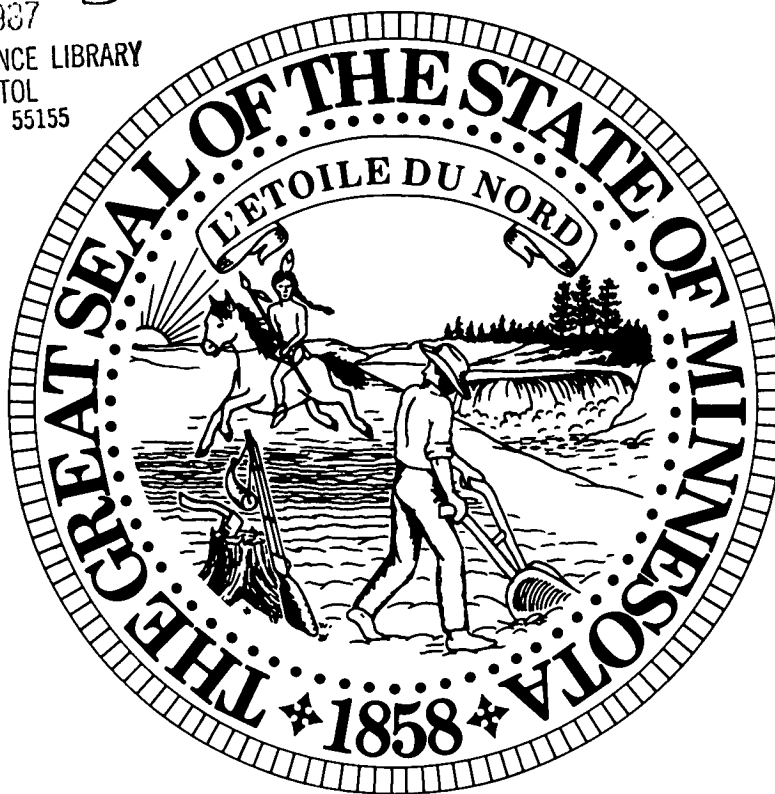
# STATE REGISTER

Department of Administration—Documents Division

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# STATE REGISTER

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The *State Register* is the official publication of the State of Minnesota, containing executive orders of the governor, proposed and adopted rules of state agencies, official notices to the public, state and non-state public contracts, grants, supreme court and tax court decisions, and a monthly calendar of cases to be heard by the state supreme court.

### Volume 12 Printing Schedule and Submission Deadlines

Vol. 12 Issue Number	*Submission deadline for Executive Orders, Adopted Rules and **Proposed Rules	*Submission deadline for State Contract Notices and other **Official Notices	Issue Date
26	Monday 14 December	Friday 18 December	Monday 28 December
27	Friday 18 December	Thursday 24 December	Monday 4 January
28	Thursday 24 December	Monday 4 January	Monday 11 January
29	Monday 4 January	Monday 11 January	Friday 18 January

\*Deadline extensions may be possible at the editor's discretion; however, none will be made beyond the second Wednesday (12 calendar days) preceding the issue date for rules, proposed rules and executive orders, or beyond the Wednesday (5 calendar days) preceding the issue date for official notices. Requests for deadline extensions should be made only in valid emergency situations.

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# Contents

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## Minnesota Rules:

### Amendments and Additions

Issues 1-26 inclusive (July-Dec. 1987 cumulative) . . . . . 1284

### Proposed Rules

#### Boxing Board

Amateur and professional boxing, full contact  
karate, and kick boxing . . . . . 1288

#### Human Services Department

Licensing requirements for child care centers . . . . . 1296  
Subsidized adoption . . . . . 1326

### Adopted Rules

#### Commerce Department

Securities . . . . . 1335

#### Health Department

Merit system . . . . . 1335

#### Human Services Department

Merit system . . . . . 1335

#### Public Safety Department

Merit system . . . . . 1335

#### Pollution Control Agency

Water quality permit fees . . . . . 1336

## Official Notices

### Human Services Department

List of health care services requiring prior  
authorization . . . . . 1336

### Secretary of State

Vacancies in multi-member state agencies . . . . . 1347

### Vocational Technical Education Board

Opinion sought on rules for licensure of  
postsecondary technical education personnel . . . . . 1349

## State Contracts & Advertised Bids

### Administration Department

Materials Management Division commodities and  
requisitions . . . . . 1349  
Printing and Mailing Services Division contracts . . . . . 1350

### Human Services Department

Request for proposals for quality assurance review  
of prepaid health plans . . . . . 1350

## State Grants

### Housing Finance Agency

Fund availability and request for proposals for low  
income persons living alone housing program . . . . . 1351

### Supreme Court Calendar

Cases scheduled to be heard during January 1988 . . . . . 1351

**Announcements** . . . . . 1353

# Minnesota Rules: Amendments and Additions

## NOTICE: How to Follow State Agency Rulemaking in the State Register

The *State Register* is the official source, and only complete listing, for all state agency rulemaking in its various stages. State agencies are required to publish notice of their rulemaking action in the *State Register*. Published every Monday, the *State Register* makes it easy to follow and participate in the important rulemaking process. Approximately 75 state agencies have the authority to issue rules. Each agency is assigned specific *Minnesota Rule* chapter numbers. Every odd-numbered year the *Minnesota Rules* are published. This is a ten-volume bound collection of all adopted rules in effect at the time. Supplements are published to update this set of rules. Proposed and adopted emergency rules do not appear in this set because of their short-term nature, but are published in the *State Register*.

If an agency seeks outside opinion before issuing new rules or rule amendments, it must publish a NOTICE OF INTENT TO SOLICIT OUTSIDE OPINION in the *Official Notices* section of the *State Register*. When rules are first drafted, state agencies publish them as **Proposed Rules**, along with a notice of hearing, or notice of intent to adopt rules without a hearing in the case of noncontroversial rules. This notice asks for comment on the rules as proposed. Proposed emergency rules and withdrawn proposed rules are also published in the *State Register*. After proposed rules have gone through the comment period, and have been rewritten into their final form, they again appear in the *State Register* as **Adopted Rules**. These final adopted rules are not printed in their entirety in the *State Register*, only the changes made since their publication as **Proposed Rules**. To see the full rule, as adopted and in effect, a person simply needs two issues of the *State Register*, the issue the rule appeared in as proposed, and later as adopted. For a more detailed description of the rulemaking process, see the *Minnesota Guidebook to State Agency Services*.

The *State Register* features partial and cumulative listings of rules in this section on the following schedule: issues 1-13 inclusive; issues 14-25 inclusive; issue 26, cumulative for issues 1-26; issues 27-38 inclusive; issue 39, cumulative for 1-39; issues 40-51 inclusive; and issue 52, cumulative for 1-52. An annual subject matter index for rules appears in August. For copies of the *State Register*, a subscription, the annual index, the *Minnesota Rules* or the *Minnesota Guidebook to State Agency Services*, contact the Minnesota Documents Division, 117 University Avenue, St. Paul, MN 55155 (612) 297-3000 or toll-free in Minnesota 1-800-652-9747 and ask for "Documents."

### Accountancy Board

1100.3600 (adopted) ..... 412

### Administration Department

1300.0940; .0942; .0944; .0946; .0948 (adopted) ..... 456  
 1305.2050 s.801; .2100 s.802; .6200 table 33-A (proposed) .. 325  
 1315.0200 (adopted) ..... 102  
 1315.0200 s.2; .0400 (repealed) ..... 102  
 1315.0200 (adopted reprinted) ..... 151  
 1315.0200 s.2; .0400 (repealed reprinted) ..... 151  
 1370.0100-.0230 (proposed) ..... 1030

### Agriculture Department

1502.0001-.0025 (proposed emergency) ..... 504  
 1506.0010; .0015; .0020; .0025; .0030; .0035; .0040  
 (proposed emergency) ..... 502  
 1555.0005-.0010 (proposed effective 3/1/88) ..... 229  
 1555.0011-.0012 (proposed effective 9/1/88) ..... 229  
 1555.6850-.6852 (adopted) ..... 410  
 1560.5400-.7600 (proposed repealer withdrawn) ..... 189  
 1562.0100-.2200 (withdrawn) ..... 189  
 1562.0100-.2200 (proposed) ..... 398  
 1560.5400-.7600 (proposed repealer) ..... 398  
 1555.6950 (proposed) ..... 1174

### Agriculture & Economic Development Board

1580.2000-.2120 (proposed emergency) ..... 1100  
 1580.0100-.0900 (proposed emergency repealer) ..... 1100

### Animal Health Board

1700.1500 (adopted) ..... 458  
 1700.2590; .2650; .2700; .2800; .2850; .2900; .3010;  
 1705.2400; .2410; .2430; .2430; .2434; .2440; .2450; .2460;  
 .2470; .2472; .2474; .2476; .2480; .2500; .2510; .2520;  
 1715.0210; .0280; .0290; .0300; .0305; .0370; .0390;  
 .0420; .0450; .0460; .0550; .0560; .0570; .0580; .0590;  
 .0620; .0630; .0640; .0705; .0760; .0770; .1290; .1315;  
 .1370; .1400; .1440; .1450; .1480 (proposed) ..... 561  
 1700.3000; 1715.0600; .0700; .0760 s.3,4; .0770 s.5; .1460;  
 1750.1470 (proposed repealer) ..... 561

1705.0190; .1120; .1130; .1145; .1170; .1175;  
 .1180; .1190; .1210 (adopted) ..... 151  
 1705.1140; .1150; .1160 (repealed) ..... 151

### Barber Examiners Board

2100.5500 (proposed) ..... 1177

### Boxing Board

2200.0600; .0800; .1000; .1200; .1900; .2000; .3200;  
 .3410; .3800; .3900; .4100; .4200; .5310; .5400;  
 .6200; .6900; .7300; .7400; .8100; .8300; and 2205.0100;  
 .0200; .0300; .0400; .0500; .0600; .0700; .0800; .0900;  
 .1000; .1100; .1200; .1300; .1400; .1500 (proposed) ..... 1288  
 2200.3400; .5300 (proposed repealer) ..... 1288

### Commerce Department

2675.2600; .2610; .2620 (adopted) ..... 623  
 2675.6400 (proposed) ..... 928  
 2675.6400 (proposed) ..... 1104  
 2675.6400 (withdrawn) ..... 1147  
 2725.0100; .0110 (adopted) ..... 283  
 2725.0100 s.3,6; .0110 s.15 (repealed) ..... 283  
 2760.0300 (proposed) ..... 926  
 2760.0300 s.10 (proposed repealer) ..... 926  
 2765.0900; .1300 (proposed) ..... 270  
 2765.0900; .1300 (adopted) ..... 845  
 2765.1300 s.4 (proposed repealer) ..... 270  
 2765.1300 s.4 (repealed) ..... 845  
 2766.0100; .0200; .0300; .0400; .0500; .0600; .0700;  
 .0800; .0900; .1000; .1100; .1200; .1300 (proposed) ..... 605  
 2767.0100; .0200; .0400; .0600; .0700 (proposed) ..... 272  
 2767.0100; .0200; .0400; .0600; .0700 (adopted) ..... 846  
 2767.0300; .0500; .0950 (proposed repealer) ..... 272  
 2767.0300; .0500; .0950 (repealed) ..... 846  
 2770.8000 (proposed) ..... 269  
 2770.8000 (adopted) ..... 845  
 2780.0100 (proposed) ..... 275  
 2780.0100 s.1,2,5; .0200; .0300; .0400 s.5;  
 .1400 s.1; .2700; .9910 (proposed repealer) ..... 275

# Minnesota Rules: Amendments & Additions

2780.0100 (adopted)	846
2780.0100 s.1,2,5; .0200; .0300; .0400 s.5; .1400 s.1; .2700; .9910 (repealed)	846
2791.0100 (adopted)	749
2800.2100; .5100; .5600; .5700; .5900; .6700; .6710; .6720 (proposed)	930
2800.2100; .5100; .5600; .5700; .5900; .6700; .6710; .6720 (proposed)	1105
2800.2175 (proposed repealer)	1105
2800.2175 (proposed repealer)	930
2820.2900; .3000; .9000 (proposed)	741
2875.1010 (adopted)	1335
2890.0010-.0120 (proposed emergency)	773
2890.0010-.0120 (proposed)	945
2791.0100 (proposed)	233
2791.0100 (withdrawn)	272
.2875.1010 (proposed)	494

## Corrections Department

2945.0100; .0110; .0120; .0130; .0500; .0510; .0520; .0530; .0540; .1000; .1600; .1610; .1620; .2100; .2110; .2120; .2130; .2500; .2510; .2520; .2530; .2540; .2550; .3400; .3410; .3420; .3430; .3440; .3450; .3460; .4700; .4710; .4720; .4730; .4740; .4750; .4760; .5400; .5410; .5420; .5430; .5440; .5450; .5460; .5470; .5480; .5490 (proposed)	982
--	-----

## Dentistry Board

3100.2000 (proposed)	276
3100.2000 (adopted)	952

## Jobs & Training Department

3310.2901-.2928 (proposed)	795
3310.2900; .3500; .3600; .4100; .4200; .4300; .4400; .4900; .5300 (proposed repealer)	795

## Education Department

3445.3000-.3024 (proposed)	358
3445.3000-.3024 (adopted)	1107
3500.0710 (proposed)	614
3500.0700 (proposed repealer)	614
3500.3700 (proposed)	438
3510.9100 (adopted)	1065

## Vocational Technical Education Board

3515.5051-.5056; .5058-.5062; .5064-.5066 (emergency extended)	1106
3515.5051-.5066 (adopted)	411
3515.5067; .5070 (adopted)	412
3700.0100-.0265 (adopted)	411
3700.0300; .0305; .0310; .0315; .0320; .0325; .0330; .0335; .0340; .0350; .0355; .0360; .0365; .0370; .0375; .0380 (proposed)	442
3700.0380 (proposed repealer upon conversion of license renewal)	442

## Electricity Board

3800.1000 (proposed)	407
3800.1000 (adopted)	1147
3800.1700; .1800 (proposed)	1247

## Ethical Practices Board

4500.1200; .1500; .2500; 4505.0300; 4510.1200; 4515.0300; 4525.0200; .0500 (proposed)	1207
4500.0500; .1800; .4100; .4200; .4300 s.3 (proposed repealer)	1207

## Health Department

4600.0090 (adopted)	58
4610.2800 (proposed)	189
4610.2800 (adopted)	846
4656.0010; .0020; .0030; .0040; .0050; .0060; .0070; .0080; .0090 (adopted)	239
4670.1200; .1320; .4200; .4210; .4220; .4230; .4240 (proposed)	777
4670.1200 s.2,4,6 (proposed repealer)	777
4670.1200; .1320; .4200; .4210; .4220; .4230; .4240 (adopted)	1335
4670.1200 s.2,4,6 (repealed)	1335
4670.2520; .2630 (adopted)	458
4670.2720; .2970 (repealed)	458
4700.1900; .2000; .2100; .2210; .2300; .2400; .2500; .2550 (proposed)	497
4700.2200; .2400 s.3 (proposed repealer)	497
4705.0100; .0300; .0900 (proposed)	93
4705.0100; .0300; .0900 (adopted)	846
4715.3150; .3170; .5900 (adopted)	624
4717.0310 (proposed)	747

## Higher Education Coordinating Board

4830.1560-.1565 (emergency)	288
4830.1560-.1565 (adopted emergency)	826

## Housing Finance Agency

4900.0010 (proposed)	994
4900.0010; .0760; .0770; .0780 (adopted)	411
4900.0010 (proposed)	995
4900.0780 s.2 (repealed)	411
4900.0930; .0980 (proposed)	234
4900.1900-.1915 (proposed)	439
4900.1900-.1915 (adopted)	1147

## Labor & Industry Department

5200.0280 (proposed)	825
5200.0280 (proposed)	1250
5205.0010 (proposed)	1209
5205.0010 (adopted)	411
5205.0116; .0401; .0675; .0710; .0755; .0865; .0880; .1000; .1010; .1030; .1040; 5207.0300; .0310; .0610; .0620; .0720 (proposed)	616
5205.0010; .0015; .0040; .0050; .0065; .0070; .0100; .0105; .0110; .0115; .0140; .0200; .0400; .0410; .0420; .0430; .0450; .0460; .0490; .0650; .0660; .0665; .0675; .0680; .0685; .0686; .0690; .0700; .0750; .0755; .0760; .0765; .0770; .0860; .0865; .0870; .0880; .0890; .1000; .1010; .1020; .1030; .1040; .1200; .1210; .1220; .1230; .1240; .1250; .1260; .1270; .1280; .1290; .1300; 5207.0010; .0020; .0030; .0035; .0040; .0050; .0060; .0100; .0200; .0210; .0220; .0250; .0260; .0300; .0310; .0320; .0400; .0410; .0500; .0510; .0520; .0530; .0540; .0600; .0610; .0620; .0630; .0700; .0710; .0720; .0730; .0740; .0800; .0810; .0900; .0910 (adopted)	634
5205.0160; .0170; .0180; .0210; .0220; .0230; .0240; .0250; .0260; .0270; .0280; .0290; .0300; .0310; .0320; .0460 s.15,19; .0900; .0910; .0920; .0930; .0940; .0950 (repealed)	634
5219.0010; .0020; .0030 (withdrawn)	1066
5219.0010; .0020; .0030 (proposed emergency amended)	1066
5219.0010; .0020; .0030 (proposed emergency)	576
5220.2690; .2840 (proposed)	1182
5221.1100; .1200; .1300; .1400; .1500; .1700; .1800; .1900;	

# Minnesota Rules: Amendments & Additions

.2000; .2100; .2200; .2250; .2300; .2400; .2500; .2700; .2800; .2900; .3000; .3100; .3200 (adopted)	662
5221.1600 (repealed)	662
5225.0300; .8600; 5230.0100 (proposed)	279
5225.0300; .8600; 5230.0100 (adopted)	1148
<b>Mediation Services Bureau</b>	
5510.2310; .2910 (proposed)	1184
5510.2310 s.3 (proposed repealer)	1184
5510.3210 (proposed repealer)	1184
<b>Medical Examiners Board</b>	
5600.2500 (adopted)	846
<b>Natural Resources Department</b>	
6105.0605; .0610; .0620; .0625; .0640; .0650 (adopted)	365
6105.0700 (repealed)	365
<b>Nursing Board</b>	
6301.0100; 6310.2600; .2700; .2800; .2900; .3100; .3300; .3400; .3500; .3600; .3700; .6330.0600; .0700; (adopted)	102
6310.2800 s.3; .7600; .7700; .7800; .7900; .8000; .8100 (repealed)	102
6310.3100 s.3,4 (repealed effective 3/31/88)	102
6310.2900 s.6a (repealed effective 12/31/93)	102
<b>Optometry Board</b>	
6500.1800; .1900; .2100; .2700 (proposed)	560
6500.1800; .1900; .2100; .2700 (proposed)	1146
6500.2800; .2900 (proposed)	744
<b>Pollution Control Agency</b>	
7001.0560; .0580; .0650; 7045.0020; .0075; .0120; .0219; .0292; .0452; .0478; .0490; .0498; .0528; .0556; .0564; .0584; .0600; .0608; .0628; .0629 (proposed)	1038
7002.0100 (proposed)	136
7002.0220; .0250; .0260; .0310 (proposed)	94
7002.0100 (proposed)	1036
7035.6500-.7600 (repealed)	847
7035.6500-.7600 (proposed repealer)	143
7042.0030; .0040 (adopted)	365
7045.0020; .0125; .0135; .0139; .0219; .0296; .0302; .0375; .0381 (proposed)	802
7045.0528 s.9 (proposed repealer)	1038
7050.0110; .0130; .0170; .0180; .0185; .0190; .0200; .0210; .0212; .0215; .0220; .0400; .0420; .0430; .0440; .0460; .0470 (proposed)	11
7050.0210, s.6,6a,6b becomes 7050.0211; 7050.0210, s.8 becomes 7050.0213; 7050.0210, s.16 becomes 7050.0214; 7050.0480 becomes 7050.0465 (proposed renumbering)	11
7050.0210, s.11; 7065.0300; .0310; .0320; .0330; .0340; .0350; .0400; .0410; .0420; .0430; .0440; .0450 (proposed repealer)	11
7050.0110; .0130; .0170; .0180; .0185; .0190; .0200; .0210; .0212; .0215; .0220; .0400; .0420; .0430; .0440; .0460; .0470 (adopted)	1336
7050.0210, s.6,6a,6b becomes 7050.0211; 7050.0210, s.8 becomes 7050.0213; 7050.0210, s.16 becomes 7050.0214; 7050.0480 becomes 7050.0465 (renumbered)	1336
7050.0210, s.11; 7065.0300; .0310; .0320; .0330; .0340; .0350; .0400; .0410; .0420; .0430; .0440; .0450 (repealed)	1336
7075.0409; .0411; .0428; .1010; .1020; .1030; .1040; .1050; .1060; .1070; .1080; .1090; .1095 (proposed emergency)	1138

## Hazardous Substance Injury Compensation Board

7190.0100-.0108 (proposed)	5
7190.0100-.0108 (adopted)	846
7190.0020 (withdrawn)	1034
7190.0020 (proposed)	1035
7190.1000; .1005; .1010; .1015; .1020; .1025; .1026 (proposed)	936

## Public Safety Department

7503.0800 (proposed)	409
7503.0800 (withdrawn)	939
7515.1100; .1110 (proposed)	363
7515.1100 s.1 (proposed repealer)	363
7520.0620; .0650; .1000; .1100 (proposed)	809
7520.0620 s.2,4,6 (proposed repealer)	809
7520.0620; .0650; .1000; .1100 (adopted)	1335
7520.0620 s.2,4,6 (repealed)	1335

## Public Service Department

7680.0100-.0200 (proposed)	236
7680.0100-.0200 (adopted)	1065

## Public Utilities Commission

7817.0100; .0200; .0300; .0400; .0500; .0600; .0700; .0800; .0900; .1000 (proposed)	814
7817.0100; .0200; .0300; .0400; .0500; .0600; .0700; .0800; .0900; .1000 (adopted)	1256
7845.0100-.1000 (adopted)	458

## Revenue Department

8100.0200; .0300 (adopted)	58
----------------------------	----

## Secretary of State

8220.0650; .0800 (proposed)	940
8210.3000; .3005; .3010; .3015 (proposed)	942
8220.0650 (proposed)	1094

## Energy and Economic Development Authority

8300.2500-.2509 (proposed)	98
8300.2501 s.2,3 (proposed repealer)	98
8300.2500-.2509 (adopted)	750
8300.2501 s.2,3 (repealed)	750

## Water & Soil Resources Board

8400.3000; .3100; .3150; .3200; .3300; .3400; .3500; .3600; .3700; .3800; .3900; .4100; .4200; .4300; .4400; .4500; .4600; .4700; .4800; .4900; .5000; .5100; .5200; .5300; .5400; .5500; .5600 (proposed emergency)	152
8400.3100 s.34,36 (proposed emergency repealer)	153
8400.3000; .3100; .3150; .3200; .3300; .3400; .3500; .3600; .3700; .3800; .3900; .4100; .4200; .4300; .4400; .4500; .4600; .4700; .4800; .4900; .5000; .5100; .5200; .5300; .5400; .5500; .5600 (adopted emergency)	949
8400.3100 s.34, 36 (repealed emergency)	953

## Teaching Board

8700.0502; .0900; .1000; .1100; .1300; .1400; .2200; .3110; .3120; .7010 (adopted)	412
8700.5900; .6600 (repealed)	412
8700.7000 (repealed effective 7/1/90)	412
8700.7600; .7700 (withdrawn)	59

## Transportation Department

8870.0100-.1100 (proposed)	1101
----------------------------	------

## Veterans Affairs Department

9050.0100-.3900 (proposed)	191
9050.0100-.3900 (withdrawn)	1064

# Minnesota Rules: Amendments & Additions

## Waste Management Board

9200.6000; .6001; .6002; .6003; .6004; .6007; .6008; .6010 (proposed) .....	819
9200.6200; .6300; .6500; .6600; .6700; .6800; .8220; .8300; .8500; .8600; .9000; .9100 (proposed) .....	138
9200.6200; .6300; .6500; .6600; .6700; .6800; .8220; .8300; .8500; .8600; .9000; .9100 (adopted) .....	847
9200.6900-.6906 (proposed) .....	143
9200.6900-.6906 (adopted) .....	846
9200.9501; .9502; .9503; .9506; .9508 (proposed) .....	822
9220.0800-.0835 (proposed) .....	1251

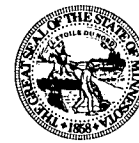
## Human Services Department

9500.1070; 9505.0065; 9515.0500; 9525.0180; .0185; .0190; 9540.1200 (proposed) .....	329
9500.1070; 9505.0065; 9515.0500; 9525.0180; .0185; .0190; 9540.1200 (adopted) .....	1148
9500.1100 (proposed) .....	1212
9500.1206; .1232; .1257; .1262; .1266 (proposed emergency) .....	953
9500.2890 (proposed emergency) .....	956
9503.0005-.0170 (proposed) .....	1296
9505.0170; .0175; .0180; .0185; .0190; .0195; .0200; .0205; .0210; .0215; .0220; .0221; .0225; .0235; .0240; .0245; .0250; .0255; .0270; .0275; .0280; .0285; .0290; .0295; .0300; .0305; .0310; .0315; .0320; .0325; .0330; .0335; .0340; .0345; .0350; .0353; .0355; .0360; .0365; .0380; .0395; .0405; .0415; .0420; .0425; .0430; .0440; .0445; .0450; .0455; .0460; .0465; .0470; .0475; 9500.1070 (adopted) .....	624
9500.0900; .0930; .0960; .0970; .0990; .1000; .1060; .1070 s.2,3,5,7,8,9,10,11,16,17,18,19,20,21,22,24; 9505.1080 (repealed) .....	624
9505.0420 s.2 (correction) .....	953
9525.1210; .1250 (proposed) .....	1178
9525.1500-.1690 (adopted) .....	997

9530.4100; .4120; .4130; .4200; .4210; .4220; .4230; .4250; .4260; .4270; .4280; .4300; .4310; .4320; .4330; .4340; .4350; .4370; .4380; .4390; .4400; .4410; .4450 (proposed) .....	542
9530.0100; .0200; .0300; .0400; .0500; .0600; .0700; .0800; .0900; .1000; .1100; .1200; .1300; .1400; .1500; .1600; .1700; .2500; .2600; .2700; .2800; .2900; .3000; .3100; .3200; .3300; .3400; .3500; .3600; .3700; .3800; .3900; .4000 (proposed repealer) .....	542
9530.2800; .5300; .6600; .6605; .6630; .6635; .6640; .6645; .6650; .6655; .6800-.7030 (adopted) .....	53
9550.0300; .0310; .0320; .0330; .0340; .0350; .0360; .0370 (proposed) .....	133
9545.0510-.0670 (proposed repealer) .....	1296
9550.0300; .0310; .0320; .0330; .0340; .0350; .0360; .0370 (adopted) .....	827
9550.6210; .6220 (adopted) .....	102
9553.0020; .0030; .0035; .0040; .0050; .0075 (proposed) .....	1134
9555.5105; .5205; .5305; .5405; .5415; .5505; .5605; .5705; .6105; .6115; .6125; .6145; .6155; .6165; .6167; .6175; .6185; .6195; .6205; .6215; .6225; .6233; .6245; .6255; .6265 (adopted) .....	148
9555.5100; .5200; .5300; .5400; .6100; .6200; .6300; .6400 (repealed) .....	148
9560.0650; .0651; .0652; .0653; .0654; .0655; .0656 (proposed emergency) .....	577
9560.0650-.0656 (adopted emergency) .....	1258
9560.0071-.0102 (proposed) .....	1326
9560.0070; .0080; .0090 (proposed repealer) .....	1326
9575.0320; .0350; .1500 (proposed) .....	783
9575.0320 s.2,4,6 (proposed repealer) .....	783
9575.0320; .0350; .1500 (adopted) .....	1335
9575.0320 s.2,4,6 (repealed) .....	1335
9575.0670; .0740; .1500 (adopted) .....	458
9575.0820; .0970 (repealed) .....	458

## NOTARY PUBLIC LAWS

Statutory requirements regarding the oath of office, necessary bond, and taking of depositions. Includes an explanation of the term of office and procedures for removal from office. Code No. 2-13. \$4.00.



Jane Smith  
NOTARY PUBLIC-MINNESOTA  
RAMSEY COUNTY

My Commission Expires January 1, 1994

## U.S. SMALL BUSINESS ADMINISTRATION PUBLICATIONS:

Insurance and Risk Management for Small Business	Code No. 16-50. \$3.00.
Small Business Finance	Code No. 16-42. \$2.00.
Starting and Managing a Small Business of Your Own	Code No. 16-40. \$4.75.

TO ORDER: Send to Minnesota Documents Division, 117 University Avenue, St. Paul, MN 55155. (612) 297-3000, or toll-free in Minnesota: 1-800-652-9747 and ask for "DOCUMENTS." Please include 6% sales tax, and \$1.50 postage and handling. Prepayment required. Please include daytime phone. VISA/MasterCard orders accepted over phone.

Publication editors: As a public service, please reprint this ad in your publication as is, reduced, enlarged, or redesigned to suit your format. Thank you.

# Proposed Rules

Pursuant to Minn. Stat. of 1982, §§ 14.22, an agency may propose to adopt, amend, suspend or repeal rules without first holding a public hearing, as long as the agency determines that the rules will be noncontroversial in nature. The agency must first publish a notice of intent to adopt rules without a public hearing, together with the proposed rules, in the *State Register*. The notice must advise the public:

1. that they have 30 days in which to submit comment on the proposed rules;
2. that no public hearing will be held unless 25 or more persons make a written request for a hearing within the 30-day comment period;
3. of the manner in which persons shall request a hearing on the proposed rules; and
4. that the rule may be modified if the modifications are supported by the data and views submitted.

If, during the 30-day comment period, 25 or more persons submit to the agency a written request for a hearing of the proposed rules, the agency must proceed under the provisions of §§ 14.14-14.20, which state that if an agency decides to hold a public hearing, it must publish a notice of intent in the *State Register*.

Pursuant to Minn. Stat. §§ 14.29 and 14.30, agencies may propose emergency rules under certain circumstances. Proposed emergency rules are published in the *State Register* and, for at least 25 days thereafter, interested persons may submit data and views in writing to the proposing agency.

## Board of Boxing

### Proposed Rules Relating to Amateur and Professional Boxing, Full Contact Karate, and Kick Boxing

#### Notice of Intent to Adopt a Rule without a Public Hearing

Notice is hereby given that the State Board of Boxing intends to adopt the above-entitled rules without a public hearing following the procedures set forth in the Administrative Procedure Act for adopting rules without a public hearing in *Minnesota Statutes*, sections 14.22 to 14.28. The statutory authority to adopt the rules is *Minnesota Statutes*, sections 341.05 and 341.10.

All persons have 30 days in which to submit comment in support of or in opposition to the proposed rules or any part or subpart of the rules. Comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reasons for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rules within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rules addressed, the reasons for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to *Minnesota Statutes*, sections 14.131 to 14.20.

Comments or written requests for a public hearing must be submitted to:

James J. O'Hara  
Executive Secretary  
Minnesota Board of Boxing  
Metro Square Building, 5th Floor  
Seventh and Robert  
St. Paul, Minnesota 55101  
Telephone: (612) 296-2501

The proposed rules may be modified if the modifications are supported by data and views submitted to the agency and do not result in a substantial change in the proposed rule as noticed. A copy of the proposed rules are attached to this notice.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rules and identifies the data and information relied upon to support the proposed rules has been prepared and is available from James J. O'Hara, address above, upon request.

If no hearing is required, upon adoption of the rule, the rule and the required supporting documents will be submitted to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. 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 adopted rule, must submit the written request to James J. O'Hara, address above.

Dated: December 14, 1987.

James J. O'Hara, Executive Secretary  
Minnesota Board of Boxing



**Rules as Proposed****2200.0600 BASIC REQUIREMENTS.**

Subpart 1. [Unchanged.]

Subp. 2. **Prior approval of dates, places, and contestants.** No amateur or professional boxing or sparring exhibition, match, or contest shall occur or be promoted or sponsored within the state of Minnesota without the prior approval of the board as to date, place, and participants. In the case of amateur boxing, the prior approval of the deputy commissioner for the region where the exhibition, match, or contest is to be held is required as to date, place, and participants. Any such exhibition, match, or contest receiving such approval shall be conducted strictly in accordance with parts 2200.0100 to 2200.9800 and such conditions as the board may see fit to impose.

Subp. 3. and 4. [Unchanged.]

**2200.0800 GRANTING, SUSPENDING, AND REVOKING LICENSES AND REGISTRATIONS.**

The granting of all licenses, registrations, and approvals is a matter of board discretion, and the board may impose such conditions as it sees fit as a part of any license, registration, or approval. All licenses, registrations, or approvals granted by the board may be suspended or revoked ~~at the pleasure of~~ for cause by the board. Suspensions and revocations shall occur according to ~~such~~ procedures as the board deems necessary under all the circumstances and in light of the regulatory powers and purposes of the board prescribed by the contested case procedures of the Minnesota Administrative Procedure Act.

**2200.1000 COMPLIANCE WITH STATUTES AND OTHER AGENCY RULES.**

All licensees of the board shall comply with pertinent statutes and rules of the other agencies of the state of Minnesota.

**2200.1200 INSPECTORS.**

The board or its duly authorized representatives shall have the authority upon demand to inspect all boxing or sparring facilities, training camps, gymnasiums, and auditoriums in Minnesota, all related activities, and all books and records pertaining to any aspect of boxing or related activity occurring or proposed to occur in whole or in part in the state of Minnesota. A licensee shall, upon reasonable notice, produce all records requested by the board.

**2200.1900 POSTCONTEST REPORTS.**

The franchise licensee who promotes each amateur or professional boxing or sparring exhibition, match, ~~or~~ contest, or closed circuit television presentation shall furnish in writing to the board within 48 hours following the event a statement showing the names of all contestants and the result of each contest held, together with the amount of the gross gate.

**2200.2000 MEDICAL EXAMINATIONS.**

Whenever an examination of a professional or amateur contestant by a physician is required by parts 2200.0100 to 2200.9800, such examination shall include ~~an~~ an eye examination. If the contestant was knocked out during the match or contest in progress or the last match or contest the contestant participated in, the examination must include an electroencephalogram. The examination shall include other matters the examining physician may deem necessary and appropriate. All examining physicians and physicians attending exhibitions, matches, or contests shall be assigned by the Board of Boxing and licensed by the Minnesota Board of Medical Examiners and shall report their written findings for each contestant to the Board of Boxing. All examinations, attendance of a physician, and reports shall be at the expense of the promoter or sponsor.

**2200.3200 AMATEUR REGISTRATION AND LICENSES.**

All amateur boxers and coaches must be registered with the board in a form to be specified by the board, and amateur referees, ~~judges,~~ seconds, and franchises must be licensed by the board. All amateur licenses for referees, ~~judges,~~ and seconds, franchises, and registrations of boxers expire one year from the date of issue unless revoked by the board. The fees shall be: referees, \$10; ~~judges,~~ \$10; seconds, \$2; boxers, no fee.

**2200.3410 FORM OF AMATEUR FRANCHISE LICENSE.**

The form of amateur franchise license is as follows:

**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.

**Proposed Rules**

STATE OF MINNESOTA  
BOARD OF BOXING  
500 METRO SQUARE BUILDING  
ST. PAUL, MINNESOTA 55101

TO ALL WHOM IT MAY CONCERN:

AMATEUR FRANCHISE LICENSE NO. ....

WHEREAS, due application was made for an amateur franchise license in accordance with the laws of the State of Minnesota and rules of the Minnesota Board of Boxing, and the said Board of Boxing having duly considered said application and ordered the issuance of the license thereon.

NOW, THEREFORE, the State of Minnesota, by and through its Board of Boxing, does hereby grant unto ..... a license to conduct, hold, or give amateur boxing and sparring exhibitions, matches, and contests within the city, village, or township of ..... State of Minnesota, and not elsewhere, in accordance with the provisions of law aforesaid, and subject to such rules and regulations, and amendments thereof, as the Board of Boxing may from time to time prescribe.

Unless revoked or suspended, this license is for a period of one year from the date set forth hereunder.

This license may be suspended or revoked for cause by the Board.

This license is not assignable to any other party.

All amateur boxing or sparring exhibitions, matches, and contests conducted under the auspices of this license shall be governed by the rules of the Board of Boxing, the laws of the State of Minnesota, and to the extent not in conflict, the rules of the United States of America Amateur Boxing Federation.

IN TESTIMONY WHEREOF, the Board of Boxing has caused these presents to be signed by its Chairman and Secretary and has affixed its seal this ..... day of ....., 19...

BOARD OF BOXING

.....  
CHAIRMAN

.....  
SECRETARY

**2200.3800 COMPENSATION.**

Subpart 1. **Limit.** The maximum compensation paid to an amateur shall not be in excess of \$5 in cash or \$100 in other prizes, exclusive of travel and subsistence.

Subp. 2. to 4. [Unchanged.]

**2200.3900 APPLICABLE RULES.**

The official rules of the ~~Amateur Athletic Union (AAU)~~ United States of America Amateur Boxing Federation shall govern all amateur exhibitions, matches, and contests except when in conflict with parts 2200.0100 to 2200.9800. The board may suspend, modify, or withdraw any rule of the United States of America Amateur Boxing Federation it determines appropriate. These suspensions, modifications, or withdrawals may pertain to individual situations or to all exhibitions, matches, and contests.

**2200.4100 RULES GOVERNING SAFETY.**

Subpart 1. **Junior class amateurs.** Junior class amateurs are those amateurs who have not reached 16 years of age. ~~Junior class amateurs shall not be allowed to box more than three rounds of one minute's duration.~~

No junior class amateur shall be permitted to participate in any boxing or sparring exhibition, match, or contest on more than two days in seven or more than one contest on any one day except in duly sanctioned and authorized tournaments.

Junior boxers ages 10 and 11 shall not be allowed to box more than ten matches or contests per year, excluding board-authorized tournaments. A match or contest for these boxers shall consist of no more than three rounds of one minute's duration.

Junior boxers ages 12 and 13 shall not be allowed to box more than 12 matches or contests per year, excluding board-authorized tournaments. A match or contest for these boxers shall consist of no more than three rounds of 1-1/2 minutes' duration.

For junior boxers ages 14 and 15 a match or contest shall consist of no more than three rounds of two minutes' duration.

**Proposed Rules**

Subp. 2. **Senior class amateurs.** Senior class amateurs are those ~~between~~ 16 years of age and ~~26~~ older. Senior class amateurs shall not be allowed to box more than three rounds of two ~~minute's~~ minutes' duration, or more than two times in seven days, or more than one contest on any one day except in board- authorized tournaments.

Amateur exhibitions, matches, contests, and board-sanctioned tournaments of more than two minutes' duration must be authorized by the Minnesota Board of Boxing or its official representative.

Subp. 3. to 7. [Unchanged.]

**2200.4200 EQUIPMENT; AMATEUR MATCHES.**

Equipment shall be as required by ~~Amateur Athletic Union~~ the United States of America Amateur Boxing Federation rules.

The board may by rule modify or amend the equipment requirements of the United States of America Amateur Boxing Federation to increase safety.

Notwithstanding any rule to the contrary, a portable resuscitator with oxygen equipment, along with a qualified person to administer it, must be available at ringside. Headgear must be worn by amateur boxers.

**2200.5310 FORM OF PROFESSIONAL FRANCHISE LICENSE.**

The form of professional franchise license shall be as follows:

STATE OF MINNESOTA  
BOARD OF BOXING  
500 METRO SQUARE BUILDING  
ST. PAUL, MINNESOTA 55101  
TO ALL WHOM IT MAY CONCERN:  
PROFESSIONAL FRANCHISE LICENSE NO. ....

WHEREAS, due application has been made for a license in accordance with the terms of the laws of the State of Minnesota and the rules of the Board of Boxing, and said Board having duly considered the said application and ordered the issuance of a license thereon.

NOW, THEREFORE, the State of Minnesota, by and through the Board of Boxing, does hereby grant unto: ..... a license to conduct, hold, or give boxing and sparring exhibitions, matches, and contests within the city, village, or township of ....., State of Minnesota, and not elsewhere, in accordance with the provisions of law aforesaid, subject to such rules and amendments thereof as the Board of Boxing may from time to time prescribe, for a period of thirteen weeks (one-quarter year) from the date hereof unless revoked or suspended or unless a different duration is specified herein.

No boxing or sparring exhibition, match, or contest shall be of more than fifteen rounds not to exceed three minutes each.

All boxing or sparring exhibitions, matches, and contests held pursuant to this license shall be governed by the rules of the Board of Boxing and the laws of the State of Minnesota.

This license may be suspended or revoked for cause by the Board.

This license is not assignable to any other party.

In the event this license pertains to a city or governing entity other than a city of the first class, the consent required by Minnesota Statutes, section 341.08 must be obtained from the governing body hereof.

IN TESTIMONY WHEREOF the Board of Boxing has caused these presents to be signed by its Chairman and Secretary and has affixed its seal this ..... day of ....., 19.. .

BOARD OF BOXING

.....  
CHAIRMAN

.....  
SECRETARY

**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.

## Proposed Rules

### 2200.5400 RULES GOVERNING SAFETY; PROFESSIONAL MATCHES.

Subpart 1. to 3. [Unchanged.]

Subp. 4. **Intervals.** No boxer ~~participating in a bout of less than ten rounds~~ shall be permitted to engage in consecutive ~~bouts~~ matches or contests with less than ~~three~~ seven days intervening between such contests. Boxers engaging in main events shall not engage in such ~~bouts~~ matches or contests without an intervening period of seven days, and shall not box more than 15 rounds in a two-week period.

A minimum of 60 days' interval shall be required before a boxer who has been knocked unconscious shall be allowed to box again. When a ~~bout~~ match or contest is stopped after a technical knockout or because it has become one-sided or a serious facial laceration has occurred, an interval of 30 days is required before a boxer shall be allowed to box again. In addition, a boxer who has been knocked unconscious must undergo an electroencephalogram and eye examination as parts of the physical examination preceding the boxer's next match or contest.

Subp. 5. **Retirement of boxer.** In case of repeated knockouts or severe beatings, a boxer shall be retired for his own physical welfare. Any boxer who has sustained ~~six~~ five consecutive defeats or who has received a serious ~~concussion~~ injury shall be subject to investigation, review, and examination by the board with the advice of its physician.

Subp. 6. [Unchanged.]

### 2200.6200 BUCKETS AND OTHER EQUIPMENT.

Three hours in advance of the first exhibition, match, or contest, there shall be provided by the sponsor or promoter a sufficient number of buckets and water bottles, fans, powder resin, resin box, stools for seconds, and such other articles as are required in the conduct of the ~~bouts~~ matches or contests. The official representative of the board shall have authority to order same without notice to the promoter and at the promoter's expense if they are not so supplied. The board may require at the time of filing for a franchise a deposit of \$200 to cover said expenses should they arise. Said deposit shall be refunded if no expenses arise.

A portable resuscitator with oxygen equipment and a person qualified to use it must be available at ringside.

### 2200.6900 SHAVING.

Boxers must be clean shaven 24 hours before participating in any ~~bout~~ match or contest unless this requirement is waived by the board. The agreement of three members of the board shall be sufficient to grant such a waiver. A meeting of the board is not necessary in order to grant the waiver, and it may be granted by any means, such as by telephone or mail, by which at least three members of the board may reach agreement.

If the requirement is waived, then for purposes of safety, boxers wearing beards or moustaches must have them neatly trimmed at the time a match or contest occurs. Hair must either be trimmed or worn in a fashion that will not impair the safety of the boxer or the boxer's opponent.

### 2200.7300 PROFESSIONAL MAIN EVENT BOXERS.

Professional main event boxers must appear in the city in which the exhibition, match, or contest is to be held ~~72~~ 24 hours before ~~fight weigh in time, which is 12:00 noon on the day of the fight,~~ unless excused by the board and a different time for appearance or weigh in is set by the board.

### 2200.7400 OFFICIALS.

All boxing or sparring exhibitions, matches, and contests shall be officiated by a licensed referee and ~~two~~ three licensed judges, who shall be appointed by the board. Unless waived by the board, the judges shall be licensed referees. ~~They shall be seated at ringside opposite each other~~ Each judge shall be located apart from the others around the ring so as to be able to observe from as different a location as possible.

### 2200.8100 KNOCKDOWNS.

Subpart 1. to 4. [Unchanged.]

Subp. 5. **Standing eight count rule.** The standing eight count rule shall be in effect unless both contestants shall agree before the start of each ~~bout~~ match or contest that it shall be waived. Waiver of this requirement must be verified in advance with the board for main event matches or contests.

Subp. 6. Knockdown rule. If a three-minute round expires, the referee shall continue to count except in the final round, in which the bell will end the fight. No boxer shall be saved by the bell between rounds.

### 2200.8300 FOULS.

Subpart 1. to 4. [Unchanged.]

Subp. 5. Intentional butt. If a fighter's natural style is to bob and weave with much head movement, a butt will probably be unintentional; if later in the fight, a fighter greatly increases his head movement, he may be trying to butt his opponent. If it cannot be decided whether the butt is intentional, it must be ruled unintentional. The butt rule must be dealt with in the same way as rules for other fouls.

The penalty for intentional butting is a one-half point deduction, unless the butting is deliberate and repeated, in which case the fighter is disqualified.

If a cut from an intentional butt stops a fight within three rounds, and the offender is not disqualified, the result of the fight is a technical draw.

If a cut from an intentional butt stops a fight or becomes enlarged later and stops the fight after three rounds, the scores must be tallied and if the cut fighter is ahead, he wins by decision. If the cut fighter is behind, the result is a technical draw. In no event shall a fighter cut from an intentional butt lose.

If a fighter who intentionally butts cuts himself and the fight is then or subsequently stopped because of the cut, the result is a technical draw if within three rounds. If later than three rounds, the score cards must be tallied, and the other fighter must be awarded the fight if he is ahead. If not, the result is a technical draw.

Subp. 6. Unintentional butt. If an unintentional butt causes a cut to either fighter and the cut stops the fight within three rounds, the fight must be declared a technical draw. If the cut stops the fight after three rounds, the score must be tallied and the fight awarded by decision to the fighter who is ahead on points.

## **Rules as Proposed (all new material)**

### **FULL CONTACT KARATE AND KICK BOXING**

#### **2205.0100 BOARD JURISDICTION.**

The board has sole discretion, management, and control of, and jurisdiction over, full contact karate and kick boxing events conducted within the state, by any club, corporation, or association. No such matches, contests, or exhibitions shall be conducted within the state except under authority granted by the board, and in accordance with its rules.

#### **2205.0200 BOXING RULES APPLICABLE.**

The rules in chapter 2200, when appropriate, apply to full contact karate and kick boxing. These rules include, but are not limited to, parts 2200.0400; 2200.8100, subparts 1 to 4; and 2200.8200, with the exception that the three-knockdown rule may be waived in main events and championship matches or contests with the consent of both contestants.

In addition, no contestant in team competition may compete in more than one match or contest.

An amateur match or contest must not have more than five two-minute rounds. There must be a one-minute rest period between rounds.

No contestant shall have more than three seconds present in his or her corner.

#### **2205.0300 WEIGHT CLASSES.**

Contestants shall be matched by the weight class system of the sanctioning body for the event (KICK, PKA, or TAE KWON DO). Two contestants of different weight classes may compete against each other if the difference in their weights is no greater than the spread in the higher weight class.

#### **2205.0400 MINIMUM AGE LIMIT.**

No person who is less than 18 years old shall be licensed as a professional. No person who is less than 16 years old shall be licensed as an amateur contestant in full contact karate or kick boxing.

#### **2205.0500 CONTESTANTS; EQUIPMENT.**

Subpart 1. **Male contestants.** Male contestants must wear a foul-proof groin protector. A plastic cup with an athletic supporter is adequate, but an abdominal guard is preferable.

Subp. 2. **Female contestants.** Female contestants must wear foul-proof breast protectors. Plastic breast covers are adequate. Female contestants must also wear a pelvic protective girdle which shall cover the pubic area, ovaries, coccyx, and sides of hips.

**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.

## Proposed Rules

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Subp. 3. **Mouthpiece.** Contestants must wear a fitted mouthpiece.

Subp. 4. **Headgear.** Commission-approved headgear is mandatory for all amateur contestants. If a professional contestant uses headgear, it must be approved by the Board of Boxing.

Subp. 5. **Gloves and foot pads.** Contestants shall wear regulation gloves and foot protective equipment approved by the Board of Boxing. If the gloves and foot pads have been used previously, they must be whole, clean, and subject to inspection by the referee or by the commission inspector, as to condition. If found to be imperfect, the gloves must be changed before the contest starts. No breaking, roughing, or twisting of gloves or foot pads shall be permitted. Gloves and foot pads are to be furnished by the promoter of the event and made so as to fit the hands and feet of any contestant whose hands and feet may be unusual in size. Shin pads of soft substance must be worn by all contestants. Tape may be used to help secure the pads and is subject to inspection and approval. No rings or jewelry may be worn. Gloves must be approved by the commission inspector or the referee. In matches or contests of welterweights and lighter, the boxing gloves must be eight ounces; in the middleweight and heavier classes, boxing gloves must be ten ounces. All amateurs must wear gloves with a minimum weight of ten ounces.

Subp. 6. **Other equipment.** This part does not restrict the use of additional protective equipment.

### 2205.0600 GAUZES AND TAPE.

Subpart 1. **Bandages.** Bandages must not exceed the following restrictions: one winding of surgeon's adhesive tape, not over 1-1/2 inches wide, placed directly on the hand to protect that part of the hand near the wrist. The tape may cross the back of the hand twice, but shall not be allowed to exceed more than one strip across the knuckles.

Subp. 2. **Gauze.** Contestants shall use soft surgical gauze not over two inches wide, held in place by not more than two yards of surgeon's adhesive tape for each hand. One ten-yard roll of gauze shall complete the wrapping for each hand.

Subp. 3. **Foot wrappings, optional.** For each foot, contestants may at their discretion use soft surgical gauze, not over two inches wide, held in place by surgeon's adhesive tape, not over 1-1/2 inches wide. Foot wrappings may not exceed the following restrictions: three to four windings of soft surgical gauze around the sole and instep, and no more than four windings around the ankle. Tape must cross the foot once before being wrapped one more time around the sole and heel.

### 2205.0700 ROUNDS.

Professional matches must not exceed 12 two-minute rounds, with a one-minute rest period between rounds. Amateur matches or contests must be three, four, or five two-minute rounds with a one-minute rest period between rounds.

Under Minnesota Statutes, section 341.115, a contestant may not participate in more than 15 rounds within a 14-day period.

### 2205.0800 FOULS.

Subpart 1. **Severity levels.** Fouls may be classified, at the discretion of the referee, into three categories: 1-point, 3-point, and 5-point fouls. The referee shall base the decision as to the severity of the foul on the intent of the contestant committing the foul and the result of the foul. At the time of the infraction, the referee will indicate to the judges or scorekeeper the number of points that are to be subtracted from each judge's ballot.

Subp. 2. **Specific fouls.** Fouls include:

- A. head butting;
- B. striking with the elbow;
- C. striking to the groin;
- D. attacking with the knee;
- E. chopping to the back of the neck;
- F. striking to the face with any part of the arm other than the gloved hand, as in the spinning back fist attempt which lands with the forearm or elbow;
- G. kicking to the legs;
- H. takedowns;
- I. intentionally pushing, shoving, or wrestling an opponent out of the ring with any part of the body;
- J. sweeping above the designated area for sweeps;
- K. attacking on the break when both contestants have been ordered to take one step back by the referee;
- L. attacking after the bell has sounded to end the round;
- M. holding and hitting, such as holding with one hand, especially behind the neck and hitting with the other;

- N. grabbing or holding onto an opponent's foot or leg, followed by a takedown;
- O. holding the ropes with one hand while kicking, punching, or defending with the other hand or legs;
- P. leg checking, extending the leg to check an opponent's leg to prevent him or her from kicking;
- Q. purposely going down without being hit, which will result in the referee automatically administering an eight count;
- R. the use of abusive language in the ring;
- S. hitting or flicking with an open glove;
- T. linear, or straight-in, striking or kicking to the spine;
- U. clinching, holding, or otherwise tying up an opponent's arms to prohibit him or her from punching for two seconds or longer, or repeatedly tying up the opponent's arms; and
- V. punching or kicking a contestant when he or she is down. (A contestant is knocked down when any part of his or her body other than his or her feet touch the floor. If a contestant is on his or her way to the floor, the opponent may continue to attack until he or she has touched the floor with any part of the body, other than the feet.)

A contestant guilty of a foul described in this subpart in a contest may, at the discretion of the referee, be disqualified.

#### **2205.0900 AUTHORIZED OFFENSIVE TECHNIQUES.**

All offensive full contact karate, punching, kicking, and striking techniques are authorized, except those techniques specified in part 2205.0800, subpart 2, as fouls.

#### **2205.1000 MINIMUM KICKING REQUIREMENTS (MKR).**

Minimum kicks are an allowable scoring device at the option of the sanctioning organization for each match or contest.

Kicking by the contestants as an integral part of full contact karate or kick boxing is a requirement by all recognized sanctioning bodies for the sport. Events that are being sanctioned by recognized sanctioning bodies will be required to follow the kicking requirements, if any, as defined in the rules of that particular sanctioning body. Events that are not sanctioned by any recognized sanctioning body must obtain special approval of the board.

#### **2205.1100 INTENTIONAL EVASION OF CONTACT.**

A contestant intentionally avoiding any physical contact with the opponent will receive a warning from the referee. If a contestant continues to avoid a confrontation with the opponent, after receiving a warning during that round, he or she may be penalized by the referee. If the contestant continues to evade action, either in the same round or in any other round, the referee may, at his or her discretion, award more penalties or disqualify that contestant.

#### **2205.1200 OFFICIALS.**

A referee, three judges, a timekeeper, an assistant timekeeper, a scorekeeper, two MKR officials (if minimum kicks are used as a basis for scoring), a board member, and a physician, all approved by the board, shall be present at all sanctioned contests.

A supply of medical oxygen must be present at all amateur and professional kick boxing and full contact karate events, together with a person qualified to administer it.

#### **2205.1300 JUDGES AND METHOD OF JUDGING.**

The three voting judges of a match or contest will each select a winner of each round at the end of the round, and mark their ballots accordingly. These ballots will be collected and tabulated at the end of each round by the scorekeeper. Judges shall score all rounds by recording a score of ten points for the winner of each round and a score of not less than five points for the loser of each round. A score of ten to ten indicates an even round.

At the completion of a match or contest, the points shall be totaled on each judge's scorecard to determine that particular judge's selection of a winner. If a judge's scorecard, when totaled, reflects an equal number of points for both fighters, the ballot will indicate that the match or contest was a draw. If two judges have an equal number of points for both fighters, the match shall be declared a draw.

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## Proposed Rules

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If one judge has an equal number of points for both fighters and the other judges' scores each favor a different fighter, the match shall be declared a draw. If two judges' scores favor one fighter and the third judge's score favors the other fighter, the fighter receiving the two judges' votes shall be declared the winner by split decision. If all three judges' scores favor one fighter, that fighter shall be declared the winner by unanimous decision.

### 2205.1400 FEES.

Subpart 1. **Professional franchise.** Fees for professional franchises for a 13-week period are as follows:

- A. for cities with a population over 100,000, \$100;
- B. for cities with a population of more than 50,000 but less than 100,000, \$50;
- C. for cities and towns under 50,000 population, \$25; and
- D. for closed circuit events, no fee, but must register with the Board of Boxing.

Subp. 2. **Amateur franchise.** Fees for amateur franchises for a one-year period are as follows:

- A. for cities with a population over 100,000, \$100;
- B. for cities with a population of more than 50,000 but less than 100,000, \$50; and
- C. for cities and towns under 50,000 population, \$25.

Subp. 3. **Licenses.** Fees for individual one-year licenses are as follows:

A. Professional:

- (1) contestants, \$5;
- (2) seconds, \$5;
- (3) managers, \$10; and
- (4) referees, \$25.

B. Amateur:

- (1) seconds, \$2; and
- (2) referees, \$10.

C. Physicians for professional or amateur contests are not licensed, but must be M.D.'s.

### 2205.1500 INSURANCE.

Promoters, clubs, associations, and corporations engaged in presenting full contact karate and kick boxing events, amateur or professional, shall provide insurance for contestants appearing or participating in the events.

Insurance coverage must provide for reimbursement to the athlete for medical, surgical, and hospital care with a minimum limit of \$500 for injuries sustained while participating in a sanctioned full contact karate and kick boxing event under the control of the licensed promoter, club, association, or corporation, and for payment of \$2,500 to the estate of a deceased athlete, if the death is caused by injuries received during an event in which the licensed athlete participated under the promotion of a licensed promoter, club, association, or corporation.

Proof of insurance must be provided to the Board of Boxing before the event or contest. Failure to pay premiums on the insurance as required by this part, or by law, is cause for suspension or revocation of the license or franchise of the license or franchise holder, school, club, association, or corporation.

**REPEALER.** Minnesota Rules, parts 2200.3400 and 2200.5300 are repealed.

## Department of Human Services

### Proposed Permanent Rules Relating to Licensing Requirements for Child Care Centers

#### Notice of Hearing

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held on

- January 27, 1988, Room 101, Student Union, Mankato State University, Ellis Avenue and South Road, Mankato, Minnesota, commencing at 9 a.m. and continuing until all persons have been heard;



- January 29, 1988, in the auditorium of building 15, Minnesota Veteran's Home, 50th Street and East 46th Avenue, Minneapolis, Minnesota, 55417, commencing at 1 p.m. and recessing at 4:30 p.m.; resuming at 6:30 p.m. and continuing until all persons have been heard; and
- February 1, 1988, auditorium, Brainerd Regional Treatment Center, 1777 Highway 18 East (East Oak Street), Brainerd, Minnesota 56401, commencing at 1 p.m. and recessing at 4:30 p.m.; resuming at 6:30 p.m. and continuing until all persons have been heard.

The hearings shall continue until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to George Beck, Administrative Law Judge, Office of Administrative Hearings, 500 Flour Exchange Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415; telephone (612) 341-7601, either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge, may at the hearing, order the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law Judge will write a report as provided for in *Minnesota Statutes*, section 14.50. The rule hearing is governed by *Minnesota Statutes*, section 14.14 to 14.20 and by *Minnesota Rules*, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

*Minnesota Rules*, parts 9503.0005 to 9503.0170 govern the Department of Human Service's licensure of child care centers, including day care centers, child care programs providing night care, sick care or drop in care. The parts do not pertain to the licensure of family and group family day care homes. The proposed rules are applicable to all applicants and license holders, including individuals, corporations, partnerships, voluntary associations and public and private organizations that care for a child outside the child's home for a period of less than 24 hours a day, and are not expressly excluded from licensure by *Minnesota Statutes*, section 245A.03, subdivision 2. The proposed rules would replace adopted *Minnesota Rules* 9545.0510 to 9545.0670, Group Day Care of Preschool and School Age Children.

The proposed rules contain 31 major sections. Part 9503.0005 are definitions; part 9504.0010 explains the applicability of the rules; part 9503.0015 outlines the four options for licensure as a child care program which are as a day care program, night care program, sick care program, drop in program, or a combination of the above child care programs.

Requirements for the study and evaluation of the staff are contained in part 9503.0025 and general employment disqualification provisions are contained in part 9503.0030. Specific director, teacher, assistant teacher, aide, volunteer and substitute standards are specified in parts 9503.0031, 9503.0032, 9503.0033 and 9503.0034. Orientation, first aid, CPR and in-service training standards are addressed in part 9503.0035.

The major child care program components are covered by standards in part 9503.0040 (Staff Ratios and Group Size); part 9503.0045 (Child Care Program Plan); part 9503.0050 (Naps and Rest); part 9503.0055 (Behavior Guidance) and part 9503.0060 (Furnishings, Equipment, Materials and Supplies).

Specialized programs and individualized child care needs are addressed in parts 9503.0070 to 9503.0085 which contain provisions for programs providing night care, drop in care, sick care and child care to children with special needs.

Parent information, visitation rights, field trip participation and research permission provisions are contained in parts 9503.0090 to 9503.0105. Administrative, personnel and children's records; emergency, accident and safety policies; reporting requirements and insurance standards are prescribed in parts 9503.0115 to 9503.0130 and 9503.0165. Specific provisions pertaining to health; food and water; transportation and the facility are proposed in parts 9503.0140 to 9503.0155. And an outline of the licensing process, fine and variance provisions are contained in part 9503.0170.

The Agency's authority to adopt the proposed rules are contained in *Minnesota Statutes*, section 245A.02, subdivisions 3, 10 and

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## Proposed Rules

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11; section 245A, subdivision 1, section 245A.09, subdivision 1 and section 252.28, subdivision 2. General provisions and procedures that applicants and license holders must follow to obtain and retain a license from the Department of Human Services are contained in the human services licensing act which are codified as *Minnesota Statutes*, sections 245A.01 to 245A.16. These were adopted by the legislature in 1987 as *Laws of Minnesota 1987*, chapter 333.

Adoption of these rules will not result in additional spending by local public bodies in excess of \$100,000 per year for the first two years following adoption under the requirements of *Minnesota Statutes*, section 14.11. A fiscal note prepared according to the requirements of *Minnesota Statutes*, section 3.98, subdivision 2, estimating the fiscal impact of the rule is available upon request from James Loving, Department of Human Services, Licensing Division, 444 Lafayette Road—4th Floor, St. Paul, Minnesota, 55155; Telephone (612) 296-4473.

Copies of the proposed rules are now available and at least one free copy may be obtained by writing to or calling Beverly Moran, Licensing Division, Department of Human Services, 444 Lafayette Road—4th Floor, St. Paul, Minnesota 55155; Telephone (612) 296-3768. A copy of the rule may also be viewed at any of the 87 county welfare agencies in the State of Minnesota.

Additional copies will be available at the hearing. If you have any questions on the content of the rule, contact Beverly Moran, Licensing Division, Department of Human Services, 444 Lafayette Road—4th Floor, St. Paul, Minnesota 55155; Telephone (612) 296-3768.

**NOTICE:** Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

**NOTICE IS HEREBY GIVEN** that a Statement of Need and Reasonableness is now available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

*Minnesota Statutes*, chapter 10A, requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in *Minnesota Statutes*, section 10A.01, subdivision 11, as any individual:

- (a) engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than \$250, not including travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communication or urging others to communicate with public officials; or
- (b) who spends more than \$250, not including traveling expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 625 North Robert Street, St. Paul, Minnesota 55101, telephone (612) 296-5148.

Dated: 1 December 1987

Sandra S. Gardebring  
Commissioner

### Rules as Proposed (all new material)

#### 9503.0005 DEFINITIONS.

Subpart 1. **Scope.** The definitions in this part apply to parts 9503.0005 to 9503.0170.

Subp. 2. **Age category.** "Age category" means the designation given a child according to the child's age. The age categories are as follows:

- A. "Infant" means a child who is at least six weeks old but less than 12 months old.
- B. "Toddler" means a child at least 12 months old but less than 24 months old.
- C. "Two-year-old" means a child at least 24 months old but less than 36 months old.
- D. "Preschooler" means a child who is at least 36 months old but who has not yet attended the first day of kindergarten.
- E. "School age child" means a child who has at least attended the first day of kindergarten but is less than 13 years old.

Subp. 3. **Applicant.** "Applicant" means a person, corporation, partnership, voluntary association, or other organization that has

applied for licensure under Minnesota Statutes, chapter 245A, section 252.28, subdivision 2; and parts 9503.0005 to 9503.0170. The term includes license holders that have applied for a new license to continue operating a child care program after the expiration date of their current license.

Subp. 4. **Building official.** "Building official" means a person appointed according to Minnesota Statutes, section 16B.65, to administer the state building code. The term includes the appointee's authorized representative.

Subp. 5. **Center.** "Center" means a facility in which a child care program is operated when the facility is not excluded by Minnesota Statutes, section 245A.03, subdivision 2, and is not required to be licensed under parts 9502.0315 to 9502.0445 as a family or group family day care home.

Subp. 6. **Child.** "Child" means a person 12 years old or younger.

Subp. 7. **Child care program.** "Child care program" means the systematic organization or arrangement of activities, personnel, materials, and equipment in a facility to promote the physical, intellectual, social, and emotional development of a child in the absence of the parent for a period of less than 24 hours a day.

Subp. 8. **Child care program plan.** "Child care program plan" means the written document that states the specific activities that will be provided by the license holder to promote the physical, intellectual, social, and emotional development of the children enrolled in the center.

Subp. 9. **Clean.** "Clean" means free from dirt or other contaminants that can be detected by sight, smell, or touch.

Subp. 10. **Commissioner.** "Commissioner" means the commissioner of the Department of Human Services or the commissioner's designated representative.

Subp. 11. **Disinfected.** "Disinfected" means treated to reduce microorganism contamination by rinsing or wiping with a solution of one-fourth cup chlorine bleach plus water to equal one gallon, or an equivalent product or process approved by a health authority.

Subp. 12. **Facility.** "Facility" means the indoor and outdoor space in which the child care program is provided.

Subp. 13. **Fire marshal.** "Fire marshal" means the person designated by Minnesota Statutes, section 299F011, to administer and enforce the Minnesota Uniform Fire Code. The term includes the fire marshal's authorized representative.

Subp. 14. **Health authority.** "Health authority" means the person designated by Minnesota Statutes, section 145.914, to prevent or suppress epidemic diseases, provide community health services, and enforce laws and rules relating to public health.

Subp. 15. **Health consultant.** "Health consultant" means a physician licensed to practice medicine under Minnesota Statutes, chapter 147; a public health nurse or registered nurse licensed under Minnesota Statutes, section 148.171; or a health authority or designee.

Subp. 16. **License.** "License" means a certificate issued by the commissioner authorizing the license holder to operate a child care program in a center for a specified period of time in accordance with the terms of the license, rules of the commissioner, and provisions of Minnesota Statutes, chapter 245A, and section 252.28, subdivision 2.

Subp. 17. **License holder.** "License holder" means the individual, corporation, partnership, voluntary association, or other organization legally responsible for the operation of the child care program in a center that has been granted a license by the commissioner under Minnesota Statutes, chapter 245A; section 252.28, subdivision 2; and parts 9503.0005 to 9503.0170.

Subp. 18. **Licensed capacity.** "Licensed capacity" means the maximum number of children for which the license holder is licensed to operate a child care program in a center at any one time.

Subp. 19. **Medicine.** "Medicine" means a substance used to treat disease or injuries, maintain health, heal, or relieve pain. The term applies to prescription and nonprescription substances taken internally or applied externally.

Subp. 20. **Minnesota Uniform Fire Code.** "Minnesota Uniform Fire Code" means those codes and regulations adopted by the state fire marshal according to Minnesota Statutes, section 299F011.

Subp. 21. **Parent.** "Parent" means the person or persons with legal custody of the child.

Subp. 22. **Program staff person.** "Program staff person" means a person, whether paid or unpaid, who carries out the child care program plan in the center and has direct contact with children.

Subp. 23. **Sick child.** "Sick child" means a child with a condition or illness as specified in part 9503.0085.

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## Proposed Rules

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Subp. 24. **Staff person.** "Staff person" means a person, whether paid or unpaid, who works in the center.

Subp. 25. **State building code.** "State building code" means those codes and regulations adopted by the commissioner of the Department of Administration according to Minnesota Statutes, section 16B.59, and contained in chapter 1300.

Subp. 26. **Supervision.** "Supervision" occurs when a program staff person is within sight and hearing of a child at all times so that the program staff person can intervene to protect the health and safety of the child.

Subp. 27. **Variance.** "Variance" means time-limited written permission by the commissioner for an applicant or license holder to depart from the provisions of parts 9503.0005 to 9503.0170 if equivalent alternative measures are taken to ensure the health, safety, and rights of the children in care.

### 9503.0010 APPLICABILITY.

Parts 9503.0005 to 9503.0170 govern the licensure of the applicants for and license holders operating a child care program in a center.

### 9503.0015 OPTIONS FOR CHILD CARE PROGRAMS.

Subpart 1. **Options.** A license holder must provide one or more of the following child care programs:

A. A "day program" means a child care program operated during normal waking hours (approximately 6 a.m. to 6 p.m.). The program:

(1) operates for more than 30 days in any 12-month period and is not excluded by Minnesota Statutes, section 245A.03, subdivision 2; and

(2) provides care to any child for more than 30 days in any 12-month period and 45 hours in any calendar month.

B. A "drop-in program" means a child care program that operates for more than 30 days in any 12-month period and is not excluded by Minnesota Statutes, section 245A.03, subdivision 2. The program is not a day program and does not provide care to any child for more than a cumulative total of 45 hours in any calendar month.

C. A "night care program" means a child care program operated during normal sleeping hours (approximately 6 p.m. to 6 a.m.).

D. A "sick care program" means a child care program that provides care to a sick child.

### 9503.0025 APPLICANT BACKGROUND STUDY.

Subpart 1. **Applicant background study.** An applicant background study of the applicant and all staff persons who will have direct contact with or access to persons served by the child care program must be made under Minnesota Statutes, section 245A.04, subdivision 3, using forms and in a manner prescribed by the commissioner.

Subp. 2. **Information on organizations.** If the applicant is an authorized representative of a partnership, corporation, voluntary association, or other organization legally responsible for the operation of the child care program, the applicant must make available and maintain the names and addresses of the owners and board members, the articles of incorporation, and an organizational chart in the center administrative record specified in part 9503.0115.

### 9503.0030 QUALIFICATIONS OF APPLICANT AND STAFF.

Subpart 1. **Definitions.** In parts 9503.0030 to 9503.0034:

A. "Accredited course" means a course that is offered for credit by or through an accredited postsecondary institution.

B. "Education" means accredited course work from an accredited postsecondary institution in child development; children with special needs; early childhood education methods or theory; curriculum planning; child study techniques; family studies; child psychology; parent involvement; behavior guidance; child nutrition; child health and safety; early childhood special education methods or theory; child abuse and neglect prevention; recreational sports, arts, and crafts methods or theory; or coordination of community and school activities. "Education," as specified on the charts in parts 9503.0032 and 9503.0033, is in addition to the credential specified in column A unless the course work has been completed as part of the credential.

C. "Experience" means paid employment serving children or work as a student intern in a licensed center, a school operated by the commissioner of education or by a legally constituted local school board, or a private school approved under rules administered by the commissioner of education.

D. "Student intern" means a student of a postsecondary institution assigned by that institution for a supervised experience with children. The experience must be in a licensed center, an elementary school operated by the commissioner of education or a legally constituted local school board, or a private school approved under rules administered by the commissioner of education. The term includes a person who is practice teaching, student teaching, or carrying out a practicum or internship.

E. "Staff supervision" means responsibility to hire, train, assign duties, and direct staff in day-to-day activities and evaluate staff performance. A "supervisor" is a person with staff supervision responsibility.

Subp. 2. **General staff qualifications.** Staff persons who have direct contact with or access to children, and volunteers who have direct contact with or access to children and are not under the direct supervision of a staff person, must meet the qualifications in this subpart:

A. Persons who supervise staff persons or volunteers must be at least 18 years old and meet the qualifications for director, teacher, or assistant teacher.

B. Staff persons and contract consultants with qualifications that require licensure, certification, or registration by the state of Minnesota must have the current licensure, certification, or registration in their field on file within their personnel record specified in part 9503.0120.

C. Staff persons must be physically able to care for children and must not present a risk of transmission of reportable communicable disease as named in parts 4605.7000 to 4605.7800 within a center.

D. Staff persons must furnish the results of a preemployment physical examination before the first day of work. The examination must be given by a physician or person under the supervision of a physician. The examination must occur within 30 days before the first day of work.

Subp. 3. **Disqualification factors.** A staff person with direct contact with or access to children in care must disclose the arrest, conviction, and criminal history information specified in Minnesota Statutes, section 245.04, subdivision 3. A license holder must not be an individual or employ an individual who:

A. has a conviction of, has admitted to, has been charged and is awaiting trial for, or there is substantial evidence indicating that the person has committed:

(1) an act of physical abuse or sexual abuse as those terms are defined in Minnesota Statutes, section 626.556, even if the act occurred before the effective date of that statute;

(2) an act of abuse as that term is defined in Minnesota Statutes, section 626.557, subdivision 2, paragraph (d), clauses (1), (2), and (3), even if the act occurred before the effective date of that statute;

(3) murder or manslaughter as those terms are defined in Minnesota Statutes, sections 609.185 to 609.205;

(4) the solicitation of children to engage in sexual conduct as that term is defined in Minnesota Statutes, section 609.352;

or

(5) the same or similar acts or crimes as those in this item listed in the laws of another state or of the United States or of another country;

B. has a conviction of, has admitted to, has an adjudication of delinquency for, has been charged and is awaiting trial for, or a preponderance of the evidence indicates the person has committed:

(1) neglect as defined in Minnesota Statutes, section 626.556, subdivision 2, paragraph (c);

(2) a felony under Minnesota Statutes, chapter 152;

(3) any crime listed in Minnesota Statutes, sections 609.21 to 609.294; 609.321 to 609.345; 609.365; 609.377; 609.378; 609.582, subdivision 1; 609.561 to 609.563; 609.66 to 609.67; 609.687; 609.71; 609.713; or 617.23 that is other than those listed in item A; or

(4) the same or similar crimes as those in this item listed in the laws of another state or of the United States or of another country;

C. has had parental rights terminated under Minnesota Statutes, section 260.221, paragraph (b);

D. has mental illness as defined in Minnesota Statutes, section 245.461, subdivision 20, and the behavior has or may have a negative effect on the ability of the person to provide child care or is apparent during the hours children are in care; or

E. abuses prescription drugs or uses controlled substances as named in Minnesota Statutes, chapter 152, or alcohol to the extent that the use or abuse impairs or may impair the person's ability to provide child care or is apparent during the hours children are in care.

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## Proposed Rules

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Subp. 4. **Reevaluation of disqualification.** An applicant or license holder that is disqualified from licensure or an employee, volunteer, or contractor of an applicant or license holder who is not permitted to work based on the disqualification factors in subpart 3 may request that the commissioner reevaluate the disqualification decision and remove the disqualification. The request for reevaluation must be made in writing and sent to the commissioner by certified mail.

A. A request for reevaluation of a disqualification based on subpart 3, item A, C, D, or E must be accompanied by information establishing that the evidence relied upon by the commissioner is erroneous. The commissioner shall not disregard the evidence establishing that an act described in subpart 3, item A, C, D, or E occurred based on the factors in items B and C.

B. A request for reevaluation of a disqualification based on subpart 3, item B, must be accompanied by:

(1) copies of information held by a person, organization, or agency specified in Minnesota Statutes, section 245A.03, subdivision 3, pertaining to the evidence or circumstances surrounding the incident;

(2) the period of time elapsed since the incident;

(3) evidence of training or rehabilitation of the applicant or license holder, or an employee, volunteer, or contractor of an applicant or license holder that has occurred since the incident; and

(4) any other information that the applicant or license holder, or an employee, volunteer, or contractor of an applicant or license holder believes the commissioner should consider in reevaluating the disqualification decision.

C. In determining whether or not to remove the disqualification, the commissioner shall consider the consequences of the incident that led to the finding; the vulnerability of the victim of the incident; the time elapsed without a repeat of the same or similar incident; and documentation of successful completion of training or rehabilitation pertinent to the incident.

D. The commissioner's disposition is final.

Subp. 5. **Evaluation for cause.** The commissioner may require, before licensure or at any time during the licensed term, a physical, mental health, chemical dependency, or criminal history evaluation of any person with direct contact with children, if the commissioner has reasonable cause to believe any of the qualifications or requirements have not been met or that the person cannot care for children. Evaluations must be conducted by a professional qualified by license, certification, education, or training to perform the specific evaluation. Evaluation refusal may result in employment disqualification.

### 9503.0031 DIRECTORS.

Subpart 1. **General requirements for a director.** A director must:

A. be at least 18 years old;

B. be a graduate of a high school or hold an equivalent diploma attained through successful completion of the general education development (GED) test;

C. have at least 1,040 hours of paid or unpaid staff supervision experience; and

D. have at least nine quarter credits or 90 hours earned in any combination of accredited courses in staff supervision, human relations, and child development.

Subp. 2. **Additional requirements.** If a director functions as a teacher or develops or revises the child care program plan, the director must meet the qualifications of a teacher specified in part 9503.0032.

### 9503.0032 TEACHERS.

A teacher must be at least 18 years old and meet the qualifications in item E with the following exceptions:

A. A person employed as a teacher as of the effective date of parts 9503.0005 to 9503.0170 who met the qualifications in part 9545.0600, subpart 1, item B, is considered to meet the qualifications of a teacher, but must meet the qualifications in this part within three years of the effective date of parts 9503.0005 to 9503.0170.

B. Any new employee hired as a teacher during the first three years after the effective date of parts 9503.0005 to 9503.0170 must meet the qualifications in this part or the license holder must document that the person hired at least meets the qualifications in part 9545.0600, subpart 1, item B, and that the person will meet the qualifications in this part within three years of the effective date of parts 9503.0005 to 9503.0170.

C. A registered nurse or licensed practical nurse is qualified as a teacher for infants only.

D. A registered nurse may be used to meet the staff-to-child ratios for a teacher for sick care in a center licensed to operate a sick care program.

E. A teacher with the credential listed in column A must have the education and experience listed in column B.

# Proposed Rules

<u>Column A</u>	<u>Column B</u>
(1) A high school or General Education Development (GED) diploma	Experience: 4,160 hours as assistant teacher Education: 24 quarter credits
(2) Diploma from Association Montessori Internationale; preprimary credential, primary diploma, or provisional certificate from the American Montessori Society, without a baccalaureate degree	Experience: 2,080 hours as assistant teacher, aide, or student intern Education: 12 quarter credits
(3) Preprimary credential, primary diploma, or provisional certificate from the American Montessori Society; or diploma from the Association Montessori Internationale with a baccalaureate degree	Experience: 1,040 hours as assistant teacher, aide, or student intern Education: no additional required
(4) Minnesota technical institute certificate as a Child Development Assistant	Experience: 2,080 hours as an assistant teacher Education: six quarter credits
(5) Child Development Associate credential (center based) for preschool or for infants and toddlers from the Council for Early Childhood Professional Recognition	Experience: 1,560 hours as assistant teacher, aide, or student intern Education: no additional required
(6) License from the Minnesota Department of Education for Prekindergarten Associate; or a certificate or credential for a two-year program from an accredited community college or technical college in child development or early childhood education	Experience: 1,040 hours as assistant teacher, aide, or student intern Education: six quarter credits
(7) Baccalaureate degree from an accredited college or university in any field	Experience: 1,040 hours as assistant teacher, aide, or student intern Education: 18 quarter credits
(8) License from the Minnesota Department of Education for elementary education without kindergarten endorsement	Experience: 520 hours as assistant teacher, aide, or student intern if teaching children under school age Education: six quarter credits within one year of initial employment if teaching children under school age
(9) License from the Minnesota Department of Education for prekindergarten/nursery, or a license from the Minnesota Department of Education for elementary education with a kindergarten endorsement	Experience: no additional required Education: no additional required

### 9503.0033 ASSISTANT TEACHERS.

An assistant teacher must work under the supervision of a teacher. An assistant teacher must be at least 18 years old and meet the qualifications in item E with the following exceptions:

A. A person employed as an assistant teacher on the effective date of parts 9503.0005 to 9503.0170 who met the qualifications in part 9545.0600, subpart 1, item C, is considered to meet the qualifications of an assistant teacher, but must meet the qualifications in this part within three years of the effective date of parts 9503.0005 to 9503.0170.

B. Any new employee hired as an assistant teacher during the first three years after the effective date of parts 9503.0005 to 9503.0170 must meet the qualifications in this part or the license holder must document that the person hired at least meets the qualifications in part 9545.0600, subpart 1, item C, and that the person will meet the qualifications within three years of the effective date of parts 9503.0005 to 9503.0170.

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## Proposed Rules

C. A registered nurse or licensed practical nurse is qualified as an assistant teacher for infants only.

D. A registered nurse may be used to meet the staff-to-child ratios for an assistant teacher for sick care in a center licensed to operate a sick care program.

E. An assistant teacher with the credential listed in column A must have the education and experience listed in column B.

<u>Column A</u>	<u>Column B</u>
(1) High school diploma or General Education Development (GED) equivalency	Experience: 2,080 hours as an aide or student intern Education: 12 quarter credits
(2) Minnesota license as a family day care or group family day care provider	Experience: 2,080 hours as a licensed family day care or group Education: 12 quarter credits
(3) Diploma from Association Montessori Internationale or preprimary credential, primary diploma, or provisional certificate from the American Montessori Society	Experience: 520 hours as an aide or student intern Education: three quarter credits
(4) Minnesota technical institute certificate as a Child Development Assistant	Experience: 520 hours as an aide or student intern Education: no additional required
(5) Two years full-time postsecondary education from a college or university	Experience: 1,040 hours as an aide or student intern Education: nine quarter credits
(6) Child Development Associate credential, center based or for family day care, from the Council for Early Childhood Professional Recognition	Experience: no additional required Education: no additional required
(7) Baccalaureate degree in any field from an accredited college or university	Experience: no additional required Education: nine quarter credits
(8) Certificate or credential for a two-year program in child development or early childhood education at a Minnesota community college or technical college	Experience: no additional required Education: no additional required
(9) License from the Minnesota Department of Education for Prekindergarten Associate	Experience: no additional required Education: no additional required

### 9503.0034 AIDES, VOLUNTEERS, SUBSTITUTES.

Subpart 1. **Aide qualifications.** In this part, "aide" means a staff person who carries out child care program activities under the supervision of a teacher or assistant teacher. An aide who is under 18 years old must be directly supervised by a teacher or assistant teacher at all times except when the aide is assisting with the supervision of sleeping children or assisting children with washing, toileting, and diapering. An aide must be at least 16 years old.

A person employed as an aide or child care assistant on the effective date of parts 9503.0005 to 9503.0170 who met the qualifications in part 9545.0600, subpart 1, item E, is considered to meet the qualifications of an aide, but must meet the qualifications in this part within one year of the effective date of parts 9503.0005 to 9503.0170.

Any new employee hired as an aide during the first year after the effective date of parts 9503.0005 to 9503.0170 must meet the qualifications in this part or the license holder must document that the person will meet the qualifications within one year of the effective date of parts 9503.0005 to 9503.0170.

Subp. 2. **Volunteers used as staff.** A volunteer who is included in the staff-to-child ratio must meet the requirements for the assigned staff position as specified in parts 9503.0030 to 9503.0034.

Subp. 3. **Substitute staff.** A person designated as a substitute must meet the qualifications for the assigned staff position as specified in parts 9503.0030 to 9503.0034.

### 9503.0035 ORIENTATION, FIRST AID, AND IN-SERVICE TRAINING.

Subpart 1. **Orientation training.** The license holder must ensure that every staff person is given orientation training and success-



fully completes the training before starting assigned duties. Completion of the orientation must be documented in the individual's personnel record. The orientation training must include information about:

- A. the provisions of parts 9503.0005 to 9503.0170 relevant to the staff person's position;
- B. all written policies on the center's philosophy, child care program, health and safety, and emergencies and accidents;
- C. specific job qualifications and responsibilities;
- D. the behavior guidance standards specified in part 9503.0055; and
- E. the reporting responsibilities specified in Minnesota Statutes, section 626.556, and part 9503.0130.

Subp. 2. **First aid training.** The director, all staff persons who provide direct care to children, and staff persons operating a vehicle provided by the center, must satisfactorily complete, within 90 days of the start of work, eight hours of child-related first aid training unless this has been satisfactorily completed within the previous three years. The first aid training must be:

- A. repeated at least every three years;
- B. documented in the person's personnel record and indicated on the center's staffing chart; and
- C. provided by a licensed physician, a registered nurse or a licensed practical nurse trained to provide instruction in child-related first aid, or an individual currently certified by the American Red Cross as a first aid instructor.

On the date of initial licensure, at least one staff person with first aid training must be present in the center when children are in care.

Subp. 3. **Cardiopulmonary resuscitation (CPR) training.** A staff person trained in CPR and in the treatment of obstructed airways must be present in the center at all times when children are in care and must accompany children on field trips.

A. All program staff persons must have completed four to six hours of child-related CPR training within one year before initial employment at the center or within one year of the effective date of parts 9503.0005 to 9503.0170. Current certification in CPR by the American Red Cross or American Heart Association may be substituted for this CPR training.

B. Staff persons who provide direct care to children and who are not certified in CPR but have taken CPR training, must also complete a four-hour refresher course in CPR for children within one year after the CPR training specified in item A, and every two years thereafter.

C. CPR training must be provided or approved by the American Red Cross, American Heart Association, a licensed physician, a registered nurse, or a licensed practical nurse trained to provide CPR instruction.

D. Documentation of the completed CPR training must be in the staff person's personnel record, and the staff person with training must be named on the center's staffing chart.

Subp. 4. **In-service training.** A license holder must ensure that an annual in-service training plan is developed and carried out and that it meets the requirements in items A to G:

A. The in-service training plan must:

- (1) be consistent with the center's child care program plan;
- (2) meet the training needs of individual staff persons as specified in each staff person's annual evaluation report; and
- (3) provide training, at least one-half of which is by a resource not affiliated with the license holder.

B. The director and all program staff persons must annually complete a number of hours of in-service training equal to at least two percent of the hours for which the director or program staff person is annually paid.

C. The annual requirement must be completed within the year for which it was required.

D. One-half of the in-service training completed by a staff person each year of employment must pertain to the age of children for which the person is providing care.

E. No more than four hours of the annual in-service training requirement for a program staff person, other than the director, may relate to administration, finances, and records. No more than one-half of the annual in-service training requirement for a director may relate to administration, finances, and records.

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## Proposed Rules

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F. The remainder of the in-service training requirement must be met by participation in early childhood development training. In this part, "early childhood development training" means training in child development; children with special needs; early childhood education methods or theory; curriculum planning; child study techniques; family studies; parent involvement; behavior guidance; child nutrition; child health and safety; recreation, sports, arts, and crafts methods or theory; early childhood special education methods or theory; or child abuse and neglect prevention.

G. The license holder must ensure that, when a staff person completes in-service training, a record of the fact is made in the staff person's personnel record. The record must include the date training was completed, the goal of the training and topics covered, trainer's name and organizational affiliation, trainer's signed statement that training was successfully completed, and the director's approval of the training.

H. First aid and CPR training may be counted as in-service training.

### 9503.0040 STAFF RATIOS AND GROUP SIZE.

Subpart 1. **Staff-to-child ratios and maximum group size.** Except as provided in subpart 2, the minimally acceptable staff-to-child ratios and the maximum group size within each age category are:

Age Category	Minimum Staff:Child Ratio	Maximum Group Size
Infant	1:4	8
Toddler	1:5	10
Two-year-old	1:7	14
Preschooler	1:10	20
School age child	1:15	30

Subp. 2. **Staff distribution.** The license holder must ensure that the following requirements for staff distribution are met and a written staff distribution record is kept in the administrative record.

A. Only a staff person who is qualified as a teacher, assistant teacher, or aide and who works directly with children can be counted in meeting the staff-to-child ratios.

B. An assistant teacher may be substituted for a teacher during morning arrival and afternoon departure times if the total arrival and departure time does not exceed 25 percent of the center's daily hours of operation.

C. The maximum group size applies at all times except during meals, outdoor activities, field trips, naps and rest, and special activities such as films, guest speakers, and holiday programs.

D. Except as provided in item B, staff distribution within each age category must follow the pattern in subitems (1) to (4).

- (1) The first staff member needed to meet the required staff-to-child ratio must be a teacher.
- (2) The second staff member must have at least the qualifications of a child care aide.
- (3) The third staff member must have at least the qualifications of an assistant teacher.
- (4) The fourth staff member must have at least the qualifications of a child care aide.

The pattern in subitems (1) to (4) must be repeated until the number of staff needed to meet the staff-to-child ratio for each age category has been achieved.

Subp. 3. **Age category grouping.** Children in different age categories may be grouped as follows:

A. During morning arrival and afternoon departure times, children in different age categories may be grouped together if:

- (1) the total arrival and departure time does not exceed 25 percent of the daily hours of operation;
- (2) the staff-to-child ratio, group size, and staff distribution applied are for the age category of the youngest child present;

and

(3) the group is divided when the number of children present reaches the maximum group size of the youngest child present.

B. During the center's regular hours of operation, children in different age categories may be mixed within a group if:

- (1) infants are not grouped with children of other age categories;
- (2) there is no more than a 36-month range in age among children in a group;
- (3) the staff-to-child ratios, group size, and staff distribution applied are for the youngest child present; and
- (4) program staff are qualified to teach the ages of all children present within the group.

The restriction in item B, subitem (2) may be waived if all children in the group are school age.

Subp. 4. **Age designation.** A child must be designated as a member of the age category that is consistent with the child's date of birth with the following exceptions:

A. A child may be designated as an "infant" up to the age of 15 months for purposes of staff ratios, group size, and child care programming, if the parent, teacher, and center director determine that such a designation is in the best interests of the child. The child's age category, either "infant" or "toddler," must be noted in the child's record.

B. Attendance of a child in the first day of kindergarten must be documented in the child's record, and the child must then be designated a school age child.

#### **9503.0045 CHILD CARE PROGRAM PLAN.**

Subpart 1. **General requirement.** The applicant must develop a written child care program plan, and the license holder must see that it is carried out. The child care program plan must:

A. mandate that children have supervision at all times;

B. describe the age categories and number of children to be served by the program;

C. describe the days and hours of operation of the program;

D. describe the general educational methods to be used by the program and the religious, political, or philosophical basis, if any;

E. be developed and evaluated in writing annually by a staff person qualified as a teacher under part 9503.0030;

F. have stated goals and objectives to promote the physical, intellectual, social, and emotional development of the children in each age category in part 9503.0005, subpart 3, for which care is provided;

G. specify activities designed to promote the intellectual, physical, social, and emotional development of a child in a manner consistent with the child's cultural background;

H. specify that the intellectual, physical, social, and emotional progress of each child be documented in the child's record and conveyed to the parent during the conferences specified in part 9503.0090, subpart 2;

I. provide a daily schedule for both indoor and outdoor activities;

J. provide for activities that are both quiet and active, teacher-directed and child-initiated;

K. provide for a variety of activities that require the use of varied equipment and materials; and

L. be available to parents for review on request.

Subp. 2. **Interest areas.** A child care program that operates for more than three hours a day must provide daily access to interest areas of the center that are supplied with the equipment and materials needed to carry out the activities specified in items A to H, except that a child care program serving only school age children and operating for less than 90 consecutive calendar days or any program operating for less than three hours a day must provide each child with daily access to at least six of the following interest areas:

A. creative arts and crafts;

B. construction;

C. dramatic or practical life activities;

D. science;

E. music;

F. fine motor activities;

G. large muscle activities; or

H. sensory stimulation activities.

#### **9503.0050 NAPS AND REST.**

Subpart 1. **Naps and rest policy.** The applicant must develop a policy for naps and rest that is consistent with the developmental

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## Proposed Rules

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level of the children enrolled in the center. The license holder must see that the policy is carried out.

Subp. 2. **Parent consultation.** The parent of each child must be informed at the time the child is enrolled of the center's policy on naps and rest. After consultation with the child's parent, any deviation from the policy on naps and rest that is designed to meet the individual needs of a child must be noted in the child's record.

Subp. 3. **Confinement limitation.** A child who has completed a nap or rest of 30 minutes must not be required to remain on a cot or mat or in a crib or bed.

Subp. 4. **Placement of equipment.** Naps and rest must be provided in a quiet area that is physically separated from children who are engaged in activity that will disrupt a napping or resting child. Cribs, cots, beds, and mats must be placed so there is unimpeded access for both adults and children on three sides of each piece of napping and resting equipment. Cribs, cots, beds, and mats must be placed directly on the floor and must not be stacked when in use.

Subp. 5. **Crib standard.** A crib or portable crib must be provided for each infant for which the center is licensed to provide care. The equipment must be of safe and sturdy construction that conforms to Code of Federal Regulations, title 16, sections 1508 to 1508.7 and 1509 to 1509.9, as amended through October 27, 1982, or have a bar, mesh, or rail pattern such that a 2-3/8 inch diameter sphere cannot pass through.

Subp. 6. **Bedding.** Separate bedding must be provided for each child in care. Bedding must be washed weekly and when soiled or wet. Blankets must be washed or dry cleaned weekly and when soiled or wet.

### 9503.0055 BEHAVIOR GUIDANCE.

Subpart 1. **General requirements.** The applicant must develop written behavior guidance policies and procedures, and the license holder must see that the policies and procedures are carried out. The policies and procedures must:

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

Subp. 2. **Persistent unacceptable behavior.** The license holder must have written procedures for dealing with persistent unacceptable behavior that requires an increased amount of staff guidance and time. The procedures must specify that staff:

- A. observe and record the behavior of the child and staff response to the behavior; and
- B. develop a plan to address the behavior documented in item A in consultation with the child's parent and with other staff persons and professionals when appropriate.

Subp. 3. **Prohibited actions.** The license holder must have and enforce a policy that prohibits the following actions by or at the direction of a staff person:

- A. Subjection of a child to corporal punishment. Corporal punishment includes, but is not limited to, rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
- B. Subjection of a child to emotional abuse. Emotional abuse includes, but is not limited to, name calling, ostracism, shaming, making derogatory remarks about the child or the child's family, and using language that threatens, humiliates, or frightens the child.
- C. Separation of a child from the group except as provided in subpart 4.
- D. Punishment for lapses in toilet habits.
- E. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
- F. The use of physical restraint other than to physically hold a child when containment is necessary to protect a child or others from harm.
- G. The use of mechanical restraints, such as tying.

For children with mental retardation or a related condition as defined in parts 9525.0015 to 9525.0165, physical and mechanical restraints may be permitted if they are implemented in accordance with the aversive and deprivation procedures governed by parts 9525.2700 to 9525.2810.

Subp. 4. **Separation from the group.** No child may be separated from the group unless the license holder has documented that other less intrusive methods of guiding the child's behavior have been ineffective and the child's behavior threatens the well-being

of the child or other children in the center. A child who requires separation from the group must remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person. When separation from the group is used as a behavior guidance technique, the child's return to the group must be contingent on the child's stopping or bringing under control the behavior that precipitated the separation, and the child must be returned to the group as soon as the behavior that precipitated the separation abates or stops. A child between the ages of six weeks and 24 months must not be separated from the group as a means of behavior guidance.

Subp. 5. **Separation report.** The license holder must ensure that a daily report is kept of the frequency and duration of unacceptable behavior that results in separation from the group. A report must be made for each child who is separated from the group as a means of behavior guidance. The report must be placed in the child's record and in the center's administrative record. If a child is separated from the group three times or more in one day, the child's parent shall be notified. If a child is separated five times or more in one week or eight times or more in two weeks, the procedure in subpart 2 must be followed.

Subp. 6. **Children with mental retardation or related conditions.** For children with mental retardation or related conditions as specified in parts 9525.0015 to 9525.0165, the standards governing the use of aversive and deprivation procedures in parts 9525.2700 to 9525.2810 apply.

### **9503.0060 FURNISHINGS, EQUIPMENT, MATERIALS, AND SUPPLIES.**

Subpart 1. **General requirements.** Each child care program must have the quantity and type of equipment specified in subparts 3 to 6 for the age categories of children served. Equipment must be appropriate to the age categories and any special needs of the children served. A center must have enough equipment for the number of children for which the center is licensed unless the use of equipment is rotated among groups of children. If the equipment is rotated among groups of children, the center must have enough for the largest number of children scheduled to use the equipment at times shown on the child care program plan. The minimum equipment specified for an age category in subparts 3 to 6 must be accessible every day to the children of that age category and arranged as specified in the child care program plan. Centers operating for less than three hours a day do not have to provide the outdoor equipment required in subpart 4, item B, subitem (9); subpart 5, item B, subitem (9); and subpart 6, item B, subitems (7) and (11).

Subp. 2. **Definitions.** For the purpose of this part, the following terms have the meanings given them.

A. "Cognitive development equipment and materials" means equipment and materials designed to enhance components of intellectual development, such as problem solving abilities, observation skills, group skills, and symbol recognition.

B. "Dramatic play equipment" or "practical life activity equipment" means equipment, such as dress-up clothes, large or miniature play sets, figures, and small and large building blocks that can be used to design a setting or space that stimulates the child's imagination and encourages role playing and the learning of practical life skills.

C. "Large muscle equipment" means equipment that is designed to enhance large muscle development and coordination, such as playground equipment, large boxes and pillows, large wheel toys, pull toys, balls, jump ropes, climbers, and rocking boats.

D. "Manipulative equipment" means equipment that is designed to enhance fine motor development and coordination, such as pegs and peg boards, puzzles, beads and strings, interlocking plastic forms, and carpentry materials.

E. "Sensory stimulation materials" means equipment, other than pictures, that has different shapes, colors, and textures that stimulate the child's visual and tactile senses. Examples of sensory stimulation materials include mobiles, crib-attached activity boxes, sand and water activity materials, swatches of different textures of cloth, and wooden or plastic items of different shapes and colors.

Subp. 3. **Equipment and materials for infants.** The minimum equipment and materials required for a center serving infants are as follows:

A. Furnishings:

(1) one area rug or carpet per group;

(2) a variety of nonfolding child-size chairs including infant seats and high chairs, one per child, or a minimum of four per group;

(3) one changing table per group;

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## Proposed Rules

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- (4) one foot-operated, covered diaper container per group;
- (5) one crib or portacrib and waterproof mattress per child; and
- (6) one linear foot of low, open shelving per child.

### B. Program equipment and materials:

- (1) one book per child;
- (2) two large, soft building blocks per child;
- (3) four pieces of infant mobility equipment, such as jumpers, strollers, and wagons per group;
- (4) two sets of manipulative equipment per child;
- (5) one mirror at least 12 inches by 36 inches in size made of Plexiglas or a similar plastic or of safety glass per group;
- (6) one music source such as a tape player or record player per group and music selections appropriate for the music source;
- (7) one noise or music-making toy per child;
- (8) pictures, at child's eye level, as needed to create a pleasant environment and provide sensory stimulation;
- (9) one set of sensory stimulation materials per child; and
- (10) one soft washable toy per child.

### C. Supplies:

- (1) two sets of blankets and sheets for each crib;
- (2) an adequate amount of disposable paper for the changing table;
- (3) an adequate amount of diapers;
- (4) an adequate amount of facial tissue;
- (5) an adequate amount of single-service towels; and
- (6) an adequate amount of liquid hand soap.

Subp. 4. **Equipment and materials for toddlers and two-year-olds.** The minimum equipment required for a center serving toddlers and two-year-olds is as follows:

### A. Furnishings:

- (1) one area rug or carpet per group;
- (2) one nonfolding child-size chair, including high chairs, per child;
- (3) one changing table per group;
- (4) one foot-operated, covered diaper container per group;
- (5) one crib and waterproof mattress, or cot (mats are acceptable for programs operating during the day for less than five hours) per child;
- (6) one partially enclosed space equipped for quiet activity per group;
- (7) one linear foot of low open shelving per child; and
- (8) 20 linear inches of child-size table edge per child.

### B. Program equipment and materials:

- (1) arts and crafts supplies, such as clay or playdough, tempera or finger paints, colored and white paper, paste, collage materials, paint brushes, washable felt-type markers, crayons, blunt scissors, and smocks;
- (2) one book per child;
- (3) 24 large building blocks per group;
- (4) 200 small building blocks per group;
- (5) three pieces of dramatic play equipment or Montessori Practical Life equipment per group;
- (6) materials and accessories required for subitem (5) as needed to carry out the theme of the activity, or six Montessori Practical Life exercises;

- (7) one double easel per group;
- (8) three pieces of durable, indoor, large muscle equipment per group;
- (9) three pieces of durable, outdoor, large muscle equipment per group;
- (10) one mirror, at least 12 inches by 36 inches, made of Plexiglas or a similar plastic or safety glass, per group;
- (11) one music source such as a tape recorder or record player per group and music selections appropriate for the source;
- (12) one set of cognitive developmental equipment and materials per child;
- (13) three sets of manipulative equipment per child;
- (14) one music-making toy per child;
- (15) one soft washable toy per child; and
- (16) one set of sensory stimulation materials per child.

C. Supplies:

- (1) two sets of blankets and sheets for each crib or bed if cribs or beds are used;
- (2) an adequate amount of disposable paper for the changing table;
- (3) an adequate amount of diapers;
- (4) an adequate amount of facial tissue;
- (5) an adequate amount of single-service towels; and
- (6) an adequate amount of liquid hand soap.

Subp. 5. **Equipment and materials for preschoolers.** The minimum equipment required for a center serving preschoolers is as follows:

A. Furnishings:

- (1) one area rug or carpet per group;
- (2) one nonfolding child-size chair per child;
- (3) one cot or bed and waterproof mattress (mats are acceptable for programs operating during the day for less than five hours) per child;
- (4) two square feet of wall or bulletin board display space per child (one-half at child's eye level);
- (5) one partially enclosed space equipped for quiet activity per group;
- (6) one linear foot of open shelving per child; and
- (7) 20 linear inches of child-size table edge per child.

B. Program equipment and materials:

- (1) arts and crafts supplies, such as clay or playdough, tempera or fingerpaints, white or colored paper, paste, collage materials, paint brushes, washable felt-type markers, crayons, scissors, and smocks;
- (2) one book per child;
- (3) 48 large building blocks per group;
- (4) 200 small building blocks per group;
- (5) five pieces of dramatic play equipment or Montessori Practical Life equipment per group;
- (6) materials and accessories required for subitem (5) to carry out the theme of the activity;
- (7) one double easel per group;
- (8) three pieces of durable, indoor, large muscle equipment per group;

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## Proposed Rules

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- (9) three pieces of durable, outdoor, large muscle equipment per group;
- (10) one mirror, at least 12 inches by 36 inches, made of Plexiglas or a similar plastic or safety glass, per group;
- (11) one music source such as a tape recorder or record player per group and music selections appropriate for the source;
- (12) three sets of cognitive developmental equipment and materials per child;
- (13) three sets of manipulative equipment per child;
- (14) pictures at child's eye level, mobiles, and other items as needed to create a pleasant environment and provide sensory stimulation; and
- (15) one rhythm instrument per child.

### C. Supplies:

- (1) an adequate amount of facial tissue;
- (2) an adequate amount of single-service towels; and
- (3) an adequate amount of liquid hand soap.

**Subp. 6. Equipment and materials for school age children.** The minimum equipment and materials required for a program serving school age children are as follows:

### A. Furnishings:

- (1) one area rug or carpet per group;
- (2) two square feet of wall or bulletin board display space per child;
- (3) one nonfolding child-size chair per child;
- (4) one partially enclosed space equipped for quiet activity per group;
- (5) one linear foot of open shelving per child; and
- (6) 20 linear inches of table edge space per child.

### B. Program equipment and materials:

- (1) arts and crafts supplies, such as clay or playdough, tempera or fingerpaints, white or colored paper, paste, collage materials, paint brushes, felt-type markers, crayons, and scissors;
- (2) one book per child;
- (3) three sets of dramatic play equipment or Montessori Practical Life area equipment per group;
- (4) materials and accessories for subitem (3) as required to carry out the theme of the activity;
- (5) one music source such as a tape recorder or record player per group and music selections appropriate for the source;
- (6) five musical or rhythm instruments per group;
- (7) three pieces of durable, outdoor, large muscle equipment per group;
- (8) pictures at child's level, mobiles, and other items as needed to create a pleasant environment and provide sensory stimulation;
- (9) three sets of cognitive developmental equipment and materials per child;
- (10) five sets of manipulative equipment per group; and
- (11) ten pieces of sports or recreational equipment, such as bats, balls, hoops, and jump ropes, per group.

### C. Supplies:

- (1) an adequate amount of facial tissue;
- (2) an adequate amount of single-service towels; and
- (3) an adequate amount of liquid hand soap.

## 9503.0065 CHILD CARE FOR CHILDREN WITH SPECIAL NEEDS.

**Subpart 1. Definition.** "Child with special needs" for purposes of this part means a child at least six weeks old but younger than 13 years old who:

- A. has mental retardation or a related condition as defined in parts 9525.0015 to 9525.0165 and has an individual service plan specifying child care to be provided by the center;



B. has been identified by the local school district as a handicapped child as specified in Minnesota Statutes, section 120.03, subdivision 1, and has an individual education plan specifying child care to be provided by the center according to Minnesota Statutes, section 120.17, subdivision 2; or

C. has been determined by a licensed physician, psychiatrist, licensed psychologist, or licensed consulting psychologist as having a special need relating to physical, social, or emotional development.

Subp. 2. **Report to parent.** The license holder must inform the parent of any diagnosed or identified special need of a child that was not reported by the parent at the time of admission.

Subp. 3. **Individual child care program plan.** When a license holder admits a child with special needs, the license holder must ensure that an individual child care program plan is developed to meet the child's individual needs. The individual child care program plan must be in writing and specify methods of implementation and be available to all staff who interact with the child.

If the child has mental retardation or a related condition as specified in subpart 1, item A, then the individual child care plan must be coordinated with the child's individual service plan developed under parts 9525.0015 to 9525.0165.

If the child has a handicap as specified in subpart 1, item B, then the individual child care plan must be coordinated with the child's individual education plan developed under Minnesota Statutes, section 120.17.

If the child has a special need determined under subpart 1, item C, the individual child care plan must be coordinated with reports from the licensed physician, licensed psychiatrist, licensed psychologist, or licensed consulting psychologist. The individual child care plan must be evaluated at least annually by the licensed physician, licensed psychiatrist, licensed psychologist, or licensed consulting psychologist and with the child's parent to determine if the needs of the child are being met.

Subp. 4. **Service contracts.** The license holder must have copies of all service contracts with the center for care or services provided under parts 9525.0015 to 9525.0165 and Minnesota Statutes, section 120.17, when the care or service is provided to a child while at the center.

Subp. 5. **Additional staff, staff qualifications, or training.** The license holder must ensure that any additional staff, staff qualifications, or training required by the child's individual child care plan in subpart 3 are provided.

#### **9503.0070 NIGHT CARE PROGRAM.**

Subpart 1. **Applicability.** A license holder operating a night care program must comply with this part as well as with all other requirements of parts 9503.0005 to 9503.0170.

Subp. 2. **Furnishings.** Each child enrolled in a night care program must be provided with a crib, a bed, or a cot with a mattress. A crib and two sets of clean linens must be provided for infants and meet the standards specified in part 9503.0050. A bed or a cot with a mattress, two sets of sheets, a blanket or quilt, and personal towels and washcloths must be provided for all other children.

Subp. 3. **Garments for sleeping.** The license holder must ensure that all children are put to bed in garments for sleeping as designated by the child's parent.

Subp. 4. **Personal effects.** The license holder must ensure that all children have the personal effects needed to clean up and prepare for sleep. The effects must include an individual wash cloth, towel, toothbrush, toothpaste, and liquid hand soap.

Subp. 5. **Meals and snacks.** The license holder must ensure that a child who will be present in the center between 6:00 p.m. and 7:00 p.m. has had or will be provided with an evening meal. A bedtime snack must be available for all children in attendance. Eating times and schedules for the individual child must be consistent with patterns established in consultation with the child's parents.

Subp. 6. **Staffing.** At least two staff persons, one of whom must qualify as a teacher under part 9503.0032, must be present in the center at all times during the hours the night program is in operation. When more than 80 percent of the children present are asleep, the remaining staff persons needed to meet the required staff-to-child ratio must have at least the qualifications of a child care aide. Program staff must be awake and dressed and provide supervision to children who are sleeping.

Subp. 7. **Wash-up assistance.** The license holder must ensure that children have the opportunity to wash up and cleanse their teeth before bedtime and be assisted by program staff when necessary.

Subp. 8. **Privacy.** To ensure privacy, school age boys and girls must be separated during bedtime washing and changing activities.

Subp. 9. **Infants.** Infants must have a sleep area separate from the center's play and activity areas.

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## Proposed Rules

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Subp. 10. **Bedtime.** A child's bedtime must be scheduled in consultation with the child's parent.

Subp. 11. **Light.** In rooms used for sleep during children's bedtime, light must be reduced to no less than one footcandle.

Subp. 12. **Program emphasis.** A license holder operating a night care program must comply with the child care program standards in part 9503.0045. However, the child care program plan must emphasize quiet activities.

Subp. 13. **Exceptions.** The outdoor activity area, outdoor activities, and outdoor equipment required by part 9503.0060 for children enrolled in a night care program need not be provided.

### 9503.0075 DROP-IN PROGRAM.

A license holder operating a drop-in program must comply with parts 9503.0005 to 9503.0170 with the following exceptions:

A. Drop-in programs do not have to provide parent conferences as specified in part 9503.0090, subpart 2, item B.

B. A health care summary and immunization record must be provided by the second visit to the program.

C. The outdoor activity area, outdoor activities, and outdoor equipment required in part 9503.0060 need not be provided. Indoor space for vigorous large muscle activity must be accessible to children on a daily basis.

### 9503.0080 EXCLUSION OF SICK CHILDREN.

A child with any of the following conditions or behaviors is a sick child and must be excluded from a center not licensed to operate a sick care program. If the child becomes sick while at the center, the child must be isolated from other children in care and the parent called immediately. A sick child must be supervised at all times. The license holder must exclude a child:

A. with a reportable illness or condition as specified in part 4605.7040 that the health authority determines to be contagious and that has not had sufficient treatment to reduce the health risk to others;

B. with chicken pox until the child is no longer infectious or until the lesions are crusted over;

C. who has vomited two or more times since admission that day;

D. who has had three or more abnormally loose stools since admission that day;

E. who has contagious conjunctivitis or pus draining from the eye;

F. who has unexplained lethargy;

G. who has lice, ringworm, scabies, or impetigo that is untreated and contagious to others;

H. who has a 102 degree Fahrenheit or higher temperature of undiagnosed origin;

I. who has an undiagnosed rash or a rash attributable to a contagious illness or condition;

J. who has significant respiratory distress;

K. who is not able to participate in child care program activities with reasonable comfort; or

L. who requires more care than the program staff can provide without compromising the health and safety of other children in care.

### 9503.0085 SICK CARE PROGRAM.

Subpart 1. **Licensure of sick care programs.** If a license holder chooses to care for a sick child, then the license holder must operate a sick care program that complies with the standards specified by this part and with all other applicable provisions of parts 9503.0005 to 9503.0170, and any standards of the commissioner of health governing the group care of children. A sick care program may be operated within a center licensed to operate a day program, a drop-in program, or a night program or may operate to provide child care exclusively to sick children.

Subp. 2. **Review of admission and health policies and practices.** At the time of initial license application, after the first six months of initial operation, and annually after that time, a sick care program's admission policies must be reviewed and approved by a licensed physician with a specialization in pediatric care. The physician's review must include consultation with the licensed registered nurse or physician responsible for admissions. A report of the physician's findings must be sent to the commissioner with the initial application for licensure, and subsequent reports must be placed in the center's administrative record.

The license holder operating a sick care program must ensure that the program's health policies and practices are reviewed quarterly by a health consultant and that the health consultant's findings are sent to the commissioner after each review.

Subp. 3. **Evaluation of a sick child.** A license holder who operates a sick care program must provide for the evaluation of the condition of a sick child before admitting the child to the center. The evaluation must be based on the physical symptoms of the child each day of admission, the probable contagion and risk to the health of others present, and the ability of the program to provide

the care the child requires. A physician or registered nurse affiliated with the center must perform the evaluations specified in items A to C.

A. A preliminary evaluation must be made before the parent brings the child to the center. The preliminary evaluation must consist of the parent's reporting the child's symptoms to the center's physician or registered nurse by phone. The physician or registered nurse must tell the parent whether the parent may bring the child to the center for further evaluation.

B. The physician or registered nurse must do a physical assessment of the child and obtain a health history from the parent when the child is brought to the center.

C. The decision of the physician or registered nurse not to admit the child for care is final.

Subp. 4. **Chicken pox.** Children with chicken pox must be excluded from care in any child care program until they are no longer infectious to others or until the lesions are crusted over.

Subp. 5. **Gastrointestinal illness.** Children with gastrointestinal illness must be at least two years old to be in a sick care program and must be cared for in a separate room used exclusively for the care of gastrointestinal illness.

Subp. 6. **Information to parents.** A summary of the sick care program's health care policies and practices and the center's procedures for notification of parents in the event of an emergency must be given to the parent at the time a child is admitted.

Subp. 7. **Parent conference exception.** Centers licensed to provide child care exclusively to sick children need not provide parent conferences as specified in part 9503.0090, subpart 2, item B.

Subp. 8. **Child care program emphasis.** A sick care program must meet the child care program plan standards in part 9503.0045. However, the child care program plan for the care of sick children must emphasize quiet activities.

Subp. 9. **Group size and age category grouping exceptions.** The maximum group sizes specified in part 9503.0040, subpart 1, and the age category grouping restrictions in part 9503.0040, subpart 3, are not required except that there must be no more than 16 children in care in a room at the same time and the provisions in subparts 5 and 14 apply.

Subp. 10. **Additional staff-to-child ratios and staff distribution requirements.** A one-to-four staff-to-child ratio must be maintained at all times in a room used to care for sick children. At least two staff persons must be present in a center operating a sick care program whenever sick children are in care. The first staff person must be a nurse registered by the Board of Nursing to practice professional nursing who also meets the qualifications in part 9503.0030, subpart 2. The second staff person must meet the qualifications for a teacher in part 9503.0032. The remaining staff persons must at least meet the qualifications and follow the staff distribution pattern specified in part 9503.0040.

Subp. 11. **Limitation on staff assignment.** Staff must not care for well children or prepare food for well children on the same day they care for sick children. Staff caring for sick children must not enter the kitchen used to prepare food for well children.

Subp. 12. **Food preparation.** Food provided by the license holder and prepared at the center must be prepared in a room separate from rooms where sick care is provided and must be delivered to each sick care room in individual servings and in covered containers. Procedures for preparing, handling, and serving food and washing food, utensils, and equipment must comply with the requirements in parts 4625.2400 to 4625.5000.

Subp. 13. **Menus.** Menus for sick children must be modified to meet the individual needs of the child.

Subp. 14. **Additional facility requirements.** A license holder operating a sick care program must provide:

A. a room or rooms that are exclusively used to care for sick children and that are not used at any time for any other child care purpose; and

B. toilets and hand sinks that are within or immediately adjacent to the room or rooms used for sick care and are not used by well children in care.

Subp. 15. **Outdoor activity area, activities and equipment exception.** A license holder operating a sick care program that provides care exclusively to sick children need not provide the outdoor activity area required in part 9503.0115, subpart 7; outdoor activities as specified in part 9503.0045, subpart 1, item I; and the outdoor equipment required in part 9503.0060, subpart 4, item B, subitem (9); subpart 5, item B, subitem (9); and subpart 6, item B, subitems (8) and (12).

Subp. 16. **Disinfection.** Walls and floors in rooms where sick care is provided and all linens, furnishings, objects, and equipment used by sick children must be cleaned and disinfected at least daily and as needed.

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## Proposed Rules

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Subp. 17. **Linens and changes of clothing.** All linens used by a sick child must be washed after each use, and each child must be in clean clothing at all times.

Subp. 18. **Additional equipment.** Each sick child must be provided with a crib, bed, or cot, two sheets, a pillow, a pillowcase, and a blanket or quilt.

### 9503.0090 INFORMATION FOR PARENTS.

Subpart 1. **Policies given to parents.** At the time of a child's enrollment, the parent must be provided with written notification of the:

- A. ages and numbers of children the center is licensed to serve;
- B. hours and days of operation;
- C. child care program options the center is licensed to operate, including a description of the program's educational methods and religious, political, or philosophical basis, if any, and how parents may review the center's child care program plan;
- D. center's policy on parent conferences and notification to a parent of a child's intellectual, physical, social, and emotional development;
- E. type and limits of insurance coverage held by the license holder for the center;
- F. center's policy requiring a health care summary and immunization record of a child;
- G. policies and procedures for the care of children who become sick at the center and parent notification practices for the onset of or exposure to a contagious illness or condition or when there is an emergency or injury requiring medical attention;
- H. center's policies and procedures for administering first aid and sources of care to be used in case of emergencies;
- I. center's policies on the administration of medicine and permission requirement for the administration of ipecac syrup;
- J. procedures for obtaining written parental permission for field trips;
- K. procedures for obtaining written parental permission before each occasion of research, experimental procedure, or public relations activity involving a child;
- L. center's policies on the provision of meals and snacks;
- M. center's behavior guidance policies and procedures;
- N. presence of pets;
- O. center's policy that parents of enrolled children may visit the center any time during the hours of operation; and
- P. telephone number of the Department of Human Services, Division of Licensing.

Subp. 2. **Parent conferences and daily reports.** The license holder must ensure that the parent of a child is informed of the child's progress. The license holder must ensure that:

- A. a preenrollment conference is held between the parent and a program staff person;
- B. individual parent conferences are planned and offered by program staff at least twice a year;
- C. documentation is made in the child's record that individual parent conferences were planned and offered;
- D. the status of the child's intellectual, physical, social, and emotional development is reported to the parent during the conference; and
- E. daily written reports are made to the parent of an infant or toddler about the child's food intake, elimination, sleeping patterns, and general behavior.

### 9503.0095 PARENT VISITATION.

Parents of enrolled children may visit the center any time during the hours of operation.

### 9503.0100 PARTICIPATION IN FIELD TRIPS.

The license holder must ensure that written permission is obtained from each child's parent before taking a child on a field trip. A separate written permission form must be obtained before each field trip or on a form that annually summarizes all field trips that will be taken. The parent's written permission must state that the parent has been informed of the purpose and destination of the field trip, the expected time of departure from and return to the center, the method of transportation, and the name and title of the program staff person who will be present and in charge of the field trip.

On field trips, staff must take emergency phone numbers for the child's parent and the persons to be called if a parent cannot be reached, the phone number of the child's physician, and a first aid kit.

**9503.0105 RESEARCH AND PUBLIC RELATIONS PERMISSION.**

The license holder must ensure that written permission is obtained from a parent before a child is involved in experimental research or public relations activity involving a child while at the center. A separate written permission form must be obtained before each occasion of experimental research or public relations activity or on a form that annually summarizes all research and public relations activities that will be undertaken. The permission form must be maintained in the child's record.

**9503.0110 EMERGENCY AND ACCIDENT POLICIES AND RECORDS.**

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

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

Subp. 3. **Policy content.** The policies must contain:

- A. Procedures for administering first aid.
- B. Safety rules to follow in avoiding injuries, burns, poisoning, choking, suffocation, and traffic and pedestrian accidents.
- C. Procedures for the daily inspection of potential hazards.
- D. Procedures for fire prevention and procedures to follow in the event of a fire. Fire procedures must:
  - (1) mandate monthly fire drills and a log of drill times and dates;
  - (2) identify primary and secondary exits, building evacuation routes, the phone number of the fire department, persons responsible for the evacuation of children, and areas for which they are responsible;
  - (3) contain instruction on how to use a fire extinguisher and how to close off the fire area; and
  - (4) provide for the training of staff persons to carry out the fire procedures.
- E. Procedures to follow in the event of a blizzard, tornado, or other natural disaster that include the location of emergency shelter, procedures for monthly tornado drills from April to September, and a log of times and dates showing that the drills were held.
- F. Procedures to follow when a child is missing.
- G. Procedures to follow if an unauthorized person or a person who is incapacitated or suspected of abuse attempts to pick up a child or if no one comes to pick up a child.
- H. Sources of emergency medical care.
- I. Procedures for recording accidents, injuries, and incidents involving a child enrolled in the center, a staff person, or a visitor. The written record must contain the name and age of the persons involved; date and place of the accident, injury, or incident; type of injury; action taken by staff; and to whom the accident, injury, or incident was reported.
- J. Procedures mandating a semiannual analysis of the record in item I and any modification of the center's policies based on the analysis.

Subp. 4. **Records.** The following records must be maintained in the center's administrative record:

- A. the procedures specified in subpart 3;
- B. a log of fire and tornado drills; and
- C. a written record of accidents, injuries, emergencies, and incidents.

**9503.0115 CENTER ADMINISTRATIVE RECORDS.**

The records required by this part must be maintained within the center and be available for inspection at the request of the commissioner. The license holder must ensure that the following are maintained:

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## Proposed Rules

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- A. a record of the information given to parents specified in part 9503.0090;
- B. the personnel records specified in part 9503.0120;
- C. the children's records specified in part 9503.0125;
- D. the child care program plan specified in part 9503.0045;
- E. the accident, injury, emergency, and incident records specified in part 9503.0110;
- F. the staff distribution schedule specified in part 9503.0040;
- G. a list of reportable, communicable diseases as defined in part 4605.7040;
- H. the separation reports mandated in part 9503.0055;
- I. the report by the health consultant mandated in part 9503.0140; and

J. a record for each consultant whose services the center purchases either by contracting directly with the individual or by contracting for the person's services with another organization. The record must contain a copy of a signed contract or letter of appointment specifying conditions and terms of employment and documentation that the person under contract meets any licensure, registration, or certification requirements required to perform the services specified in the contract.

### **9503.0120 PERSONNEL RECORDS.**

The license holder must ensure that a personnel record for each staff person is maintained at the center. The personnel record for each staff person must contain:

- A. the staff person's name, home address, home telephone number, and date of birth;
- B. the telephone number of a person to be notified in an emergency;
- C. the staff person's job description;
- D. documentation that the staff person has completed the applicant background study required in part 9503.0025;
- E. the staff person's application, resume, and documentation indicating that the staff person meets the requirements of the staff person's job description and the education and experience requirements specified in parts 9503.0031 to 9503.0034;
- F. documentation of compliance with the health assessment in part 9503.0030, subpart 2;
- G. documentation that the staff person has completed the orientation to the center required in part 9503.0035, subpart 1;
- H. documentation, when applicable, that the staff person has completed the first aid and CPR training required in part 9503.0035, subparts 2 and 3;
- I. documentation of completion of the in-service training required by part 9503.0035, subpart 4, showing the training topic, source of training, number of hours completed, and method used to document mastery of the subject;
- J. documentation of procedures for and completion of an annual evaluation of the staff person's work and specification of in-service training needs; and
- K. documentation of any disciplinary action including termination.

### **9503.0125 CHILDREN'S RECORDS.**

At the time of enrollment in the center, the license holder must ensure that a record is maintained on each child. The record must contain:

- A. the child's full name, birthdate, and current home address;
- B. the name, address, and telephone number of the child's parent;
- C. instructions on how the parent can be reached when the child is attending the center;
- D. the names and telephone numbers of any persons authorized to take the child from the center;
- E. the names, addresses, and telephone numbers of the child's source of regular medical and dental care and the source of medical and dental care to be used in case of an emergency;
- F. the names, addresses, and telephone numbers of two persons to be contacted if a parent cannot be reached in an emergency or when there is an injury requiring medical attention;
- G. the health form and immunization information required by part 9503.0140;
- H. written authorization for the license holder to act in an emergency, or when a parent cannot be reached or is delayed;

- I. written authorization, if granted, for the license holder to administer ipecac syrup according to part 9503.0140;
- J. the hours and days of the week the child will attend the center;
- K. for children age six weeks to 36 months, a description of the child's eating, sleeping, toileting, and communication habits, and effective methods for comforting the child;
- L. documentation of any dietary or medical needs of the child;
- M. documentation of any individual child care program needs for the child;
- N. any separation reports as specified in part 9503.0055; and
- O. the date of parent conferences and a report of the child's growth and progress evaluations.

**9503.0130 REPORTING.**

Subpart 1. **Abuse; neglect.** The license holder must comply with the reporting requirements for abuse and neglect specified in Minnesota Statutes, section 626.556.

Subp. 2. **Other reporting.** The license holder must inform the commissioner within:

- A. 24 hours of the death of a child in care in the center;
- B. 24 hours of any injury to a child in care in the center that required treatment by a physician;
- C. 48 hours after the occurrence of a fire during the hours of operation that requires the service of a fire department; and
- D. 24 hours of the use of any emergency medical service by a child while in care.

Subp. 3. **Animal bites.** The license holder must immediately inform the local health authority according to part 4605.7600 and the parent whenever a child is bitten by an animal specified in that part while in the care of the license holder.

Subp. 4. **Reportable disease.** The license holder must report to the local health authority or the commissioner of health suspected cases of reportable disease according to parts 4605.7000 to 4605.7800.

**9503.0140 HEALTH.**

Subpart 1. **Health policies.** The license holder must develop written health policies approved by the commissioner and must ensure that they are carried out.

Subp. 2. **Health consultation.** The center must have a health consultant who must review the center's health policies and practices specified in items A to D and certify that they are adequate to protect the health of children in care.

The review must be done before initial licensure, submitted with the application for initial licensure and repeated every year after the date of initial licensure. For programs serving infants, this review must be done initially and semiannually thereafter. Additionally, the license holder must request a review by the health consultant of the center's health policies and practices if there is a proposed change in the center's health policies or practices or an outbreak of contagious reportable illness as specified in part 4605.7040. A copy of the consultant's findings must be placed in the center's administrative record.

The consultant must review:

- A. The first aid and safety policies and procedures required by part 9503.0110, subpart 3, items A, B, and C.
- B. The diapering procedures and practices specified in part 9503.0140, subpart 12.
- C. The sanitation procedures and practices for food not prepared by or provided by the license holder as specified in part 9503.0145, subpart 3, and for infants as specified in part 9503.0145, subpart 7.

Subp. 3. **Health information at admission.** Before a child is admitted to a center or within 30 days of admission, the license holder must obtain a report on a current physical examination of the child signed by the child's source of medical care.

Subp. 4. **Reexamination.** For children already admitted to the center, the license holder shall obtain an updated report of physical examination signed by the child's source of medical care at least annually for children under 24 months of age, and whenever a child 24 months or older advances to an older age category.

Subp. 5. **Immunizations.** When a child is enrolled in the center, the license holder must obtain documentation of current immuni-

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## Proposed Rules

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zation according to Minnesota Statutes, section 123.70, a signed notarized statement of parental objection to the immunization, or a medical exemption.

Subp. 6. **Notice about a sick child.** Notices about the illness or condition of a child must be given as required in items A to D:

A. The license holder must ensure that a parent is notified immediately when the parent's child becomes sick at the center.

B. The license holder must require a parent to inform the center within 24 hours, exclusive of weekends and holidays, when a child is diagnosed by a child's source of medical or dental care as having a contagious reportable disease specified in part 4605.7040, or lice, scabies, impetigo, ringworm, or chicken pox.

C. The license holder must post or give a notice to the parents of exposed children the same day a parent notifies the center of a child's illness or condition listed in item B.

D. The license holder must ensure that the health authority is notified of any suspected case of reportable disease as specified in part 4605.7040 within 24 hours of receiving the parent's report.

Subp. 7. **Administration of medicine.** A license holder who chooses to administer medicine must ensure that the procedures in items A to G are followed.

A. The license holder must get written permission from the child's parent before administering medicine, diapering products, sunscreen lotions, and insect repellents. Nonprescription medicines, diapering products, sunscreen lotions, and insect repellents must be administered according to the manufacturer's instructions unless there are written instructions for their use provided by a licensed physician or dentist.

B. The license holder must get and follow written instructions from a licensed physician or dentist before administering each prescription medicine. Medicine with the child's name and current prescription information on the label constitutes instructions.

C. All medicine must be kept in its original container and have a legible label stating the child's name. The medicine must be given only to the child whose name is on the label. The medicine must not be given after an expiration date on the label, and any unused portion must be returned to the child's parent or destroyed. The license holder must ensure that the administration of medicine is recorded and give the name of the child, name of the medication or prescription number, date, time, dosage, and the name and signature of the person who dispensed the medicine. The record must be available to the parent and maintained in the child's record.

D. Sunscreen lotions and insect repellents supplied by the license holder may be used on more than one child. A product to control or prevent diaper rash, including premoistened commercial wipes, must be labeled with the child's name and used only for the individual child whose name is written on the label.

E. Medicines, insect repellents, sunscreen lotions, and diaper rash control products must be stored according to directions on the original container and so that they are inaccessible to children.

Subp. 8. **Nonsmoking.** A center must comply with the Minnesota Clean Indoor Air Act in Minnesota Statutes, sections 144.411 to 144.417, and Minnesota Rules, chapter 4620.

Subp. 9. **Cleanliness.** The indoor and outdoor space and equipment of the center must be clean.

Subp. 10. **Toilet facilities.** The toilet rooms of the center must be cleaned daily. Toilet training chairs must be emptied, washed with soap and water, and disinfected after each use. Toilets and seats must be washed with soap and water and disinfected when soiled or at least daily.

Subp. 11. **Diaper changing area.** A diaper must be changed only in the diaper changing area. The diaper changing area must be separate from areas used for food storage, food preparation, and eating. The area must have a hand sink equipped with hot and cold running water within three feet of the diaper changing surface, a smooth nonabsorbent diaper changing surface and floor covering, and a container operated by a foot pedal for soiled and wet diapers.

Subp. 12. **Diaper changing procedures.** The center must have and follow diaper changing procedures that have been developed in consultation with a health consultant. The license holder must post the diaper changing procedures in the diaper changing area.

Subp. 13. **Hand washing: child.** A child's hands must be washed with soap and water after a diaper change, after use of a toilet or toilet training chair, and before eating a meal or snack. Staff must monitor hand washing and assist a child who needs help. The use of a common basin or a hand sink filled with standing water is prohibited.

Subp. 14. **Hand washing: staff person.** A staff person must wash his or her hands with soap and water after changing a child's diaper, after using toilet facilities, and before handling food or eating.

Subp. 15. **Toilet articles.** The license holder shall provide the following supplies and make them accessible to children: toilet paper, liquid hand soap, facial tissues, and single-use paper towels or warm-air hand dryers.

Subp. 16. **First aid kit.** The license holder must ensure that a first aid kit is available within the center. The kit must contain



sterile bandages and bandaids, sterile compresses, ipecac syrup, scissors, an ice bag or cold pack, an oral or surface thermometer, and adhesive tape. A current first aid manual must be included. The first aid kit and manual must be accessible to the staff in the center and taken on field trips. The ipecac syrup must be labeled with instructions to call and number for the local poison control center. The license holder must ensure that ipecac syrup is administered according to the instructions of the poison control center.

Subp. 17. **Hazardous objects.** Sharp objects, medicines, plastic bags, and poisonous plants and chemicals, including household supplies, must be stored out of reach of children.

Subp. 18. **Emergency equipment.** The center must have a battery-operated flashlight and battery-operated portable radio.

Subp. 19. **Condition of equipment and furniture.** Equipment and furniture must be durable, in good repair, structurally sound and stable following assembly and installation. Equipment must be free of sharp edges, dangerous protrusions, points where a child's extremities could be pinched or crushed, and openings or angles that could trap part of a child's body. Tables, chairs, and other furniture must be appropriate to the age and size of children who use them. Toys and equipment that are likely to be mouthed by infants and toddlers must be made of a material that can be disinfected. These must be cleaned and disinfected when mouthed or soiled and at least daily.

Infant rattles must meet the United States consumer product safety standards contained in the Code of Federal Regulations, title 16, sections 1510.1 to 1510.4, as adopted on May 23, 1978. All toys and other articles intended for use by children under three years of age that present choking, aspiration, or ingestion hazards because of small parts must meet the size standards in Code of Federal Regulations, title 16, sections 1501.1 to 1501.5, as adopted on June 15, 1979.

Subp. 20. **Maintenance of areas used by children.** The areas used by children must be free from debris, loose flaking, peeling, or chipped paint, loose wallpaper, or crumbling plaster, litter, and holes in the walls, floors, and ceilings. Rugs must have a nonskid backing or be firmly fastened to the floor and be free from tears, curled or frayed edges, and hazardous wrinkles.

Subp. 21. **Emergencies.** The license holder must ensure that written procedures for emergencies and accidents are posted in a visible place. The procedures must:

- A. identify persons responsible for each area;
- B. identify primary and secondary exits;
- C. identify a tornado shelter area;
- D. identify building evacuation routes;
- E. describe how to use a fire extinguisher and close off the fire area; and

F. list the phone numbers and sources of emergency medical and dental care, poison control center, fire department, health authority, and licensing division of the department.

Subp. 22. **Pets.** If pets are permitted at the center, parents must be informed at the time of admission that a pet is present. Pets must be properly housed, cared for, inoculated, and licensed in accordance with local health ordinances and codes.

#### **9503.0145 FOOD AND WATER.**

Subpart 1. **Food.** The license holder must see that meals and supplemental snacks are available. Bag lunches provided by the parent are acceptable as specified in subpart 4.

Subp. 2. **Menus.** When food is provided by the license holder, menus must be planned on a monthly basis and posted in a conspicuous place where they can be reviewed by parents. A sample menu must be provided to parents at the time of admission. Menus must comply with the nutritional requirements of the United States Department of Agriculture, Food and Nutrition Service, Code of Federal Regulations, title 7, section 226.20.

Subp. 3. **Sanitation.** Procedures for preparing, handling, and serving food, and washing food, utensils, and equipment must comply with the requirements for food and beverage establishments in parts 4625.2400 to 4625.5000. If the food is prepared off-site by another facility or if food service is provided according to a contract with a food service provider, the facility or license holder must ensure that food is prepared in compliance with parts 4625.2400 to 4625.5000. The license holder must provide refrigeration for dairy products and other perishable foods, whether supplied by the license holder or supplied by the parent. The refrigeration must have a temperature of 40 degrees Fahrenheit or less. Tables and highchair trays used for meals must be washed with soap and water before and after each use.

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## Proposed Rules

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Subp. 4. **Meals and snacks.** Each meal must provide one-third of the child's daily nutritional needs as specified by the United States Department of Agriculture, Food and Nutrition Service, in Code of Federal Regulations, title 7, section 226.20. The license holder must provide or ensure the availability of:

- A. a snack for a child in attendance for more than two hours, but fewer than five hours;
- B. one meal and two snacks or two meals and one snack for a child in attendance five to ten hours unless four or more of these hours are spent in sleep;
- C. a minimum of two meals and two snacks for a child in attendance more than ten hours unless four or more of these hours are spent in sleep; and
- D. program staff who are seated with the children during meal and snack times.

Subp. 5. **Prescribed diet needs.** The license holder must provide for a child's dietary needs prescribed by the child's source of medical care or require the parent to provide the prescribed diet items that are not part of the menu plan approved in subpart 2. A license holder serving a child who has a prescribed diet must keep the diet order and its duration specified in the child's record. All staff designated to provide care to the child must be informed of the diet order.

Subp. 6. **Food allergy information.** Information about food allergies of the children in the center must be available in the area where food is prepared or served to children with allergies. All staff providing care to the child must be informed of the allergy.

Subp. 7. **Infant diets.** The diet of an infant must be determined by the infant's parent. The license holder must ensure that sanitary procedures and practices are used to prepare, handle, and store formula, milk, breast milk, solid foods, and supplements. Procedures must be reviewed and certified by a health consultant. A center serving infants must:

- A. obtain written dietary instructions from the parent of the child;
  - B. have the infant's feeding schedule available in the food preparation area;
  - C. offer the child formula or milk and nutritionally adequate solid foods in prescribed quantities at specified time intervals;
- and
- D. label each child's bottle.

Subp. 8. **Water.** The center must have a safe water supply. A center that uses water from a privately owned well must be tested annually by a Minnesota Health Department certified laboratory for coliform bacteria and nitrate nitrogens to verify safety. The license holder must ensure that a record of the test results is in the center's administrative record. Any results indicating an unsafe level of coliform bacteria and nitrate nitrogen levels must be sent to the health authority with jurisdiction. The health authority may then order retesting and corrective measures.

Drinking water must be available to children throughout the hours of operation and offered at frequent intervals. Drinking water for children must be provided in single-service drinking cups or from drinking fountains accessible to children.

### 9503.0150 TRANSPORTATION.

A license holder who provides transportation for children or contracts to provide transportation must comply with the following transportation policies:

- A. The vehicle must be licensed according to the laws of the state.
- B. The vehicle must be driven by a person who holds a current Minnesota driver's license appropriate to the vehicle driven.
- C. Staff ratios must be maintained on all transportation provided on all field trips.
- D. When children are driven in a private car or van, a second adult must be present when more than four children under the age of five are being transported.
- E. When the license holder provides transportation to and from the center, a second adult must be present in the vehicle and children must not be transported more than one hour per one-way trip.
- F. When children are driven in a motor vehicle other than a bus or school bus operated by a common carrier:
  - (1) a child may be transported only if the child is fastened in a safety seat, seat belt, or harness appropriate to the child's weight, and the restraint is installed and used in accordance with the manufacturer's instructions; and

- (2) a child under the age of four may be transported only if the child is securely fastened in a child passenger restraint system that meets the federal motor vehicle safety standards contained in Code of Federal Regulations, title 49, section 571.213.

### 9503.0155 FACILITY.

Subpart 1. **Occupancy designation.** In areas of the state that have adopted the Minnesota State Building Code, the applicant must comply with the standards specified by the code if the application is an initial one. In those areas of the state that have not adopted

the Minnesota State Building Code, an applicant for licensure must comply with any applicable local building ordinances if the application is an initial one. The commissioner must not grant an initial license until written verification of compliance with the state building code or local building ordinance, when applicable, has been received by the commissioner from the building official with jurisdiction.

**Subp. 2. Fire inspection.** The center must be inspected by a fire marshal within 12 months before initial licensure. The commissioner must not grant an initial license until the commissioner has received written approval of compliance with the Minnesota Uniform Fire Code from the fire marshal with jurisdiction.

**Subp. 3. Reinspection for cause.** If the commissioner has reasonable cause to believe that a potential hazard exists, the commissioner may request another inspection and written report by a fire marshal, building official, or health authority to verify the absence of hazard. Any condition cited by a fire marshal, building official, or health authority as hazardous or creating an immediate danger of fire or threat to health and safety must be corrected before a license is issued or renewed.

**Subp. 4. Facility floor plan and designated areas.** Indoor and outdoor space to be used for child care must be designated on a facility floor plan. This space must be exclusively used for child care by the center during the hours of operation. The initial application for licensure and the center's administrative record must contain a floor plan of the center. Precise scale drawings are not required. The plan must indicate the:

- A. dimensions and location of all areas of the center designated for the provision of child care;
- B. planned use of each area; and
- C. size and location of areas used for outdoor activity.

**Subp. 5. Child's personal storage space.** A center must have storage space for each child's clothing and personal belongings. The space must be at a height appropriate to the age of the child.

**Subp. 6. Space for children who become sick.** Space must be provided in the center for a child who becomes sick at a center not licensed to operate a sick care program under part 9503.0085. The space must be separate from activity areas used by other children. A cot and blanket must be provided. The space must be within sight and hearing of a staff person and supervised by a staff person when occupied by a sick child.

**Subp. 7. Outdoor activity area.** An outdoor activity area that complies with items A to F must be provided or available for all child care programs except those licensed to exclusively provide sick care as specified in part 9503.0085, drop-in care as specified in part 9503.0075, and those operating for less than three hours a day.

A. A center must have an outdoor activity area of at least 1,500 square feet, and there must be at least 75 square feet of space per child within the area at any given time during use.

B. An outdoor activity area used daily by children under school age must be within 2,000 feet of the center or transportation must be provided by the license holder. In no case, however, shall the outdoor activity area be farther than one-half mile from the center.

C. The area must be enclosed if it is located adjacent to a traffic, rail, water, machinery, or other environmental hazard, unless the area is a public park or playground.

D. The area must be free of litter, rubbish, toxic materials, water hazard, machinery, animal waste, and sewage contaminants.

E. The area must contain the outdoor large muscle equipment required by part 9503.0065.

**Subp. 8. Telephone; posted numbers.** A telephone that is not coin-operated must be located within the center. A list of emergency numbers must be posted next to the telephone. The 911 emergency number, when available, must be posted. If a 911 emergency number is not available, the numbers listed must be those of the local fire department, police department, emergency transportation, and poison control center.

**Subp. 9. Indoor space.** The licensed capacity of the center must be limited by the amount of indoor space. A minimum of 35 square feet of indoor space must be available for each child in attendance. Hallways, stairways, closets, utility rooms, lavatories, water closets, kitchens, and space occupied by cribs may not be counted as indoor space. Twenty-five percent of the space occupied by furniture or equipment used by staff or children may be counted as indoor space.

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## Proposed Rules

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Subp. 10. **Shielding of hot surfaces.** Radiators, fireplaces, hot pipes, and other hot surfaces in areas used by children must be shielded or insulated to prevent burns.

Subp. 11. **Electrical outlets.** Except in a center that serves only school age children, electrical outlets must be tamper-proof or shielded when not in use.

Subp. 12. **Water hazards.** Bodies of water within or adjacent to the center must be inaccessible to children. When using a pool or beach, children must be supervised at all times. When children use a swimming pool, as defined in chapter 4717, or a beach, an attendant trained in first aid and resuscitation must be present. Any public swimming pool, as defined in chapter 4717, used by children must meet the requirements of chapter 4717.

Subp. 13. **Room temperature.** A minimum temperature of 68 degrees Fahrenheit must be maintained in indoor areas used by children.

Subp. 14. **Sewage disposal.** Centers must have toilet facilities and sewage disposal systems that conform to the State Building Code or the local septic system ordinance.

Subp. 15. **Hazardous areas.** Kitchens, stairs, and other hazardous areas must be inaccessible to children except during periods of supervised use.

Subp. 16. **Fire extinguisher inspection.** Fire extinguishers must be serviced annually by a qualified inspector. The name of the inspector and date of the inspection must be written on a tag attached to the extinguisher.

Subp. 17. **Screens.** Outside doors and windows used for ventilation must be screened to provide protection from insects.

Subp. 18. **Toilets and hand sinks.** Toilets and hand sinks must be provided as specified in items A to H:

A. The center must have at least one hand sink and one toilet for each 15 children or portion of 15 children. One toilet training seat or training chair must be provided for every five toddlers and two-year-olds specified in the licensed capacity. Any hand sink required for children other than infants must be in the toilet area.

B. In newly constructed centers or those undergoing major remodeling to the plumbing system, foot or wrist operated sinks must be provided in the diaper changing area.

C. Toilets and hand sinks designated for use by children under school age must be available either on the floor used by the children or on an adjacent floor no more than eight steps up or down from the floor used by the children.

D. Hand sinks for children must not be used for custodial work or food preparation.

E. The temperature of hot water in the hand sinks used by children must not exceed 120 degrees Fahrenheit.

F. Single-service towels or air dryers must be available to dry hands and designed for easy use by the children.

G. Toilets, sinks, faucets, and hand drying devices in the toilet area used by children under school age other than infants must be placed at a height appropriate to the ages of the children.

H. Portable steps may be used to meet the requirement in item G for toddlers, two-year olds, and preschoolers, if the steps are sturdy and washable.

### 9503.0165 INSURANCE.

A license holder must provide notice to a child's parent at the time of enrollment of the level of liability coverage carried by the license holder for the center and on all vehicles owned and operated by the center for the transportation of children. The license holder must ensure that copies of a notice, signed by the parent to indicate he or she has read and understood it, are maintained in the child's record.

### 9503.0170 LICENSING PROCESS.

Subpart 1. **License required.** A person, corporation, partnership, voluntary association, or other organization may not operate a child care program in a center unless licensed by the commissioner under parts 9503.0005 to 9503.0170.

Subp. 2. **Separate licenses.** Applicants and license holders must have a separate license for each center where a child care program is provided.

Subp. 3. **Posting license.** A license holder must post the license in a conspicuous place within the child care center.

Subp. 4. **Change in license terms.** The license holder must apply to the commissioner and a new license must be issued before the license holder:

A. moves the center to another facility;

B. changes, sells, or transfers ownership or responsibility for the operation of the center;

- C. changes the licensed capacity of the center;
- D. changes the ages of children served; or
- E. changes the child care program options provided by the license holder.

**Subp. 5. Commissioner's right of access.** The commissioner must be given access to the center, including grounds, documents, persons served by the child care program, and staff persons in accordance with Minnesota Statutes, section 245A.04, subdivision 4.

**Subp. 6. Variances.** An applicant or license holder may request a variance to parts 9503.0005 to 9503.0170 with the exception of those specified in item D if the request follows the procedures and standards specified in items A, B, and C.

A. The request must be made in writing to the commissioner and must specify:

- (1) the provision for which a variance is requested;
- (2) the reasons the license holder cannot comply with the provision;
- (3) the period of time, not to exceed one year, for which the variance has been requested; and
- (4) the equivalent measures the applicant or license holder will take to ensure the health, safety, or rights of children in care.

B. The commissioner may grant a variance if the commissioner determines that granting the variance would not adversely affect the health, safety, and rights of the children enrolled in the center.

C. In determining whether a variance request may be granted, the determination of the commissioner is final and not subject to appeal.

D. A variance will not be granted from any law or rule prohibiting the maltreatment of children including but not limited to illegal or unauthorized use of physical, mechanical, or chemical restraint; the illegal or unauthorized use of aversive or deprivation procedures; corporal punishment; and parts 9503.0005, subpart 27 (supervision); 9503.0030, subpart 3 (disqualification factors); 9503.0040 (staff ratios and group size); 9503.0050, subpart 3 (confinement limitation); 9503.0055 (prohibited actions); 9503.0070, subpart 6 (staffing); 9503.0080 (exclusion of sick children); 9503.0085 (sick care program); 9503.0130, subparts 1 and 2 (reporting); 9503.0140, subpart 17 (hazardous objects); 9503.0145, subpart 3 (sanitation); 9503.0150 (transportation); and 9503.0155, subparts 1 (occupancy designation), 2 (fire inspection), and 3 (reinspection for cause).

**Subp. 7. Correction orders and fines.** If the commissioner finds that the license holder does not comply with parts 9503.0005 to 9503.0170, the commissioner may issue a correction order and fine under Minnesota Statutes, section 245A.06. Fines must be assessed as follows:

A. The license holder shall forfeit \$1,000 for each occurrence of violation of law or rule prohibiting the maltreatment of children, including but not limited to illegal or unauthorized use of physical, mechanical, or chemical restraint; illegal or unauthorized use of aversive or deprivation procedures; corporal punishment; and any violation of part 9503.0055, subpart 3.

B. The license holder shall forfeit \$200 for each occurrence of a violation of law or rule governing matters of health, safety, or supervision, including but not limited to failure to comply with parts 9503.0005, subpart 27 (supervision); 9503.0030, subpart 3 (disqualification factors); 9503.0035, subpart 1 (orientation training); 9503.0040 (staff ratios and group size); 9503.0050, subpart 3 (confinement limitation); 9503.0070 (night care program), subpart 6 (staffing); 9503.0080 (exclusion of sick children); 9503.0085 (sick care program); 9503.0125, items A to I (children's records); 9503.0130, subparts 1 and 2 (reporting); 9503.0140 (health); 9503.0145 (food and water); 9503.0150 (transportation); 9503.0155 (facility); and 9503.0170, subparts 4 (change in license terms) and 5 (commissioner's right of access).

C. The license holder shall forfeit \$100 for each occurrence of a violation of parts 9503.0005 to 9503.0170, except those specified in items A and B.

**EFFECTIVE DATE.** Parts 9503.0005 to 9503.0170 are effective six months after their notice of adoption is published in the *State Register*.

**REPEALER.** Parts 9545.0510 to 9545.0670 are repealed six months after the notice of adoption of parts 9503.0005 to 9503.0170 is published in the *State Register*.

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## Proposed Rules

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### Department of Human Services

#### Proposed Permanent Rules Relating to Subsidized Adoption

##### Notice of Intent to Adopt a Rule Without a Public Hearing and Notice of Intent to Adopt a Rule With a Public Hearing if Twenty-Five or More Persons Request a Hearing

Notice is hereby given that the State Department of Human Services proposes to adopt the above-entitled rule without a public hearing following the procedures set forth in *Minnesota Statutes*, section 14.22 to 14.28. The specific statutory authority to adopt the rule is *Minnesota Statutes*, section 259.40, subdivision 10.

Persons interested in this rule shall have 30 days in which to submit comment in support of or in opposition to the proposed rule or any part or subpart of the rule and comment is encouraged. Each comment should identify the portion of the proposed rule addressed, the reason for the comment, and any change proposed.

Any person may make a written request for a public hearing on the rule within the 30-day comment period. If 25 or more persons submit a written request for a public hearing within the 30-day comment period, a public hearing will be held unless a sufficient number withdraw their request in writing. Any person requesting a public hearing should state his or her name and address, and is encouraged to identify the portion of the proposed rule addressed, the reason for the request, and any change proposed. If a public hearing is required, the agency will proceed pursuant to *Minnesota Statutes*, section 14.131 to 14.20. PLEASE NOTE THAT IF TWENTY-FIVE OR MORE PERSONS SUBMIT WRITTEN REQUESTS FOR A PUBLIC HEARING WITHIN THE 30-DAY COMMENT PERIOD, A HEARING WILL BE HELD ON FEBRUARY 5, 1988, UNLESS A SUFFICIENT NUMBER WITHDRAW THEIR REQUEST, IN ACCORDANCE WITH THE NOTICE OF PUBLIC HEARING ON THESE SAME RULES PUBLISHED IN THIS *STATE REGISTER* AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between January 28, 1988, and February 4, 1988, at (612) 296-3250.

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

Ruth Weidell, Adoption Unit  
Department of Human Services  
444 Lafayette Road  
St. Paul, Minnesota 55155  
(612) 296-3250

Comments or requests for a public hearing must be received by the Department by 4:30 p.m. on January 27, 1988.

The proposed rule may be modified if the modifications are supported by data and views and do not result in a substantial change in the proposed rule as noticed.

A free copy of this rule is available upon request for your review from: Ruth Weidell, Adoption Unit, Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155, (612) 296-3250.

A copy of the proposed rule may be viewed at any of the county welfare or human service agencies in the State of Minnesota.

The proposed rule amends Minnesota Rules, parts 9560.0070 to 9560.0090 governing the procedures and standards for the Subsidized Adoption Program. The Subsidized Adoption Program encourages the adoption of children with special needs by providing financial and other forms of assistance to adoptive families who would otherwise find it difficult to assume the costs associated with those special needs. While the substance of the current rule is retained, the proposed rule describes procedures and standards in greater detail and clarifies ambiguities in the current rule.

Changes are proposed to make the rule consistent with amendments to *Minnesota Statutes*, section 259.40 enacted in 1986 and 1987, including specifying "Special Nonmedical Needs" covered by the program and extending the upper age limit for subsidy to age 22. Changes also reflect the extension of Medical Assistance eligibility in 1984 to all subsidy recipients. The amount of subsidy payments for Basic Maintenance and Supplemental Maintenance Needs is increased to reflect cost of living increases and the assessment of Supplemental Maintenance Needs is prescribed by using an assessment form that is incorporated by reference.

A Statement of Need and Reasonableness that describes the need for and reasonableness of each provision of the proposed rule and identifies the data and information relied upon to support the proposed rule has been prepared and is available from Ruth Weidell, Adoption Unit, Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155, (612) 296-3250 upon request.

Adoption of these rules will not result in additional spending by local public bodies in the excess of \$100,000 per year for the first two years following adoption under the requirements of *Minnesota Statutes*, section 14.11. A fiscal note prepared according to the requirements of *Minnesota Statutes*, section 3.98, subdivision 2, estimating the fiscal impact of the rule is available upon request from Ruth Weidell, Department of Human Services.

If no hearing is required upon adoption of the rule, the rule and the required supporting documents will be delivered to the Attorney General for review as to legality and form to the extent the form relates to legality. Any person may request notification of the date of submission to the Attorney General. 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 adopted rule, must submit the written request to Ruth Weidell, Adoption Unit, Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155.

Sandra S. Gardebring  
Commissioner

### **Notice of Hearing and Notice of Intent to Cancel Hearing if Fewer than Twenty-Five Persons Request a Hearing in Response to Notice of Intent to Adopt Rules without a Public Hearing**

NOTICE IS HEREBY GIVEN that a public hearing on the above-entitled matter will be held in the Veterans Home, Auditorium/Chapel, Building 15, 5101 Minnehaha Avenue South, Minneapolis, MN 55417 on February 5, 1988, commencing at 9:00 a.m. and continuing until all interested or affected persons have an opportunity to participate. The proposed rules may be modified as a result of the hearing process. Therefore, if you are affected in any manner by the proposed rules, you are urged to participate in the rule hearing process.

PLEASE NOTE, HOWEVER, THAT THE HEARING WILL BE CANCELLED IF FEWER THAN TWENTY-FIVE PERSONS REQUEST A HEARING IN RESPONSE TO THE NOTICE OF INTENT TO ADOPT THESE SAME RULES WITHOUT A PUBLIC HEARING PUBLISHED IN THIS *STATE REGISTER* AND MAILED TO PERSONS REGISTERED WITH THE DEPARTMENT OF HUMAN SERVICES. To verify whether a hearing will be held, please call the Department of Human Services between January 28, 1988, and February 4, 1988, at (612) 296-3250.

Following the agency's presentation at the hearing, all interested or affected persons will have an opportunity to participate. Such persons may present their views either orally at the hearing or in writing at any time prior to the close of the hearing record. All evidence presented should be pertinent to the matter at hand. Written material not submitted at the time of the hearing which is to be included in the hearing record may be mailed to Peter C. Erickson, Administrative Law Judge, Office of Administrative Hearings, 500 Flour Exchange Building, 310 Fourth Avenue South, Minneapolis, Minnesota 55415; telephone (612) 341-7606, either before the hearing or within five working days after the public hearing ends. The Administrative Law Judge may at the hearing, order the record be kept open for a longer period not to exceed 20 calendar days. The comments received during the comment period shall be available for review at the Office of Administrative Hearings. Following the close of the comment period the agency and all interested persons have three business days to respond in writing to any new information submitted during the comment period. During the three-day period, the agency may indicate in writing whether there are amendments suggested by other persons which the agency is willing to adopt. No additional evidence may be submitted during the three-day period. The written responses shall be added to the rulemaking record. Upon the close of the record the Administrative Law Judge will write a report as provided for in *Minnesota Statutes*, sections 14.15 and 14.50. The rule hearing is governed by *Minnesota Statutes*, sections 14.14 to 14.20 and by *Minnesota Rules*, parts 1400.0200 to 1400.1200. Questions about procedure may be directed to the Administrative Law Judge.

The proposed rule amends *Minnesota Rules*, parts 9560.0070 to 9560.0090 governing the procedures and standards for the Subsidized Adoption Program. The Subsidized Adoption Program encourages the adoption of children with special needs by providing financial and other forms of assistance to adoptive families who would otherwise find it difficult to assume the costs associated with those special needs. While the substance of the current rule is retained, the proposed rule describes procedures and standards in greater detail and clarifies ambiguities in the current rule.

Changes are proposed to make the rule consistent with amendments to *Minnesota Statutes*, section 259.40 enacted in 1986 and 1987, including specifying the "Special Nonmedical Needs" covered by the program and extending the upper age limit for subsidy to age 22. Changes also reflect the extension of Medical Assistance eligibility to all subsidy recipients in 1984. The amount of subsidy payment for Basic Maintenance and Supplemental Maintenance Needs is increased to reflect cost of living increases and the assessment of Supplemental Maintenance Needs is prescribed by using an assessment form that is incorporated by reference.

The agency's authority to adopt the proposed rules is contained in *Minnesota Statutes*, section 259.40, subdivision 10. Adoption of these rules will not result in additional spending by local public bodies in excess of \$100,000 per year for the first two years following adoption under the requirements of *Minnesota Statutes*, section 14.11. A fiscal note prepared according to the requirements of *Minnesota Statutes*, section 3.98, subdivision 2, estimating the fiscal impact of the rule is available upon request from Ruth Weidell, Adoption Unit, Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155, (612) 296-3250.

**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.

## Proposed Rules

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Copies of the proposed rule are now available and at least one free copy may be obtained by writing to Ruth Weidell, Adoption Unit, Department of Human Services. This rule is also available for viewing at each of the county welfare or human service agencies in the State of Minnesota.

Additional copies will be available at the hearing. If you have any questions on the content of the rule contact Ruth Weidell, Adoption Unit, Department of Human Services, 444 Lafayette Road, St. Paul, MN 55155, (612) 296-3250.

NOTICE: Any person may request notification of the date on which the Administrative Law Judge's report will be available, after which date the agency may not take any final action on the rules for a period of five working days. If you desire to be notified, you may so indicate at the hearing. After the hearing, you may request notification by sending a written request to the Administrative Law Judge. Any person may request notification of the date on which the rules were adopted and filed with the secretary of state. The notice must be mailed on the same day the rules are filed. If you want to be so notified you may so indicate at the hearing or send a request in writing to the agency at any time prior to the filing of the rules with the secretary of state.

NOTICE IS HEREBY GIVEN that a Statement of Need and Reasonableness is now available for review at the agency and at the Office of Administrative Hearings. The Statement of Need and Reasonableness includes a summary of all the evidence and argument which the agency anticipates presenting at the hearing justifying both the need for and reasonableness of the proposed rules. Copies of the Statement of Need and Reasonableness may be reviewed at the agency or the Office of Administrative Hearings and copies may be obtained from the Office of Administrative Hearings at the cost of reproduction.

*Minnesota Statutes*, chapter 10a, requires each lobbyist to register with the State Ethical Practices Board within five days after he or she commences lobbying. A lobbyist is defined in *Minnesota Statutes*, section 10A.01, subdivision 11, as any individual:

(a) engaged for pay or other consideration, or authorized by another individual or association to spend money, who spends more than five hours in any month or more than \$250, not including travel expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communication or urging others to communicate with public officials; or

(b) who spends more than \$250, not including traveling expenses and membership dues, in any year, for the purpose of attempting to influence legislative or administrative action by communicating or urging others to communicate with public officials.

The statute provides certain exceptions. Questions should be directed to the Ethical Practices Board, 625 North Robert Street, St. Paul, Minnesota 55101, telephone (612) 296-5148.

Sandra S. Gardebring  
Commissioner

Dated: 1 December 1987

### Rules as Proposed (all new material)

#### 9560.0071 APPLICABILITY AND PURPOSE.

Subpart 1. **Applicability.** Parts 9560.0071 to 9560.0102 establish the procedures and standards for determining a child's eligibility for an adoption subsidy and the terms of the adoption subsidy.

Subp. 2. **Purpose.** The purpose of the adoption subsidy program is to make possible adoptive placement of children whose special needs prevent adoption without subsidy assistance.

#### 9560.0081 CRITERIA FOR ADOPTION SUBSIDY.

Subpart 1. **Special needs.** For the purpose of parts 9560.0071 to 9560.0102, "special needs" refers to:

- A. sibling groups;
- B. children entitled under *Minnesota Statutes*, section 259.255, to placement with an adoptive family of similar racial or ethnic background; and
- C. children with physical, mental, emotional, or behavioral disabilities or children whose background indicates a high risk of developing such disabilities.

Subp. 2. **General criteria.** The commissioner shall make subsidy payments to an adoptive parent or parents who adopt a child with special needs if:

- A. the child has been certified as eligible for an adoption subsidy;
- B. a written agreement setting forth the terms of the subsidy has been entered into; and
- C. the commissioner has determined that other resources or programs to meet the special needs are not available.



**9560.0082 CERTIFICATION.**

Subpart 1. **Certification criteria.** A child is eligible for certification for an adoption subsidy if the child:

- A. is a Minnesota resident;
- B. is under the legal guardianship of the commissioner or of a Minnesota licensed child-placing agency; and
- C. has special needs that prevent adoptive placement without an adoption subsidy.

Subp. 2. **Certification criteria for foster children.** A child whose foster parents desire to adopt the child is eligible for certification for an adoption subsidy if:

- A. the child meets the requirements of subpart 1;
- B. the placing agency determines that adoption by the child's foster parents is in the best interest of the child according to part 9560.0050; and
- C. the child's special needs make it difficult to provide the child an adoptive home without subsidy.

Subp. 3. **Eligibility period.** A child is not eligible for certification after a final decree of adoption has been issued for the child.

Subp. 4. **Certification by placing agency.** A child is certified as eligible for an adoption subsidy by the placing agency. The placing agency may certify a child as eligible if:

- A. the child meets the certification criteria in subpart 1 or 2; and
- B. the placing agency has made reasonable efforts without success to place the child in an adoptive home without an adoption subsidy. These efforts must include:

- (1) registration of the child with the state adoption exchange;
- (2) contact with Hennepin, Ramsey, and St. Louis counties and Minnesota licensed child-placing agencies for potential adoptive homes; and
- (3) at least one additional special effort to locate an adoptive home, such as use of photo listing services, newsletters, or adoption exchange services.

The requirements in item B may be waived by the state adoption unit if an eligible child's specific condition requires recruitment of a particular family able to care for that child, or if the child is in a foster home and will be adopted by the foster parents.

Subp. 5. **Written certification statement.** The placing agency shall certify a child's eligibility for an adoption subsidy in writing in the format prescribed by the commissioner. The certification statement must include:

- A. a description of the special needs of the child upon which eligibility is based;
- B. applicable supporting documents, such as:
  - (1) a social history summary;
  - (2) a medical evaluation;
  - (3) a psychological evaluation; and
  - (4) a special education evaluation (IEP); and
- C. the signature of the director of the placing agency or the director's designee.

Subp. 6. **Commissioner review.** The commissioner may review and verify the facts upon which eligibility is based.

Subp. 7. **Eligibility for federal adoption assistance.** The placing agency shall determine the child's eligibility for federal adoption assistance under Title IV-E of the Social Security Act.

**9560.0083 DETERMINATION OF AMOUNT OF ADOPTION SUBSIDY.**

Subpart 1. **Placing agency recommendation.** The placing agency shall recommend to the commissioner the amount and duration of subsidy payments.

The income of the adoptive parent or parents must not be considered in determining subsidy eligibility but may be considered in determining the amount of the subsidy.

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## Proposed Rules

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The placing agency shall provide written documentation to support its recommendation.

Subp. 2. **Identification of alternative resources.** The placing agency must identify resources available to meet the child's special needs before the amount of adoption subsidy payment is determined. Available resources include public income support programs, medical assistance, health insurance coverage, services available through community resources, and any other private or public benefits or resources available to the family or to the child to meet the child's special needs.

Subp. 3. **Basis for subsidy.** The amount of an adoption subsidy is based on the special needs of the child and the determination that other resources to meet those special needs are not available.

Subp. 4. **Payment limit.** The amount of a monthly subsidy payment must not exceed the monthly foster care maintenance payment rate and difficulty of care payment that would be allowable for the child.

Subp. 5. **Basic maintenance needs; adoption by reference.** The adoption subsidy may include payments to meet basic maintenance needs of food, clothing, and shelter. Monthly basic maintenance subsidy payments are made according to the following schedule:

- A. age 0 through 5, \$218;
- B. age 6 through 11, \$248;
- C. age 12 through 14, \$278;
- D. age 15 through 17, \$308; and
- E. age 18 through 21, \$308.

Increases in the monthly payment are based on the annual percentage change indicated by the Minnesota Urban Area Consumer Price Index, at the time of adoption of this rule published by the United States Department of Labor, Bureau of Labor Statistics in August, 1987. The Consumer Price Index is incorporated by reference and is available from the Minitex interlibrary loan system. It is subject to frequent change.

Subp. 6. **Supplemental maintenance needs.** The adoption subsidy may include payments to meet supplemental maintenance expenses required to care for a child whose physical, mental, emotional, or behavioral disability necessitates care, supervision, and structure beyond that ordinarily provided in a family setting to persons of the same age.

A. The amount of payment for supplemental maintenance is based on the severity of the child's disability and the effect of the disability on the family, as assessed on a form prescribed by the commissioner. The 1987 version of the Supplemental Maintenance Needs Assessment form is incorporated by reference. It is available at the Minnesota State Law Library, Ford Building, 117 University Avenue, Saint Paul, MN 55155, and is not subject to frequent change. Monthly supplemental maintenance subsidy payments are made according to the following schedule:

- (1) assessment level I, \$150;
- (2) assessment level II, \$275;
- (3) assessment level III, \$400; and
- (4) assessment level IV, \$500.

B. The placing agency shall assess the child's need for supplemental maintenance on the prescribed form and provide supporting documentation.

C. The continuing need for supplemental maintenance may be reassessed biennially. The commissioner may request an authorized child-placing agency to assess and document the continuing need for supplemental maintenance.

Subp. 7. **Special nonmedical needs.** The adoption subsidy may include payments for nonmedical services, items, or equipment periodically required to meet special needs documented at the time the child was certified as eligible for an adoption subsidy. Payment for nonmedical services, items, or equipment under this part is limited to:

A. Programs for children under age three who are developmentally delayed if the programs are prescribed by a physician, psychologist, or developmental specialist and are not available through the public school system.

B. Child care during the adoptive parents' employment, training, or education hours if the child requires a caregiver trained to meet the child's special needs. The amount of subsidy payment is limited to:

(1) the amount the local social service agency would pay for a trained caregiver in the home or in a licensed day care facility; or

(2) the amount adoptive parents would pay under the child care sliding fee program authorized under Minnesota Statutes, section 268.91.

C. Family counseling required to meet the child's needs. Subsidy payments are limited to the prorated portion of the counseling

fees allotted to the family when the family's insurance or the medical assistance program pays for the child's counseling but does not cover all fees for counseling the rest of the family.

D. Postadoption counseling to promote the child's integration into the adoptive family, provided by the placing agency during the first year following the date of adoption. Subsidy payment is limited to 12 sessions of postadoption counseling.

E. Respite care provided in or out of the family residence for the relief of the child's family. Subsidy payments are limited to payment for 504 hours of respite care annually. If respite care is provided by the local social service agency or the child attends a camping program under item H, that amount of time is subtracted from the 504-hour annual total. Payment shall be no more than the respite care rate paid by the local social service agency.

F. Twenty-four-hour out-of-home care in a licensed residential facility, for which the adoptive parent or parents are charged a fee. Subsidy payments are limited to six months within a 12-month calendar period and shall not exceed the basic maintenance rate applicable under part 9560.0083, subpart 5.

G. Burial expenses up to \$1,000 if the special needs upon which eligibility for subsidy was based result in the death of the child.

H. Camping programs adapted to meet the child's special needs. Subsidy payments are limited to two weeks of camp per year.

I. Specialized communications equipment prescribed through the local school district but not covered through educational, vocational, or other rehabilitation resources.

J. The following alterations to the family home or vehicle to accommodate special physical needs:

- (1) a wheelchair ramp;
- (2) handrails and grab bars;
- (3) wheelchair lifts and van tie-downs; and
- (4) a vehicle or window air conditioner or room air filter system.

K. Attorney fees for adoption, not to exceed \$150 and court filing costs.

Subp. 8. **Medical needs.** Children for whom a subsidy agreement has been executed are eligible for the medical assistance program until they reach age 21.

A. The placing agency shall assist in establishing a child's eligibility at the time of adoptive placement by:

- (1) notifying the medical assistance program of the child's eligibility for medical assistance;
- (2) providing the adoptive parent or parents with medical assistance program information;
- (3) informing the adoptive parent or parents of the procedure required to establish initial and continuing eligibility for medical assistance;
- (4) assisting the adoptive parent or parents with completion of the medical assistance application forms;
- (5) assisting the adoptive parent or parents, if the child is covered under family health insurance, with the insurance information and assignment forms required by the medical assistance program within 30 days of placement; and
- (6) providing insurance documentation to the state adoption unit, including the adoptive parents' health insurance carrier, policy number, insurance holder, and the amount of deductible under the policy.

B. Subsidy payment is not available for any service or item covered under the medical assistance program. Subsidy payment is not available for any service or item that the medical assistance program has determined is not medically necessary nor for losses or breakages of items that exceed medical assistance coverage.

#### **9560.0091 SUBSIDY AGREEMENT.**

Subpart 1. **Written subsidy agreement.** Before the final decree of adoption is issued, the placing agency, the adoptive parent or parents, and the commissioner shall enter into a written agreement stating the terms of the adoption subsidy.

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## Proposed Rules

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Subp. 2. **Form of subsidy agreement.** The subsidy agreement must be in the form prescribed by the commissioner and must state:

- A. the responsibilities of the parties;
- B. the anticipated duration of the subsidy agreement;
- C. the payment terms;
- D. provision for modification of the terms of the agreement; and
- E. the effective date, which is the date the final decree of adoption is issued.

Subp. 3. **Preparation of subsidy agreement.** The placing agency shall prepare and submit to the commissioner for review an initial draft of the subsidy agreement. After the placing agency, the adoptive parent or parents, and the commissioner have agreed to the terms of the subsidy agreement, the placing agency shall:

- A. prepare six written copies;
- B. ensure that all copies are signed by the adoptive parent or parents and the placing agency director or the director's designee;

and

- C. submit all copies to the state adoption unit for the commissioner's final approval and signature.

Subp. 4. **Duration.** The subsidy agreement continues in effect if the conditions in items A to C are met:

- A. the special needs upon which eligibility for subsidy was based continue;
- B. the child remains dependent on the adoptive parent or parents for care and financial support; and
- C. the adoptive parent or parents annually submit to the commissioner the affidavit required in part 9560.0092.

Subp. 5. **Extension to age 22.** The subsidy agreement may continue beyond the child's 18th birthday if the adopted person:

- A. meets the requirements in subpart 4;
- B. continues to reside with the adoptive parent or parents; and
- C. is enrolled in a secondary education program as a full-time student; or
- D. is incapable of self-sustaining employment because of the special needs upon which eligibility for subsidy was based.

Within 30 days of each birthday, the adopted person must apply to the local social service agency and to the Social Security Administration for services and financial benefits to meet the person's special needs.

Written documentation that services are not available or that financial benefits are not adequate to meet those special needs must be submitted to the commissioner.

Subp. 6. **Out-of-state residence.** A subsidy agreement remains in effect regardless of the state of residence of the adoptive parent or parents.

Subp. 7. **Subsidy payment upon death of the adoptive parent or parents or termination of parental rights.** The subsidy agreement ends upon the death or upon the termination of parental rights of adoptive parents who are parties to a subsidy agreement except in the following circumstances:

- A. if the need for subsidy continues and the subsidy agreement provides for assignment to a guardian or conservator; or
- B. for up to six months pending the appointment of a guardian or conservator if the child is placed in the temporary custody of a family member or other individual.

If the child is placed under the custody of an authorized child-placing agency, payment of the subsidy must cease.

### 9560.0092 ANNUAL AFFIDAVIT.

Subpart 1. **Affidavit contents.** The adoptive parent or parents shall annually submit to the state adoption unit a notarized affidavit certifying that:

- A. the adopted person remains under the care of the adoptive parent or parents; and
- B. the need for adoption subsidy continues.

Subp. 2. **Affidavit timetable.** The state adoption unit shall send the adoptive parent or parents an affidavit form 30 days before the anniversary date of the subsidy agreement. The adoptive parent or parents shall return the signed and notarized affidavit to the state adoption unit within 30 days after the anniversary date of the subsidy agreement.

Subp. 3. **Failure to submit a timely affidavit.** If the adoptive parents fail to submit a timely affidavit, the commissioner may

terminate the subsidy agreement and the child's eligibility for medical assistance benefits ceases. The state adoption unit shall follow the procedures in items A and B if the annual affidavit is not received 30 days after the anniversary date of the agreement.

A. Thirty days after the anniversary date of the agreement, the state adoption unit shall mail the adoptive parent or parents a notice stating:

(1) the annual affidavit has not been received; and

(2) the subsidy agreement will be terminated 30 days from the date of the notice if the affidavit is not submitted within that time.

The state adoption unit shall send a copy of the notice to the local social service agency.

B. If the adoptive parent or parents do not submit the affidavit within 30 days of the mailing of the notice in item A, the subsidy agreement ends on the 30th day.

Subp. 4. **Medical assistance recertification.** On receiving the annual affidavit, the state adoption unit shall send a copy to the county of financial responsibility to recertify the child's continuing eligibility for medical assistance.

Subp. 5. **Local social service agency assistance.** The local social service agency shall, upon request, assist the adoptive parent or parents with:

A. the affidavit; and

B. health insurance information and assignment forms required for continued medical assistance eligibility.

#### **9560.0093 MODIFICATION OF THE SUBSIDY.**

Subpart 1. **Modification or termination.** The parties to the subsidy agreement may at any time request modification or termination of the subsidy agreement. The subsidy agreement is subject to modification when a significant change in the child's circumstances affects the need for or amount of the subsidy. Requests for modification or termination must be made in writing.

The adoptive parent or parents shall notify the state adoption unit in writing within 30 days of any event affecting the need for or amount of subsidy payment, including:

A. marriage of the child or adoptive parent;

B. separation or divorce of the adoptive parents;

C. residence of the child outside the adoptive home for a period exceeding 30 days;

D. death of the child or adoptive parent or parents; or

E. legal emancipation of the child.

The notification must describe the effect of the event on the need for subsidy.

Subp. 2. **Unilateral modification by the commissioner.** The commissioner shall modify the subsidy agreement if necessary to comply with changes in federal or state law or rules relating to the subsidy program. The commissioner shall notify the parties to the agreement in writing of the applicable statutory or regulatory amendments and the modifications needed in the subsidy agreement.

Subp. 3. **Appeal.** When the commissioner denies payment or otherwise modifies or discontinues the subsidy agreement, the adoptive parent or parents may appeal the commissioner's action under Minnesota Statutes, section 256.045.

Subp. 4. **Local social service agency assistance.** Upon request, the local social service agency in the county where the child resides shall assist the commissioner and the adoptive parent or parents with review or modification of the subsidy.

#### **9560.0101 REIMBURSEMENT PROCEDURES.**

Subpart 1. **Payment schedule.** Subsidy payments for basic maintenance and supplemental maintenance are made monthly to the adoptive parent or parents.

Subp. 2. **Payment of special nonmedical and medical expenses.** When requesting subsidy payment for special nonmedical or medical expenses provided for in the subsidy agreement, the adoptive parent or parents shall submit the expense statement to the state adoption unit for reimbursement.

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## Proposed Rules

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Subp. 3. **Expenses not specified in subsidy agreement.** When requesting subsidy payment for expenses not specifically provided for in the subsidy agreement, the adoptive parent or parents shall follow the procedures in items A and B.

A. The adoptive parent or parents shall contact the local social service agency to determine whether the local social service plan includes services to meet the child's needs. If services are available, the adoptive parent or parents shall complete a local social service application. The adoptive parent or parents shall send a copy of the local social service agency response to their request for service to the state adoption unit or shall inform the state adoption unit in writing if the local social service agency refuses to accept an application.

B. The adoptive parent or parents shall apply for other services to meet the child's needs when other resources are identified by the state adoption unit, for example:

- (1) the adoptive parent's or parents' insurance carrier;
- (2) the medical assistance program;
- (3) the community mental health center;
- (4) the local public school system; or
- (5) the local public health department.

Subp. 4. **Response time.** The state adoption unit shall answer requests for special expense authorizations within 30 days.

Subp. 5. **Cost estimates.** Requests for special equipment under part 9560.0083, subpart 7, item J, must include three estimates of cost.

Subp. 6. **Fiscal year.** The adoptive parent or parents shall submit statements for expenses incurred between July 1 and June 30 of a given fiscal year to the state adoption unit within 60 days after the end of the fiscal year in order for reimbursement to occur.

Subp. 7. **Address changes.** The adoptive parent or parents shall notify the state adoption unit of address changes.

### 9560.0102 REIMBURSEMENT FOR PLACING AGENCY.

Subpart 1. **General provisions.** Within the limitations of subpart 2, the commissioner shall reimburse placing agencies for the portion of costs of providing or purchasing adoption services for children certified as eligible for adoption subsidy that are not reimbursed under other federal or state funding sources.

Subp. 2. **Reimbursement limitations.** Reimbursement to placing agencies is subject to the following limitations:

A. The commissioner shall set aside an amount not to exceed five percent of the total amount of fiscal year appropriation from the state of Minnesota for the adoption subsidy program to reimburse placing agencies for adoption services.

B. When subsidy payments for children's needs exceed 95 percent of the total amount of fiscal year appropriation from the state of Minnesota for the adoption subsidy program, the amount of reimbursement available to placing agencies for adoption services is reduced correspondingly.

C. Subsidy reimbursement for adoption services must not exceed \$4,000 for a single child.

D. Adoption services for which subsidy reimbursement is available are limited to recruitment, counseling, and training of the adoptive family; preparation and placement of the child in an adoptive home; case management and supervision of the adoptive placement before a final decree of adoption; and referral services.

Subp. 3. **Procedures for reimbursement.** Placing agencies seeking reimbursement for the costs of adoption services provided for a child certified as eligible for adoption subsidy shall follow the procedures in items A to C. The Minnesota placing agency financially responsible for the child shall:

A. submit to the state adoption unit a statement describing the adoption services to be provided and the estimated costs;

B. submit to the state adoption unit itemized statements within 60 days after adoptive placement and within 60 days after the adoption decree is issued that list the adoption services provided and the cost for each service; and

C. use the purchase of service agreement form prescribed by the commissioner when adoption services are provided under a purchase of service agreement and submit to the state adoption unit for the commissioner's approval and signature a purchase of service agreement signed by the vendor of services.

**REPEALER.** Minnesota Rules, parts 9560.0070; 9560.0080; and 9560.0090, are repealed.

## Adopted Rules

The adoption of a rule becomes effective after the requirements of Minn. Stat. § 14.14-14.28 have been met and five working days after the rule is published in *State Register*, unless a later date is required by statutes or specified in the rule.

If an adopted rule is identical to its proposed form as previously published, a notice of adoption and a citation to its previous *State Register* publication will be printed.

If an adopted rule differs from its proposed form, language which has been deleted will be printed with strikeouts and new language will be underlined. The rule's previous *State Register* publication will be cited.

An emergency rule becomes effective five working days after the approval of the Attorney General as specified in Minn. Stat. § 14.33 and upon the approval of the Revisor of Statutes as specified in § 14.36. Notice of approval by the Attorney General will be published as soon as practicable, and the adopted emergency rule will be published in the manner provided for adopted rules under § 14.18.

## Department of Commerce

### Adopted Permanent Rules Relating to Securities

The rules proposed and published at *State Register*, Volume 12, Number 12, pages 494-496, September 21, 1987 (12 S.R. 494) are adopted with the following modifications:

#### Rules as Adopted

##### 2875.1010 INVESTMENT ADVISORY CONTRACTS.

Subpart 1. [Unchanged.]

Subp. 1a. **Exception.** Subpart 1, item A, does not apply to an investment advisory contract that provides for compensation to the investment adviser on the basis of a share of the capital gains upon, or the capital appreciation of, the funds, or any portion of the funds, of a client if all the conditions in items A to D are satisfied.

##### A. ~~Nature of the client:~~

(+) The client entering into the contract subject to this subpart must be:

(1) a natural person or a company, as defined in subpart 2, who immediately after entering into the contract has at least \$500,000 under the management of the investment adviser; or

## Department of Health

### Adopted Permanent Rules Relating to Merit System

The rules proposed and published at *State Register*, Volume 12, Number 16, pages 777-783, October 19, 1987 (12 S.R. 777) are adopted as proposed.

## Department of Human Services

### Adopted Permanent Rules Relating to Merit System

The rules proposed and published at *State Register*, Volume 12, Number 16, pages 783-795, October 19, 1987 (12 S.R. 783) are adopted as proposed.

## Department of Public Safety

### Adopted Permanent Rules Relating to Merit System

The rules proposed and published at *State Register*, Volume 12, Number 16, pages 809-813, October 19, 1987 (12 S.R. 809) are adopted as proposed.

**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.

## Adopted Rules

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### Pollution Control Agency

#### Adopted Permanent Rules Relating to Water Quality Permit Fees

The rules proposed and published at *State Register*, Volume 12, Number 3, pages 94-98, July 20, 1987 (12 S.R. 94) are adopted as proposed.

## Official Notices

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Pursuant to the provisions of Minnesota Statutes § 14.10, 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.

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### Department of Human Services

#### List of Health Care Services Requiring Prior Authorization

As authorized by *Minnesota Statutes*, section 256B.02, subdivision 8(20), the following list includes all health services that require prior authorization as a condition of Medical Assistance or General Assistance Medical Care reimbursement. The list is presented in five sections: dental services, vision care services, medical supplies and durable medical equipment, housing aids, and all other services. The criteria used to develop this list are as follows:

1. The health service could be considered, under some circumstances, to be of questionable medical necessity;
2. Utilization of the health service is in need of monitoring in order to control the expenditure of program funds;
3. Less costly, appropriate alternatives to the health service are generally available;
4. The health service is investigative;
5. The health service is newly developed or modified;
6. The health service is of a continuing nature and requires monitoring to prevent its continuation when it ceases to be beneficial;
7. The health service is comparable to a service provided in a skilled nursing facility or hospital but which is provided in a recipient's home.

This list of health services requiring prior authorization shall become effective for services provided on or after February 1, 1988, with the exception of 90801, 90843, 90844, 90844-22, 90847, and 90853, which shall become effective January 1, 1988. Until that time, the present prior authorization requirements shall remain in effect.

#### I. DENTAL SERVICES

In addition to the specific services and procedures listed below, the following dental services always require prior authorization:

1. Hospitalization for dental treatment.
2. Surgical services except emergencies and alveolectomies.
3. All removable prosthesis.

PLEASE NOTE: It is essential that as you submit requests for prior authorization consideration they be accompanied by adequate case information and appropriate diagnostic materials (i.e., x-rays, prosthesis information, teeth to be replaced, etc.).

<u>Service Code</u>	<u>Service Description</u>
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#### TESTS AND LABORATORY EXAMINATIONS

D0999	Unspecified diagnostic procedure, by report
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DENTAL PROPHYLAXIS (Prior authorization required only if provided more than once in a six-month period)

D1110	Prophylaxis, adults
D1120	Prophylaxis, children



**Service Code      Service Description****OTHER RESTORATIVE SERVICES**

D2960              Labial veneer (lamine)  
D2999              Unspecified restorative procedure, by report

**ROOT CANAL THERAPY (includes treatment plan, clinical procedures, and follow-up care)**

Prior authorization is required for root canal therapy involving more than one molar only.

**PERIAPICAL SERVICES**

D3460              Endodontic endosseous implant

**OTHER ENDODONTIC PROCEDURES**

D3999              Unspecified endodontic procedure

**SURGICAL SERVICES (including usual post-operative services)**

D4210              Gingivectomy or gingivoplasty—per quadrant  
D4211              Gingivectomy or gingivoplasty—per tooth

**PERIODONTICS**

D4220              Gingival curettage—by report  
D4240              Gingival flap procedures, including root planning—per quadrant  
D4260              Osseous surgery (including flap entry and closure) per quadrant  
D4261              Osseous graft—single site including flap entry, closure, donor site  
D4262              Osseous grafts—multiple sites including flap entry, closure, and donor site  
D4270              Pedicle soft tissue grafts  
D4271              Free soft tissue grafts including donor site  
D4272              Apically repositioning flap procedure

**ADJUNCTIVE PERIODONTAL SERVICES**

D4320              Provisional splinting, intracoronal  
D4321              Provisional splinting, extracoronal  
D4340              Periodontal scaling, and root planning entire mouth  
D4341              Periodontal scaling, and root planning—per quadrant

**OTHER PERIODONTIC SERVICES**

D4910              Periodontal maintenance procedures following active therapy (periodontal prophylaxis)  
D4999              Unspecified periodontal service (by report)

**PROSTHODONTICS, REMOVABLE****COMPLETE DENTURES**

D5110              Complete upper  
D5120              Complete lower  
D5130              Immediate upper  
D5140              Immediate lower

**PARTIAL DENTURES (including six months post-delivery care)**

D5211              Upper partial—acrylic base (including any conventional clasps and rests)  
D5212              Lower partial—acrylic base (including any conventional clasps and rests)  
D5213              Upper partial—predominantly base cast base with acrylic saddles (including any conventional clasps and rests)  
D5214              Lower partial—predominantly base cast base with acrylic saddles (including any conventional clasps and rests)  
D5215              Upper partial—high noble cast base with acrylic saddles (including any conventional clasps and rests)  
D5216              Lower partial—high noble cast base with acrylic saddles (including any conventional clasps and rests)

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## Official Notices

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<u>Service Code</u>	<u>Service Description</u>
D5280	Removable unilateral partial denture—one piece high noble casting, clasp attachments, per unit (including pontics)
D5281	Removable unilateral partial denture—one piece predominantly base casting, clasp attachments, per unit (including pontics)

### OTHER PROSTHETIC SERVICES

D5810	Denture—temporary complete upper
D5811	Denture—temporary complete lower
D5820	Denture—temporary (partial-stayplate) upper
D5821	Denture—temporary (partial-stayplate) lower
D5860	Overdenture complete (by report)
D5861	Overdenture partial (by report)
D5862	Precision attachment, by report
D5899	Unspecified removable prosthodontic procedure, by report

### IMPLANTS

D5971	Simple implant
D5972	Complex implant
D5973	Subperiosteal implant
D5974	Endosseous implant (in the bone)
D5976	Mandibular staple implant

### OTHER FIXED PROSTHETIC SERVICES

D6940	Stress breaker
D6950	Precision attachment

### ORAL SURGERY EXTRACTION

D7210	Surgical removal of erupted tooth, requires elevation of mucoperiosteal flap and removal of bone and/or section of tooth
X7216	Removal and/or excision supernumerary tooth, impacted
D7220	Removal of impacted tooth—soft bone
D7230	Removal of impacted tooth—partially bone
D7240	Removal of impacted tooth—completely bone
D7241	Removal of impacted tooth—completely bone, with unusual surgical complications

### OTHER SURGICAL PROCEDURES

D7271	Tooth implantation
D7272	Tooth transplantation
D7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons (including orthodontic attachments)
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption
D7290	Surgical repositioning of teeth
D7291	Transseptal fiberotomy

### VESTIBULOPLASTY

D7340	Vestibuloplasty—ridge extension (secondary epithelialization)
D7350	Vestibuloplasty—ridge extension (including soft tissue grafts, muscle re-attachments, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)

### EXCISION OF BONE TISSUE

D7470	Removal of exostosis—mandible or maxilla
D7480	Partial ostectomy guttering or saucerization
D7490	Radical resection of mandible with bone graft

### REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR, JOINT DYSFUNCTIONS

D7810	Open reduction of dislocation
D7820	Closed reduction of dislocation
D7830	Manipulation under anesthesia
D7840	Condylectomy

<u>Service Code</u>	<u>Service Description</u>
D7850	Meniscectomy
D7860	Arthrotomy
D7870	Arthrocentesis
D7880	Occlusal orthotic appliance

**OTHER ORAL SURGERY****REPAIR OF TRAUMATIC WOUNDS**

D7920 Skin grafts wounds, identify defect covered, location and type of graft

**OTHER REPAIR PROCEDURES**

D7940	Osteoplasty for orthognathic deformities
D7941	Osteotomy, ramus, closed
D7942	Osteotomy, ramus, open
D7943	Osteotomy, ramus, open with bone graft
D7944	Osteotomy segmented or subapical per sextant or quadrant
D7945	Osteotomy, body of mandible
D7946	Maxilla, total (Le Fort I)
D7947	Maxilla, segmented (Le Fort I)
D7948	Osteoplasty facial bones for midface hypoplasia or retrusion (Le Fort II or III) without bone graft
D7949	Le Fort II or III with bone graft
D7950	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible—autogenous or nonautogenous
D7955	Repair of maxillofacial soft and hard tissue defect
D7970	Excision of hyperplastic tissue, per arch
D7991	Coronoidectomy
D7992	Eminectomy
D7999	Unspecified oral surgical procedure (by report)

**ORTHODONTICS****MINOR TREATMENT FOR TOOTH GUIDANCE**

D8110	Removable appliance therapy
D8120	Fixed or cemented appliance therapy

**MINOR TREATMENT TO CONTROL HARMFUL HABITS**

D8210	Removal appliance therapy
D8220	Fixed or cemented appliance therapy

**INTERCEPTIVE ORTHODONTIC TREATMENT**

D8360	Removable appliance therapy
D8370	Fixed appliance therapy

**COMPREHENSIVE ORTHODONTIC TREATMENT  
TREATMENT OF THE TRANSITIONAL DENTITION**

D8460	Class I malocclusion
D8470	Class II malocclusion
D8480	Class III malocclusion

**TREATMENT OF THE PERMANENT DENTITION**

D8560	Class I malocclusion
D8570	Class II malocclusion
D8580	Class III malocclusion
D8650	Treatment of the atypical or extended skeletal case
D8750	Post-treatment stabilization
X0515	Orthodontic full case study
D8999	Unspecified orthodontic treatment

**MISCELLANEOUS SERVICE**

D9940	Occlusal guards, by report
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## Official Notices

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<u>Service Code</u>	<u>Service Description</u>
D9941	Fabrication of athletic mouth guards
D9952	Occlusal adjustment, complete
D999	Unspecified adjunctive procedure, by report

### II. VISION CARE SERVICES

#### CONTACT LENS TREATMENT SERVICES

92070	Prescription and management of contact lens for treatment of disease, including supply of lens
92310	Prescription and management of corneal contact lens, both eyes, except for aphakia
92311	Corneal lens for aphakia, one eye
92312	Corneal lens for aphakia, two eyes
92313	Corneoscleral lens
92314	Prescription and management of corneal contact lens by independent technician with optometric supervision, both eyes, except for aphakia
92315	Corneal lens for aphakia, one eye
92316	Corneal lens for aphakia, two eyes
92317	Corneoscleral lens
92325	Modification of contact lens
92326	Replacement of contact lens

#### OPHTHALMIC TREATMENT SERVICES\* (PA required if service was utilized by recipient in past 24 months)

92014	Comprehensive service
92340	Treatment with spectacles, except for aphakia; monofocal
92341	Bifocal
92342	Multifocal, other than bifocal
92352	Treatment with spectacles for aphakia; monofocal
92353	Multifocal
92358	Prosthesis service for aphakia; temporary
92370	Repair and adjusting spectacles; except for aphakia

#### LOW VISION TREATMENT SERVICES

92354	Treatment with spectacle mounted low vision aid; single-element system
92355	Telescopic or other compound lens system

#### VISION THERAPY SERVICES

92065	Orthoptic and/or pleoptic training
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#### PROSTHETIC EYE SERVICES

92330	Prescription, fitting, and supply of ocular prosthesis (artificial eye).
92335	Prescription of ocular prosthesis (artificial eye and direction of fitting and supply by an independent technician)

#### OTHER SPECIALIZED SERVICES

92285	External ocular photography for documentation of progress.
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#### MATERIAL CODES (exceptional cases only)

V2743	Tint other than rose 1 or 2
V2744	Tint photochromit
V2755	U-V lens
V2035	Replace frame, temple, or front

\*Prior authorization necessary only if service has been utilized by recipient within past 24 months.

### III. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT, INCLUDING PROSTHETIC AND ORTHOTIC ITEMS

In addition to the specific supplies and equipment listed below, items in the following general categories always require prior authorization:

1. Durable medical equipment including noncontract wheelchairs when the purchase or projected cumulative rental cost exceeds \$350, except E0400-E0445 and E1388-E1396 do not require prior authorization when their cumulative rental cost exceeds \$350.

Contract wheelchairs and wheelchair accessories Z0260 and E1050 to E1299 do not require prior authorization if the total contract price (MA reimbursement) for the wheelchair and accessories does not exceed \$800. However, any wheelchair, regardless of the cost, which is provided to a recipient in a SNF or ICF requires prior authorization. Home health agencies are not subject to this requirement.

2. Nondurable medical supplies when the cost exceeds \$250, except for home health agencies which are excluded from this requirement.

3. Prostheses when the purchase or projected cumulative rental cost exceeds \$2,000, and orthoses when the purchase or projected cumulative rental cost exceeds \$2,000.

4. If a recipient resides in a long-term care facility (SNF or ICF), all durable medical equipment and nondurable medical supplies require prior authorization regardless of cost if separate reimbursement is sought.

5. Repairs to durable medical equipment, prostheses, and orthoses when the cost exceeds \$300.

6. Maintenance of durable medical equipment.

7. Any item for which a HCPS code has not been assigned, i.e., E1399, HCPS codes ending in "99."

<u>Service Code</u>	<u>Service Description</u>
B4150-B4157*1	Enteral formulae and supply kits
B9998	Not otherwise classified enteral therapy
E0160	Sitz type bath, portable, fits over commode
E0161	Sitz type bath, over commode with faucet attachment
E0179	Bathroom equipment; rails, seats, stools, bench
E0183	Flotation pad, water or gel, for wheelchair
E0205	Heat lamp with stand including bulb or infrared element
E0236, E0237	Pump for water circulating bed/Water circulating heat pad with pump
E0250-E0270	Hospital beds
E0280	Cradle any type
E0300	Mattress, replc, med. nec. bed owned by pat.
E0607*2	Blood glucose analyzer/monitor
E0620-E0635	Patient lifts
E0650-E0668	Pneumatic compressor and appliances—lymphodema pump
E0690	Ultraviolet cabinet, approp. home use
E0720	TENS, 2 lead
E0730	TENS, 4 lead
E0745	Neuromuscular stimulator
E0747	Osteogenesis stimulator, noninvasive
E0749	Osteogenesis stimulator, implanted
E0777*1	Enteral pump
E0778	Enteral dump with alarm
E0779	Parenteral infusion pump, portable
E0780	Parenteral infusion pump, stationary
E0781	External infusion pump
E0782	Parenteral infusion pump, implantable
E1000	W/c access: tray, back rest, loops any type
E1050-E1299	Wheelchairs, all types
E1300	Whirlpool, portable overtub type
E1310	Whirlpool, nonportable built-in type
E1350	Repair (breaking down seal com-requires)
E1399	Durable medical equip. not otherwise class including Clinitron beds, etc. over \$25
E1500-E1699	Dialysis equipment and supplies
Y4950	Enteral therapy, entire system
Z0260	Wheelchair accessories, includes tray, back rest, loops, any type
Z0999	Replacement, supply or accessory necessary for effective use of medically necessary medical equipment owned by the beneficiary (by report)

\*1Prior authorization is required only if these services are provided for treatment of a condition other than phenylketonuria, hyper-lysinemia, maple syrup urine disease, or a combined allergy to human milk, and soy formula, and the cost exceeds the nondurable

## Official Notices

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medical supply limitation of \$250 per month. A 30-day supply of an enteral nutritional product may be provided for a recipient being discharged from a hospital to a residence other than a long-term care facility without prior authorization.

\*2Prior authorization only if for individual who is not an insulin dependent diabetic.

### IV. HEARING AIDS

In addition to the specific services listed below, services in the following categories require prior authorization:

1. Repairs to hearing aids when the costs of parts and labor exceed \$100 or if a repair was made in the preceding 12 months.
2. Home visits if performed by a hearing aid dealer/servicer in the recipient's home in excess of three visits per year.
3. The purchase of a non-contract hearing aid.
4. The provision of more than one hearing aid in a five-year period.

<u>Supply Code</u>	<u>Supply Description</u>
V5299	Hearing aid, NOC
X5260	Home call, if in excess of three visits per year

### V. ALL OTHER SERVICES

The following types of health services require prior authorization:

1. Procedures performed outside of Minnesota, unless within the recipients local trade area, and the service is contained on this list or is of the type specified in 2-9 below. If not within the local trade area, prior authorization is required for all out-of-state health services, and transportation to those services.
2. All weight reduction control programs, partial hospitalization programs, pain programs, cardiac rehabilitation programs, eating disorder programs, supplemental fasting programs, and other structured outpatient programs.
3. Investigative health services/procedures.
4. Elective plastic and reconstructive procedures.
5. Nonformulary drugs.
6. Inpatient chemical dependency for services beyond 1 episode of treatment per calendar year.
7. All medical, surgical, or behavioral modification services aimed specifically at weight reduction.
8. Lung transplants.
9. All 90843, 90844, 90844-22, 90847, 90853 for recipients who reside in a SNF or ICF (long-term care facility).
10. In addition, the following specific procedures require prior authorization:

<u>Service Code</u>	<u>Service Description</u>
T2031	Bone marrow transplant
T5035	Renal transplant
X0690*11	Day treatment, chemical dependency
X2393-22	Nutritional consultation, evaluation by R.D.
X2393	Nutritional consultation, follow-up visit
X4020*2	Private duty nursing by RN
X4021*2	Private duty nursing by LPN
X4023	Personal care attendant services
X5310	Rehydration of pediatric patient 3-6 hours
X5315	Cardiac rehabilitation
X5320	Diabetic education
X5322	Weight control program
X5330	Partial hospitalization program—adult
X5331	Partial hospitalization program—adolescent
X2010*1	Manual manipulation of the spine by a chiropractor, initial treatment
X2020*1	Manual manipulation of the spine by a chiropractor, subsequent treatment
X9995	Inpatient CD
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin
11921	6.1 to 20.0 sq cm
11922	each additional 20.0 sq cm

<u>Service Code</u>	<u>Service Description</u>
11950	Subcutaneous injection of "filling" material
11951	1 to 5 cc
11952	5 to 10 cc
11954	over 10 cc
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	more than 15 punch grafts
15780	Dermabrasion of skin
15781	less than total face
15782	regional
15783	Superficial, any size (e.g., tattoo removal)
15786	Dermabrasion; single lesion
15787	each additional four lesions or less
15790	Superficial chemical peel
15791	regional, face, hand, or elsewhere
15810	Salabrasion
15811	20 sq cm and over
15820	Blepharoplasty, lower eyelid
15821	with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15826	glabellar frown lines
15828	cheek, chin and neck
15831	Excision, excessive skin and subcutaneous tissue (including lipectomy), abdomen (abdominoplasty)
15832	thigh
15333	leg
15834	hip
15835	buttock
15836	arm
15837	forearm or hand
15838	submental fat pad
17360	Chemical exfoliation for acne
17380	Electrolysis epilation
19316	Mastopexy
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation without prosthetic implant
19325	with prosthetic implant
19350	Nipple/areola reconstruction
19355	Correction of inverted nipples
21010	Arthrotomy, temporomandibular joint; unilateral
21011	bilateral
21060	Menisectomy, temporomandibular
21070	Coronoidectomy; unilateral
21071	bilateral
21116	Injection procedure for temporomandibular arthrotomography
21200	Osteoplasty; mandible, total or horizontal
21202	mandible, segmental
21204	maxilla, total
21206	maxilla, segmental
21240	Arthroplasty, temporomandibular joint
21243	Arthroplasty, temporomandibular joint with prosthetic
21250	Osteoplasty of maxilla and/or other facial bones
21254	with bone graft
21260	Periorbital osteotomies for orbital hypertelorism
21261	combined intra and extracranial approach

## Official Notices

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<u>Service Code</u>	<u>Service Description</u>
21263	with forehead advancement
21267	Orbit repositioning
21268	combined intra and extracranial approach
21270	Reconstruction for Treacher Collins Syndrome
21275	Secondary revision of orbitocraniofacial reconstruction
21462*12	Open treatment of closed or open mandibular fracture, with interdental fixation
30120	Excision or surgical planing of skin of nose
30400	Rhinoplasty, primary
30410	complete
30420	including major septal repair
30430	Rhinoplasty, secondary
30435	intermediate
30450	major revision
33935	Heart-Lung Transplant
33945	Heart transplant with or without recipient cardiectomy
33950	Cardiac transplantation
40650	Repair lip, full thickness, vermilion only
40652	up to half vertical height
40654	over one-half vertical height, or complex
40700*9	Plastic repair of cleft lip
40701*9	primary bilateral, one stage
40702*9	primary bilateral, one of two stages
40720*9	secondary, unilateral
40740*9	secondary, bilateral
42200*9	Palatoplasty for cleft palate
42205*9	Palatoplasty for cleft palate
42210*9	with bone graft to alveolar ridge
42215*9	Palatoplasty for cleft palate
42220*9	secondary lengthening procedure
42225*9	attachment pharyngeal flap
43810	Gastroduodenostomy
43820	Gastroduodenostomy
43825	with vagotomy, any type
43844	Gastric bypass for morbid obesity
43845	Gastric stapling for morbid obesity
43846	Gastric bypass with Roux-en-Y gastroenterostomy
43850	Revision of gastroduodenal anastomosis with reconstruction; without vagotomy
43855	with vagotomy
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction; without vagotomy
43865	with vagotomy
44131	intestinal bypass for morbid obesity
47135	Liver transplantation
48160	Pancreatectomy, total with transplantation
50300	Donor nephrectomy, with preparation and maintenance of homograft, from cadaver donor, unilateral or bilateral
50320	from living donor, unilateral
50340	Recipient nephrectomy; unilateral
50341	bilateral
50360	Renal homotransplantation, implantation of graft; excluding donor and recipient nephrectomy
50365	with unilateral recipient nephrectomy
50366	with bilateral recipient nephrectomy
54400	Plastic operation for insertion of penile prosthesis
54405	Plastic operation for insertion of inflatable penile prosthesis
54660	Insertion of testicular prosthesis, penile prosthesis, unilateral
54661	bilateral
55200	Vastomy cannulization



<u>Service Code</u>	<u>Service Description</u>
55400	Vasovasostomy, vasovasorrhaphy; unilateral
55401	bilateral
55970	Intersex surgery; male to female
55980	female to male
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes; cortical
61855	subcortical
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral; cortical
61865	subcortical
61870	Craniectomy for implantation of neurostimulator electrodes; cerebellar; cortical
61875	subcortical
61880	Revision or removal of intracranial neurostimulator electrodes
61885	Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling
61888	Revision or removal of intracranial neurostimulator receiver
63650	Percutaneous implantation of neurostimulator electrodes
63652	intradural (spinal cord)
63655	Laminectomy for implantation of neurostimulator electrodes
63656	endodural
63657	subdural
63658	spinal cord (dorsal or ventral)
63660	Revision or removal of spinal neurostimulator electrodes
63685	Incision for subcutaneous placement of neurostimulator receiver
63688	Revision or removal of spinal neurostimulator receiver
64550	Application of surface (transcutaneous) neurostimulator
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	peripheral nerve
64560	autonomic nerve
64565	neuromuscular
64573	Incision for implantation of neurostimulator electrodes; cranial nerve
64575	peripheral nerve
64577	autonomic nerve
64580	neuromuscular
64585	Revision or removal of peripheral neurostimulator electrodes
64590	Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling
64595	Revision or removal of peripheral neurostimulator receiver
67901	Repair blepharoptosis, frontalis muscle techniques with suture
67902	frontalis muscle technique with fascial sling
67903	(tarso) levator resection, internal approach
67904	(tarso) levator resection, external approach
67906	superior rectus technique with fascial sling
67907	superior rectus tendon transplant
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
69090	Ear piercing (noncovered)
69300	Otoplasty, protruding ear
69301	bilateral
85120	Bone marrow transplant
88260*10	Chromosome analysis; lymphocytes, count 1-4 cells, screening
88261*10	count 1-4 cells, 1 daryotype
88262*10	count 1-20 cells for mosaicism, 2 karyotypes
88263*10	Chromosome analysis, count 4-5 cells for mosaicism 2 karyotypes, with banding
88280*10	Chromosome analysis, additional karyotyping
88283*10	Chromosome analysis, additional specialized banding technique
88285*10	additional cells counted
88289*10	Chromosome analysis, additional high resolution study
88299	Unlisted cytogenetic study

## Official Notices

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<u>Service Code</u>	<u>Service Description</u>
90801	Psychiatric diagnostic interview exam
90841-90844*6	Psychotherapy
90844-22*6	Individual psychotherapy, discretionary visits, 45 to 50 minutes
90847*6	Family medical psychotherapy
90849*7	Multiple family group medical psychotherapy
90853*6	Group medical psychotherapy
90899*8	Unlisted psychiatric service or procedure, i.e., pain clinics

\*<sup>1</sup>Prior authorization is required for treatments in excess of 6 per month and 24 per calendar year.

\*<sup>2</sup>Prior authorization is required for private duty nursing services in excess of 50 hours per month, except for home health agency providers.

\*<sup>3</sup>Prior authorization is only required for inpatient chemical dependency treatment (90240), see #6 at beginning of this section.

\*<sup>5</sup>Prior authorization is only required for nutrition counseling services in excess of one "nutritional consultation, evaluation" and two "nutritional consultation, follow-up" visits per calendar year.

\*<sup>6</sup>

- A. Prior authorization is required for any recipient who resides in a long-term care facility (SNF or ICF).
- B. PA is required for more than twenty-six (26) hours of 90843 and twenty (20) hours of 90844 per calendar year.
- C. In addition to the twenty hours of 90844 allowed in B above, a recipient is also entitled to six (6) 90844-22's (the 22 modifier should be placed in boxes 28, 37, 46 of the practitioner invoice, Form DHS-1497), which are discretionary visits and may be used in any frequency or in combination with any other psychotherapy which is subject to the prior authorization requirement without requiring prior authorization. For example, a provider may choose to provide a group therapy session (90853) and an individual therapy session (90844 or 90844-22) during the same five (5) day calendar period. This would normally require prior authorization if the 90844 code were used. See G below. However, by using one of the six (6) 90844-22's the prior authorization system can be bypassed. **THE PURPOSE OF THESE 90844-22's IS TO PROVIDE FLEXIBILITY WITHOUT THE NEED FOR OBTAINING PRIOR AUTHORIZATION. PLEASE UTILIZE THEM CAREFULLY AND THOUGHTFULLY.**

- D. PA is required when 90843 is provided more frequently than once every five (5) calendar days.

- E. PA is required either when more than three (3) hours of 90853 are provided within a five (5) calendar day period, or when more than seventy-eight (78) hours per calendar year has been reached.

- F. PA is required for 90847 in excess of 26 hours per calendar year or when provided more frequently than once every five (5) days.

- G. PA is required when more than one type of psychotherapy (individual, group, or family) is provided within a five (5) calendar day period.

- H. PA is required for 90844 provided more frequently than once every ten (10) calendar days.

Calendar days are calculated by starting to count on the first day after rendering a service as day one (1) and counting forward for a total of five (5) or ten (10) days as applicable. Another service may not actually be provided until the sixth (6th) or eleventh (11th) day.

\*<sup>7</sup>Service is limited to not more than ten 2-hour sessions per calendar year.

\*<sup>8</sup>Prior authorization is required for pain clinic programs, eating disorder, supplemental fasting programs, and other structured outpatient programs.

\*<sup>9</sup>Prior authorization required only when service is performed on a patient 18 and over.

\*<sup>10</sup>Prior authorization is not required when these services are provided in the cases of still births or congenital abnormalities for children. These services, when provided to adults over 18, always require prior authorization.

\*<sup>11</sup>Prior authorization is only required for services in excess of 90 clinical units of treatment per calendar year. No coverage is provided for outpatient treatment immediately following an inpatient episode.

\*<sup>12</sup>Prior authorization is only required of this code is utilized more than 30 days after documented fracture.

## **Office of the Secretary of State**

### **Notice of Vacancies in Multi-Member State Agencies**

Notice is hereby given to the public that vacancies have occurred in multi-member state agencies, pursuant to *Minnesota Statutes*, 15.0597, subd. 4. Application forms may be obtained at the Office of the Secretary of State, 180 State Office Building, St. Paul, MN 55155-1299; (612) 296-2805. Specific information about these vacancies may be obtained from the agencies listed below. The application deadline is January 19, 1988.

#### **BOARD OF PSYCHOLOGY**

1 licensed consulting psychologist member.

#### **INDIAN ADVISORY COUNCIL ON CHEMICAL DEPENDENCY**

1 American Indian resident from the city of St. Paul.

#### **MN JOB SKILLS PARTNERSHIP BOARD**

1 member. Women with business background are encouraged to apply.

#### **MN WORKERS COMPENSATION ASSIGNED RISK PLAN REVIEW BOARD**

3 members who must be insured by the Assigned Risk Plan.

#### **MN WORKERS COMPENSATION INSURERS' ASSN (RATING ASSN)**

2 public members.

#### **SEAWAY PORT AUTHORITY OF DULUTH**

1 member.

#### **SMALL BUSINESS PROCUREMENT ADVISORY COUNCIL**

1 member.

#### **WASTE MANAGEMENT BOARD**

1 resident each from congressional district one and congressional district two who are knowledgeable in issues pertaining to waste management.

#### **BOARD OF PSYCHOLOGY**

**2700 University Ave. W., Room 101.**

**St. Paul 55114-1095. 612-642-0587. *Minnesota Statutes* 148.90.**

APPOINTING AUTHORITY: Governor.

COMPENSATION: \$35 per diem plus expenses.

The board examines and licenses psychologists, and investigates complaints. Eleven members, include five licensed consulting psychologists, two licensed psychologists, and four public members. Monthly meetings. Members must file with the Ethical Practices Board.

#### **INDIAN ADVISORY COUNCIL ON CHEMICAL DEPENDENCY**

**Space Center, 444 Lafayette Rd.**

**St. Paul 55101. 612-296-8941. *Minnesota Statutes* 254A. subd. 2, sec. b.**

APPOINTING AUTHORITY: Commissioner of Human Services.

COMPENSATION: \$35 per diem plus expenses.

The council establishes policies and procedures for American Indian chemical dependency programs, and reviews and recommends proposals for funding. Members include one member from each of eleven reservations, two members from Mpls., two members from St. Paul, one member from Duluth, and one member from International Falls. Quarterly meetings.

#### **MN JOB SKILLS PARTNERSHIP BOARD**

**406 Capitol Square Bldg.**

**St. Paul 55101. 612-296-0388. *Minnesota Statutes* 116L. 02.**

APPOINTING AUTHORITY: Governor.

COMPENSATION: None.

The board brings together employers with specific training needs with educational or other non-profit institutions which can design programs to meet those needs. It shall train and place workers, and assist in development of training programs. The board consists

## Official Notices

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of eight members plus the commissioners of energy and economic development, jobs and training, and the director of vocational technical education. Chair appointed by the governor. Terms are staggered.

### **MN WORKERS COMPENSATION ASSIGNED RISK PLAN REVIEW BOARD**

**500 Metro Square Bldg.**

**St. Paul 55101. 612-297-4017. *Minnesota Statutes, 79.251.***

APPOINTING AUTHORITY: Commissioner of Commerce.

COMPENSATION: None.

The board will audit the reserves established for individual cases and the total book of business arising under workers' compensation policies and contracts of coverage issued pursuant to *Minnesota Statutes, 79.25 and 79.252*. Six members includes three insured holding workers' compensation policies issued by the assigned risk plan and two representatives of licensed workers' compensation insurance companies. The sixth member is the commerce commissioner. Term of office is three years. Meetings held at variable times in St. Paul.

### **MN WORKERS COMPENSATION INSURERS' ASSN (RATING ASSN)**

**Dept. of Commerce, 500 Metro Square Bldg.**

**St. Paul 55101. 612-296-4026. *Minnesota Statutes, 79.34.***

APPOINTING AUTHORITY: Commissioner of Commerce.

COMPENSATION: Reimbursement for expenses.

The association oversees the administration of the Minnesota workers compensation insurers' association (rating association). The membership includes nine members of whom two are employer representatives. Quarterly meetings.

### **SEAWAY PORT AUTHORITY OF DULUTH**

**P.O. Box 16877.**

**Duluth 55816-0877. 218-727-8525. *Minnesota Statutes, 458.10.***

APPOINTING AUTHORITY: Governor.

COMPENSATION: \$35 per meeting.

The port authority promotes waterborne commerce in port district; may acquire or construct port facilities; responsible for sale of land in airport industrial park and onetoea industrial park. There are seven members. Two appointed by the governor, two by St. Louis county board, three by the Duluth city council. Meetings twice a month.

### **SMALL BUSINESS PROCUREMENT ADVISORY COUNCIL**

**112 Administration Bldg.**

**St. Paul 55155. 612-297-4412. *Minnesota Statutes, 16B.20, subd. 2 & 3.***

APPOINTING AUTHORITY: Commissioner of Administration.

COMPENSATION: None.

The council advises on the small business procurement program, reviews complaints from vendors, and reviews compliance reports. Thirteen members.

### **WASTE MANAGEMENT BOARD**

**1350 Energy Lane**

**St. Paul 15108. 612-649-5750. *Minnesota Statutes, 115A.05.***

APPOINTING AUTHORITY: Governor. Senate confirmation.

COMPENSATION: \$50 per diem plus expenses.

The board oversees the development of a facility to treat and store the residue which remain following the treatment of hazardous industrial wastes; offers technical assistance to small quantity hazardous waste generators through the Minnesota technical assistance program (MNTAP); administers hazardous waste reduction grants; develops hazardous waste and solid waste management plans; reviews plans for solid waste management districts; administers solid waste management project grants and loans. Nine members include one from each congressional district. Monthly meetings. Members must file with the Ethical Practices Board.

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## State Contracts and Advertised Bids

### State Board of Vocational Technical Education

#### Notice of Intent to Solicit Outside Opinion Regarding Proposed Rules Governing the Rules for Licensure of Postsecondary Technical Education Personnel

Notice is hereby given that the State Board of Vocational Technical Education is seeking information or opinions from sources outside the agency in preparing to amend Chapter Thirty-Five: Rules for Licensure of Vocational Technical Education Personnel and specifically in Marketing occupations and Technical occupations. The promulgation of these rules is authorized by *Minnesota Statutes*, 136C.04, subd. 9. and 125.186 subd. 4.

The State Board of Vocational Technical Education requests information and comments concerning the subject matter of these rules. Interested or affected persons may submit written statements of information or comment orally. Written comments should be addressed to:

Ms. Glenda Moyers  
State Board of Vocational Technical Education  
522 Capital Square Bldg.  
550 Cedar Street  
St. Paul, MN 55101  
(612) 296-9444

Ms. Georgia Pomroy  
State Board of Vocational Technical Education  
520 Capital Square Bldg.  
550 Cedar Street  
St. Paul, MN 55101  
(612) 296-0680

Oral statements will be received during regular business hours over the telephone at (612) 296-0680 or in person at the above address.

All statements of information and comments shall be accepted until 4:30 p.m., Thursday, January 28, 1988. Any written material received by the State Board of Vocational Technical Education shall become part of the record in the event that the rules are amended.

Helen Henrie, Deputy Director  
State Board of Vocational  
Technical Education

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## State Contracts and Advertised Bids

Pursuant to the provisions of Minn. Stat. § 14.10, an agency must make reasonable effort to publicize the availability of any services contract or professional and technical services contract which has an estimated cost of over \$2,000.

Department of Administration procedures require that notice of any consultant services contract or professional and technical services contract which has an estimated cost of over \$10,000 be printed in the *State Register*. These procedures also require that the following information be included in the notice: name of contact person, agency name and address, description of project and tasks, cost estimate, and final submission date of completed contract proposal. Certain quasi-state agencies are exempted from some of the provisions of this statute.

Commodities contracts with an estimated value of \$15,000 or more are listed under the Procurement Division, Department of Administration. All bids are open for 7-10 days before bidding deadline. For bid specifics, time lines, and other general information, contact the appropriate buyers whose initials appear in parentheses next to the commodity for bid, by calling (612) 296-6152.

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### Department of Administration: Materials Management Division

#### Contracts and Requisitions Open for Bid

Call 296-2600 for information on a specific bid, or to request a specific bid. Buyer's initials are listed next to each commodity.

Commodity for Bid (and Buyer)	Bid Closing Date at 2 pm	Department or Division	Delivery Point	Requisition #
Studio lighting system (PA)	December 30	Capitol Bldg.	St. Paul	02310 15790

## State Contracts and Advertised Bids

### Department of Administration: Printing & Mailing Services

Printing vendors for the following printing contracts must review contract specifications in printing buyers office at 117 University Avenue, Room 134-B, St. Paul, MN.

Commodity for Bid (and Buyer)	Bid Due Date at 2 pm	Department or Division	Delivery Point	Requisition #
5,000 Notices of Tax Lien sets, 8½ × 11 detached, 8 parts	December 29	Jobs & Training	St. Paul	3822
Invitation cards and envelopes, gold engraved, 5,000 4½ × 6½" card; 4¾ × 6¾" envelopes; 3,000 RSVP cards with envelopes	December 29	Governor's Office	St. Paul	3845&6
5,000 white envelopes 12" × 13¾", 3½" ungummed flap. Typesetting and keylining	December 29	Services for the Blind	St. Paul	3852
Brochure & Profile MN Amateur Sports	January 4	Trade & Economic Dev.	St. Paul	3721&2
MN Aeronautical Charts—4 color maps	January 4	Transportation	St. Paul	3725
Undergraduate Bulletin	January 4	Mankato State Univ.	Mankato	3658
College Catalog	January 4	Normandale Community College	Bloomington	3531

### Department of Human Services

#### Notice of Request for Proposals for Quality Assurance Review of Prepaid Health Plans

The Department of Human Services is seeking proposals from peer review organizations to conduct a quality assurance review of health plans providing health care to MA recipients either in the Medicaid Demonstration Project or in the prepaid Voluntary Program. The Proposal must fulfill the requirements of OBRA-86 P.L. 99-509 and the results of the review must be available, on request, to the Secretary, the Office of the Inspector General (OIG) and the General Accounting Office (GAO) as well as to the Minnesota Department of Human Services and the appropriate sections to the health plans which will be reviewed. The contract will be awarded on the basis of total cost, technical approach of the contractor to the scope of work and the experience/expertise of the contractor.

The formal Request for Proposals which contains specifications may be requested from the Department of Human Services. The deadline for submitting a proposal is 4:30 p.m. January 25, 1988. Selection of the contractor will be made on February 1, 1988. The Commissioner of the Department of Human Services reserves the right to reject all proposals submitted.

Please direct proposals and inquiries to:

Deborah Bachrach  
Department of Human Services  
Space Center Building  
444 Lafayette Road  
St. Paul, MN 55155  
Phone 612/297-1380

## State Grants

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In addition to requests by state agencies for technical/professional services (published in the State Contracts section), the *State Register* also publishes notices about grant funds available through any agency or branch of state government. Although some grant programs specifically require printing in a statewide publication such as the *State Register*, there is no requirement for publication in the *State Register* itself.

Agencies are encouraged to publish grant notices, and to provide financial estimates as well as sufficient time for interested parties to respond.

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## Minnesota Housing Finance Agency

### Notice of Fund Availability and Request for Proposals for Low Income Persons Living Alone Housing Program

#### Introduction

The Minnesota Housing Finance Agency (MHFA) announces the availability of \$375,000.00 in grant funds to eligible sponsors to assist them in the development of housing for low income persons living alone. These funds were appropriated by the 1987 Minnesota Legislature.

#### Applicant Eligibility

Eligible grant applicants include nonprofit entities, Minnesota cities, joint power boards established by two or more cities and Minnesota Housing and Redevelopment Authorities.

#### Project Eligibility

The proposed housing must be exclusively for the use of low income persons living alone who do not qualify for other low income housing as elderly, disabled or handicapped.

Grant funds are to be used exclusively for the development of the housing and are not to exceed 50% of the development cost.

#### Availability of Funds

Applicants may request any size grant up to \$375,000.00, however it is the intent of this program to assist in the development of this housing throughout the state where possible.

#### Procedure

Applicants should request application packets from staff at the MHFA. Any questions concerning the program or the application forms should also be directed to MHFA staff.

Minnesota Housing Finance Agency  
Park Square Court Building—Suite 300  
400 Sibley Street  
St. Paul, MN 55101  
Attention: Murray Casserly  
(612) 296-9846

This Request for Proposals (RFP) is subject to all applicable federal, state and municipal laws, rules and regulations and may be amended from time to time. MHFA reserves the right to modify or withdraw this RFP at any time and is not able to reimburse any applicant for costs incurred in the preparation or submittal of applications.

Applications are due by 4:00 p.m. on February 12, 1988. Selections should be made by March 1, 1988.

## Supreme Court Calendar

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Listed below are the cases scheduled to be heard by the Minnesota Supreme Court in the next few weeks. This listing has been compiled by the Minnesota State Law Library for informational purposes only. Cases may be rescheduled by the Court subsequent to publication in the *State Register*. Questions concerning dates, locations, cases, etc., should be directed to: Clerk of the Appellate Courts, Room 230 State Capitol, St. Paul, MN 55155 612-296-2581.

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### January 1988

Compiled by Mary D. Flynn, (612) 297-4050

Listed below are the cases scheduled to be heard by the Minnesota Supreme Court in the next few weeks. This listing has been

## Supreme Court Calendar

compiled by the Minnesota State Law Library for informational purposes only. Cases may be rescheduled by the Court subsequent to publication in the *State Register*. Questions concerning the time and location of hearings should be directed to: Clerk of the Appellate Courts, Room 230 State Capitol, St. Paul, MN 55155 (612) 296-2581.

### Tuesday, January 5, 1988 9:00 a.m.

**CX-87-224** DIANA MANDELL VOSS, et al., Respondents (Attorney: Brad A. Johnson, Assistant Ramsey County Attorney) vs. JOHN DUERSCHERL, Father of TERRY ALLAN DUERSCHERL, deceased, et al., petitioners, Appellants (Attorney: Mary L. Knoblauch of Maun, Green, Hayes, Simon, Johanneson and Brehl).  
Opinion Court of Appeals

Did this paternity action survive against the father and siblings of the deceased putative father? Are the relatives of the deceased putative father proper parties to this paternity action?

Is requiring Appellants to submit to blood testing an impermissible retroactive application of an amendment to *Minnesota Statutes* § 257.62 subd. 1, that was passed after the putative father's death?

Does an application of *Minnesota Statutes* § 257.62 subd. 1, to Appellants violate their constitutional due process rights? Are Respondents collaterally estopped from bringing a motion to compel blood testing?

Did Respondents waive any right they may have to compel blood testing of appellants?

**C7-87-1668 & CX-87-1714** MICHELE MOHS, individually and as parent and natural guardian of JESSICA MOHS, a minor and JESSICA MOHS, individually, Respondents (Attorney: Robert J. Healy) vs. PARRISH'S BAR, defendant and third party plaintiff, Respondent (C7-87-1668) Appellant (CX-87-1714) (Attorney: Donald G. Clapp) BROWN DERBY BAR, defendant and third party plaintiff, Respondent (Attorney: Michael B. Bloom) vs. KLADEK, Incorporated, d.b.a. KING OF DIAMONDS BAR, third party defendant, Appellant (C7-87-1668) Respondent (CX-87-1714) (Attorney: Eric J. Magnuson of Rider, Bennett, Egan & Arundel) and AETNA CASUALTY AND SURETY COMPANY, intervenor, Respondent (Attorney: James A. Stein of Hessian, McKasy & Soderberg).

Orders of Ramsey County

Are the subrogation rights, if any, of an insurer paying benefits under the Minnesota Assigned Claims Plan, *Minnesota Statutes* § 65B.63, founded upon the subrogation provisions of the Minnesota No-fault Automobile Insurance Act, and within the rule of *Milbrandt v. American Legion Post of Mora*, 372 N.W. 2d 702 (Minn. 1985), or are they based on common law principles, and not subject to the holding in *Milbrandt*?

### Wednesday, January 6, 1988 9:00 a.m.

**CO-87-815** STATE OF MINNESOTA. Respondent (Attorney: Brian D. Simonson Assistant County Attorney, St. Louis County) vs. MICHAEL ALAN MERRILL, Appellant (Attorney: Melissa Sheridan Assistant State Public Defender).  
Judgment St. Louis County

Was the evidence insufficient as a matter of law to sustain appellant's convictions where the evidence failed to dispel all reasonable doubt as to appellant's guilt?

Was the appellant denied his constitutional right to a fair trial when during closing argument the prosecutor appealed to the passions and prejudices of the jury and diverted the jury from its duty to decide the case on the evidence?

Did the trial court err in refusing to instruct the jury on the lesser included offenses of first degree murder?

**C3-87-632** WILLIAM CHARLES SISSON, Appellant (Attorney: Barry V. Voss) vs. MR. THOMAS TRIPLET, Minnesota Commissioner of Revenue, et. al., Respondents (Attorney: Thomas K. Overton, Special Assistant Attorney General).  
Judgment Ramsey County

Does *Minnesota Statutes* Ch. 297D and related statutes deny an adequate post-seizure hearing and thereby deny procedural due process?

Is *Minnesota Statutes* Ch. 297D arbitrary and capricious and therefore a violation of substantive due process?

Does *Minnesota Statutes* Ch. 297D compel a taxpayer to incriminate himself and thereby violate his right against self-incrimination?

**C3-87-2011** In Re the Petition for Disciplinary Action against RICHARD L. JENSEN, an Attorney at Law of the State of Minnesota.

### Thursday, January 7, 1988 9:00 a.m.

**C6-87-1791** UNITED STEELWORKERS of AMERICA, LOCAL 6115, Respondent (Attorney: Thomas W. Wexler of Peterson, Engberg & Peterson) SPECIAL COMPENSATION FUND of the DEPARTMENT of LABOR and INDUSTRY, Respondent (Attorneys: Scott R. Strand and William R. Howard, Assistant Attorney Generals) vs. QUADNA MOUNTAIN CORPORATION,



**et al., Appellants** (Attorney: Mark A. Kleinschmidt of Cousineau, McGuire, Shaughnessy & Anderson).  
Order Aitkin County

When an employer is uninsured for workers' compensation and the Special Compensation Fund makes all payments of workers' compensation benefits under *Minnesota Statutes* § 176.183 (1978) for an injury which occurred on August 17, 1978, does either the employer, which has actually paid no benefits, or the Special Fund, which has paid over \$150,000 in benefits and faces future payments of over \$1 million, have a subrogable interest against a third-party tortfeasor under *Minnesota Statutes* § 176.061 (1978)?

**C4-87-1790 AMCO INSURANCE COMPANY, Plaintiff** (Attorney: Kay Nord Hunt of Lommen, Nelson, Cole & Stageberg) vs. **MARY O. LANG, as Trustee of the Heirs and Next of Kin of MAXINE C. O'LOUGHLIN, Deceased, and THOMAS J. O'LOUGHLIN, Defendants** (Attorney: Michael Fargione of Hauer, Lewis & Fargione, P.A.).  
Certified Question United States District Court District of Minnesota, Third Division

May an insurer enforce the language of its insurance policy, which precludes the stacking of underinsured motorist coverages and requires the reduction from underinsured motorist limits of amount paid by a negligent tortfeasor, when the insurance policy was issued for a one year term on November 5, 1984, and the insured's accident occurred on October 24, 1985, during the policy term but after the October 1, 1985, effective date of certain Minnesota legislation?

**Monday, January 11, 1988 9:00 a.m.**

**C9-87-1249 STATE OF MINNESOTA, Respondent** (Attorney: Thomas L. Johnson, Hennepin County Attorney) vs. **WILLIE R. BIAS, JR., Appellant** (Attorney: Melissa Sheridan, Assistant Public Defender).  
Judgment Hennepin County

Was the evidence insufficient as a matter of law to support appellant's conviction for first degree murder where the evidence failed to dispel all reasonable doubt as to appellant's guilt?

Was the indictment legally sufficient to apprise the Appellant of the crime charged?

Was the appellant denied due process of law and a fair trial by the use of his 1981 conviction for first degree criminal sexual conduct to impeach his trial testimony?

**C1-87-144 The BANK NORTH, f.k.a. NORTH STAR BANK MINNESOTA, f.k.a. CRYSTAL STATE BANK, petitioner, Appellant** (Attorney: Lawrence P. Marofsky) vs **GREG GERALD SOULE, et al., Respondents** (Attorney: George E. Antrim of Antrim & Associates)  
Opinion Court of Appeals

Should the Rebuttable Presumption that the holder of the Certificate of Title to an automobile is its owner, absent evidence to the contrary, be extended to lending institutions and their decisions on issuing credit?

Should an equitable claim of ownership defeat a security interest founded on good faith reliance on Minnesota Statutes and regular banking procedures?

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## Announcements

**Ethanol Endorsed for Use in Small Engines:** Minnesota Agriculture Commissioner Jim Nichols applauded a recent report for Sears Roebuck and Co. that ethanol blended fuels have no adverse effect on small engines. Sears has notified ethanol producers that based on lab results, 10% ethanol blended gasoline will not harm internal components of small engines. Sears performed the tests in response to concern of some small engine manufacturers and because of consumer interest in blended fuels. Years ago, Sears buyers began to demand that their products tolerate gasohol. Other small engine companies like Tecumseh and Briggs & Stratton followed suit and improved their products and softened their positions after in-house testing and development disproved the previous rumors and dark stories. Sources for the large manufacturer's gasoline-powered products are now removing gasohol bans from owner's manuals, product decals, and hang tags. Also, a special notice was released for Sears' Denver-area stores informing customers that alcohol fuels do not void their warranty. The recently released Fuel Ethanol Cost-effectiveness Study called for further research on the effect of ethanol-blended gasoline on small engines because current details are still sparse. The panel and others have stressed the need to disseminate information to the public on the results of such research to help avoid unneeded consumer concerns. Nichols also pointed out other studies proved similar results. Among those companies, he said, were General Motors, Chrysler and Ford on ethanol performance having no adverse effect on automobile fuel systems.

## Announcements

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**Scholarships Offered to National Music Camp:** The Interlochen Center for the Arts is seeking applicants for the Governor's Scholar Program, which provides funds for high-school aged musicians to attend Interlochen's National Music Camp. The competition is open to students currently in grades 9-12, who are proficient in string, wind, percussion instruments, or harp. Interlochen's National Music Camp, from June 26 to August 22, 1988 is an intensive training setting for young musicians, providing instruction and performance opportunities under outstanding guest conductors and artists. One student from each of the fifty states and the District of Columbia will be selected to receive a full-tuition scholarship of \$2,500 to the National Music Camp. **The deadline for application is January 25, 1988.** Applicants must supply a taped sample of their work; selections will be based on merit, and will be announced by March 1, 1988. Information and application forms are available from: Governor's Scholar Program, National Music Camp, Interlochen Center for the Arts, Interlochen, MI 49643, (616) 276-9221.

**State Pays Out \$329 Million in Local Government Aid, Homestead Credits, and Other Credits:** The Minnesota Department of Revenue mailed out checks totaling \$329 million in state-paid local government aid, homestead credits, and other miscellaneous credits to counties, cities, towns and special taxing districts throughout the state. Broken down, the state sent out a total of \$161.5 million in local government aid payments, \$164.5 million in homestead credits, and \$3 million in miscellaneous credits, such as wetlands, agricultural preserves, and enterprise zones. The state makes two approximately equal payments a year to local communities. The first payment of \$326 million was made July 15. The local government aid payments are distributed to counties, cities and towns to finance part of their governmental activities, such as road and bridge work, fire and police services, and ambulance services. The payments do not include amounts to school districts, which are paid out separately by the state education department. The various aids and credits, along with aids to schools, amount to about 65 percent of state-collected sales tax and income tax, and are distributed according to a formula set by the State Legislature. The distribution formula for the \$161.5 million in local government aids takes into consideration population, property tax levies, and valuations, the Revenue Department said. Homestead credit payments are made to local governmental units to compensate for the difference between what a property owner paid in property taxes and the amount the tax would have been without the homestead credit. The homestead credit reduces a property owner's tax bill by as much as \$700 a year. The largest share, \$170 million, went to the Twin Cities area. Governmental units in Hennepin County received \$86 million, and governmental units in Ramsey County got \$42 million. Figures for your particular county or community may be obtained by calling Kris Caulfield or Deb Volkert, Minnesota Department of Revenue, at 612-296-2286.

**Federal Funds Available for Elderly and Handicapped Transportation:** Approximately \$600,000 in federal grant funds will be available from the Minnesota Department of Transportation (Mn/DOT) for assistance in purchasing vehicles equipped to transport elderly and handicapped people, Mn/DOT announced. Private, non-profit organizations serving the elderly and handicapped are eligible to apply for the federal assistance grant funds, said Darryl Durgin, Assistant Commissioner, Program Management Division, Mn/DOT. The assistance will provide 80 percent of the cost of the vehicle. The applicant must provide the remaining 20 percent as well as all of the operating expenses. Applications are available from Mn/DOT. The first of seven required applicant deadlines is February 3, 1988. The final full application submittal deadline is April 13, 1988. For further information and application assistance, contact Dennis McMann, Office of Transit, 815 Transportation Building, St. Paul, Minnesota 55155, or phone (612) 297-2067.

**Toll Free Road Condition Information Available:** Holiday travelers throughout greater Minnesota can obtain statewide road condition reports by calling our new toll free number 1-800-542-0220. The reports are updated hourly or as road conditions change. The new number accesses the same messages that twin city residents hear when they call 296-3076. Touchtone telephone users can obtain sectionalized reports for the north, south, central and twin cities areas of Minnesota.

**Meeting to Discuss Fish Passage on Lester River:** The Department of Natural Resources (DNR) announced this week that a meeting will be held on Jan. 9, at 10:00 a.m. in the Woodland Community Center in Duluth, to discuss a proposal by the Lake Superior Steelhead Association for fish passage on the Lester River. A feasibility study sponsored by the Steelhead Association suggests that a tunnel around the Falls on Lester River would be able to move trout and salmon and protect the aesthetics of the Lester River, Falls and Gorge within Lester River Park in eastern Duluth. The meeting will be a presentation of the feasibility study and to gather the public interest in developing this fish passage proposal. The public is invited to attend the meeting to review and discuss the proposal.

## Catching criminals is only one part of law enforcement. Here's the rest of it.

**Police Report Writing Style Manual 1986**—A common framework for report writing throughout the state. Discusses the general purpose of police reports, reviews field notetaking, offers instructions on completing common report forms, and introduces the Data Practices Law. Code No. 14-13. \$12.50.

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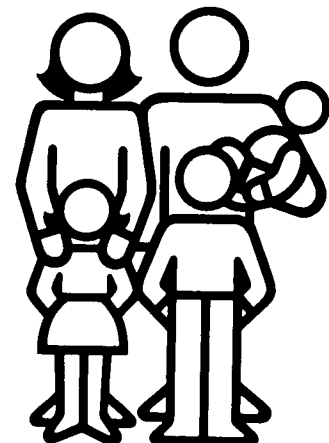
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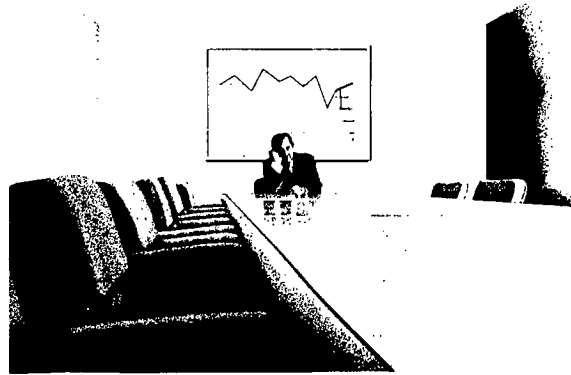
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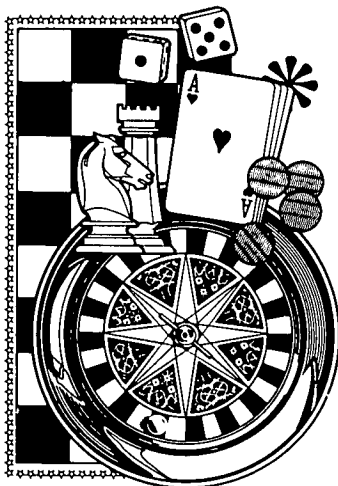
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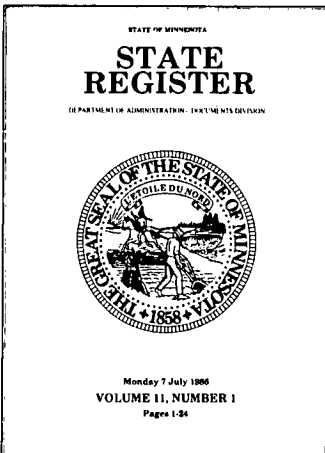
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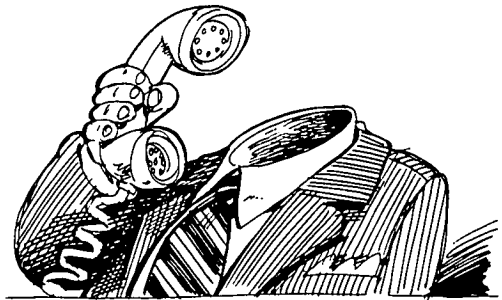
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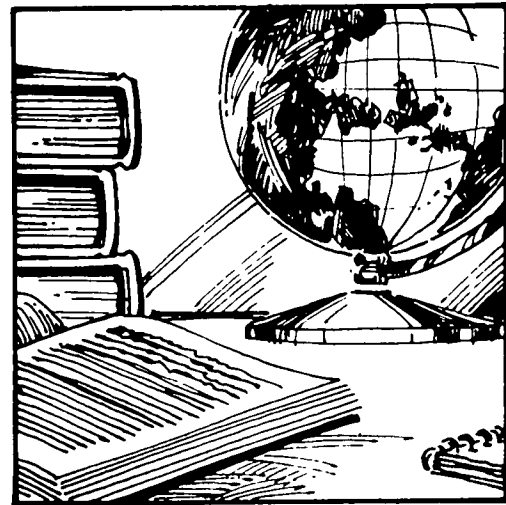
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