

## CHAPTER 119A

## DEPARTMENT OF EDUCATION; PROGRAMS

119A.01 Establishment; purpose; and goals.  
119A.04 Transfers from other agencies.

119A.46 Lead abatement program.

**119A.01 ESTABLISHMENT; PURPOSE; AND GOALS.**

Subd. 3. [Repealed, 2005 c 98 art 2 s 18]

**119A.04 TRANSFERS FROM OTHER AGENCIES.**

Subdivision 1. **Department of Education.** The powers and duties of the Department of Education with respect to the following programs are transferred to the Department of Human Services under section 15.039. The programs needing federal approval to transfer shall be transferred when the federal government grants transfer authority to the commissioner:

- (1) children's trust fund under sections 256E.20 to 256E.27;
- (2) the family services and community-based collaboratives under section 124D.23;
- (3) the child care programs under sections 119B.011 to 119B.16;
- (4) the migrant child care program under section 256.01;
- (5) the child care resource and referral program under sections 119B.19 and 119B.211; and
- (6) the child care service development program under sections 119B.189 to 119B.24.

Subd. 2. **Department of Employment and Economic Development.** The powers and duties of the Department of Employment and Economic Development with respect to the following programs are transferred to the Department of Education under section 15.039 on July 1, 1997: (1) the Head Start program, including Project Cornerstone, under sections 119A.50 to 119A.54; and (2) community action agency programs and financial assistance under sections 256E.30 and 256E.32.

*[For text of subs 3 and 4, see M.S.2004]*

Subd. 6. **Funding for transferred programs.** State appropriations for programs transferred under this section may not be used to replace appropriations for K-12 programs. State and federal appropriations for programs under section 256E.25, subdivision 5a, transferred from the Department of Employment and Economic Development, may not be used to replace, supplement, or supplant federal or state appropriations for any other program in the department.

*[For text of subd 7, see M.S.2004]*

**History:** 2005 c 98 art 1 s 24

**119A.10** [Renumbered 256E.20]

**119A.11** [Renumbered 256E.21]

**119A.12** [Renumbered 256E.22]

**119A.14** Subdivision 1.[Renumbered 256E.24]

**119A.15** [Renumbered 256E.25]

**119A.16** [Renumbered 256E.26]

119A.17 [Renumbered 256E.27]

119A.20 [Repealed, 2005 c 98 art 2 s 18]

119A.21 [Repealed, 2005 c 98 art 2 s 18]

119A.22 [Repealed, 2005 c 98 art 2 s 18]

119A.35 [Repealed, 2005 c 98 art 2 s 18]

119A.374 [Renumbered 256E.30]

119A.375 [Renumbered 256E.31]

119A.376 [Renumbered 256E.32]

119A.40 [Renumbered 216C.263]

119A.41 [Renumbered 216C.264]

119A.42 [Renumbered 216C.265]

119A.425 [Renumbered 216C.266]

119A.43 [Renumbered 256E.33]

119A.44 [Renumbered 256E.34]

119A.445 [Renumbered 256E.35]

#### 119A.46 LEAD ABATEMENT PROGRAM.

Subdivision 1. **Definitions.** (a) The definitions in section 144.9501 and in this subdivision apply to this section.

(b) "Eligible organization" means a lead contractor, city, board of health, community health department, community action agency as defined in section 256E.30, or community development corporation.

(c) "Commissioner" means the commissioner of health, or the commissioner of the Minnesota Housing Finance Agency as authorized by section 462A.05, subdivision 15c.

Subd. 2. **Grants; administration.** Within the limits of the available appropriation, the commissioner must develop a swab team services program which may make demonstration and training grants to eligible organizations to train workers to provide swab team services and swab team services for residential property. Grants may be awarded to nonprofit organizations to provide technical assistance and training to ensure quality and consistency within the statewide program. Grants must be awarded to help ensure full-time employment to workers providing swab team services and must be awarded for a two-year period.

Grants awarded under this section must be made in consultation with the commissioner of the Housing Finance Agency and representatives of neighborhood groups from areas at high risk for toxic lead exposure, a labor organization, the lead coalition, community action agencies, and the legal aid society. The consulting team must review grant applications and recommend awards to eligible organizations that meet requirements for receiving a grant under this section.

Subd. 3. **Applicants.** (a) Interested eligible organizations may apply to the commissioner for grants under this section. Two or more eligible organizations may jointly apply for a grant. Priority shall be given to community action agencies in greater Minnesota and to either community action agencies or neighborhood based nonprofit organizations in cities of the first class. Of the total annual appropriation, 12.5 percent may be used for administrative purposes. The commissioner may deviate from this percentage if a grantee can justify the need for a larger administrative allowance. Of this amount, up to five percent may be used by the commissioner for state administra-

tive purposes. Applications must provide information requested by the commissioner, including at least the information required to assess the factors listed in paragraph (d).

(b) The commissioner must consult with boards of health to provide swab team services for purposes of secondary prevention. The priority for swab teams created by grants to eligible organizations under this section must be work assigned by the commissioner of health, or by a board of health if so designated by the commissioner of health, to provide secondary prevention swab team services to fulfill the requirements of section 144.9504, subdivision 6, in response to a lead order. Swab teams assigned work under this section by the commissioner, that are not engaged daily in fulfilling the requirements of section 144.9504, subdivision 6, must deliver swab team services in response to elevated blood lead levels as defined in section 144.9501, subdivision 9, where lead orders were not issued, and for purposes of primary prevention in census tracts known to be in areas at high risk for toxic lead exposure as described in section 144.9503, subdivision 2.

(c) Any additional money must be used for grants to establish swab teams for primary prevention under section 144.9503, in census tracts in areas at high risk for toxic lead exposure as determined under section 144.9503, subdivision 2.

(d) In evaluating grant applications, the commissioner must consider the following criteria:

(1) the use of lead contractors and lead workers for residential swab team services;

(2) the participation of neighborhood groups and individuals, as swab team workers, in areas at high risk for toxic lead exposure;

(3) plans for the provision of swab team services for primary and secondary prevention as required under subdivision 4;

(4) plans for supervision, training, career development, and postprogram placement of swab team members;

(5) plans for resident and property owner education on lead safety;

(6) plans for distributing cleaning supplies to area residents and educating residents and property owners on cleaning techniques;

(7) sources of other funding and cost estimates for training, lead inspections, swab team services, equipment, monitoring, testing, and administration;

(8) measures of program effectiveness;

(9) coordination of program activities with other federal, state, and local public health, job training, apprenticeship, and housing renovation programs including programs under sections 116L.86 to 116L.881; and

(10) prior experience in providing swab team services.

*[For text of subs 4 to 7, see M.S.2004]*

**Subd. 8. Testing and evaluation.** (a) Testing of the environment is not necessary by swab teams whose work is assigned by the commissioner of health or a designated board of health under section 144.9504. The commissioner of health or designated board of health must share the analytical testing data collected on each residence for purposes of secondary prevention under section 144.9504 with the swab team workers in order to provide constructive feedback on their work and to the commissioner for the purposes set forth in paragraph (c).

(b) For purposes of primary prevention evaluation, the following samples must be collected: pretesting and posttesting of one noncarpeted floor dust lead sample and a notation of the extent and location of bare soil and of deteriorated lead-based paint. The analytical testing data collected on each residence for purposes of primary prevention under section 144.9503 must be shared with the swab team workers in order to provide constructive feedback on their work and to the commissioner for the purposes set forth in paragraph (c).

(c) The commissioner of health must establish a program to collect appropriate data as required under paragraphs (a) and (b), in order to conduct an ongoing evaluation of swab team services for primary and secondary prevention. Within the

limits of available appropriations, the commissioner of health must conduct on up to 1,000 residences which have received primary or secondary prevention swab team services, a postremediation evaluation, on at least a quarterly basis for a period of at least two years for each residence. The evaluation must note the condition of the paint within the residence, the extent of bare soil on the grounds, and collect and analyze one noncarpeted floor dust lead sample. The data collected must be evaluated to determine the efficacy of providing swab team services as a method of reducing lead exposure in young children. In evaluating this data, the commissioner of health must consider city size, community location, historic traffic flow, soil lead level of the property by area or census tract, distance to industrial point sources that emit lead, season of the year, age of the housing, age and number of children living at the residence, the presence of pets that move in and out of the residence, and other relevant factors as the commissioner of health may determine.

*[For text of subds 9 and 10, see M.S.2004]*

**History:** 2005 c 98 art 1 s 24; 1Sp2005 c 5 art 8 s 1-4.