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STATE:NORTH CAROLINA FFY 10/11	CAT	TOTAL	<1	1	2	3	4	5	6
			AGE GROUPS						
1. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	XXXXXXXX	74236	79068	77661	77709	76700	73303	68064
	MN	XXXXXXXX	73	46	56	58	59	67	81
	TOTAL	XXXXXXXX	74309	79114	77717	77767	76759	73370	68145
1B. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT FOR 90 CONTINUOUS DAYS	CN	XXXXXXXX	60226	76227	75018	75086	74137	70792	64523
	MN	XXXXXXXX	56	34	48	48	47	54	53
	TOTAL	XXXXXXXX	60282	76261	75066	75134	74184	70846	64576
1C. TOTAL INDIVIDUALS ELIGIBLE UNDER A CHIP MEDICAID EXPANSION	CN	XXXXXXXX	131	6526	7776	8027	8400	8017	1417
	MN	XXXXXXXX	9	8	7	6	8	5	4
	TOTAL	XXXXXXXX	140	6534	7783	8033	8408	8022	1421
2A. STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
2B. NUMBER OF YEARS IN AGE GROUP	CN	XXXXXXXX	1	1	1	1	1	1	1
	MN	XXXXXXXX	1	1	1	1	1	1	1
	TOTAL	XXXXXXXX	1	1	1	1	1	1	1
2C. ANNUALIZED STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
3A. TOTAL MONTHS OF ELIGIBILITY	CN	XXXXXXXX	444679	832870	820922	821284	813818	779081	672075
	MN	XXXXXXXX	380	280	400	398	429	458	437
	TOTAL	XXXXXXXX	445059	833150	821322	821682	814247	779539	672512
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	XXXXXXXX	0.61	0.91	0.91	0.91	0.91	0.91	0.86
	MN	XXXXXXXX	0.56	0.68	0.69	0.69	0.76	0.70	0.68
	TOTAL	XXXXXXXX	0.61	0.91	0.91	0.91	0.91	0.91	0.86
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	2.44	1.82	0.91	0.91	0.91	0.91	0.86
	MN	XXXXXXXX	2.24	1.36	0.69	0.69	0.76	0.70	0.68
	TOTAL	XXXXXXXX	2.44	1.82	0.91	0.91	0.91	0.91	0.86
5. EXPECTED NUMBER OF SCREENINGS	CN	XXXXXXXX	146951	138733	68266	68328	67464	64420	55489
	MN	XXXXXXXX	125	46	33	33	35	37	36
	TOTAL	XXXXXXXX	147076	138779	68299	68361	67499	64457	55525
6. TOTAL SCREENS RECEIVED	CN	XXXXXXXX	241200	203297	89572	49198	53870	57399	26284
	MN	XXXXXXXX	54	34	20	20	16	24	11
	TOTAL	XXXXXXXX	241254	203331	89592	49218	53886	57423	26295
7. SCREENING RATIO	CN	XXXXXXXX	1.64	1.46	1.31	0.72	0.79	0.89	0.47
	MN	XXXXXXXX	0.43	0.73	0.60	0.60	0.45	0.64	0.30
	TOTAL	XXXXXXXX	1.64	1.46	1.31	0.71	0.79	0.89	0.47

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STATE:NORTH CAROLINA FFY 10/11	CAT	AGE GROUPS							
		TOTAL	<1	1	2	3	4	5	6
8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	60226	76227	68266	68328	67464	64420	55489
	MN	XXXXXXXX	56	34	33	33	35	37	36
	TOTAL	XXXXXXXX	60282	76261	68299	68361	67499	64457	55525
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	57851	68723	58980	46008	50080	53917	25369
	MN	XXXXXXXX	26	16	19	19	14	22	10
	TOTAL	XXXXXXXX	57877	68739	58999	46027	50094	53939	25379
10. PARTICIPATION RATIO	CN	XXXXXXXX	0.96	0.90	0.86	0.67	0.74	0.83	0.45
	MN	XXXXXXXX	0.46	0.47	0.57	0.57	0.40	0.59	0.27
	TOTAL	XXXXXXXX	0.96	0.90	0.86	0.67	0.74	0.83	0.45
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	XXXXXXXX	266	284	173	131	172	191	95
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	266	284	173	131	172	191	95
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	XXXXXXXX	368	9028	21192	32054	39823	42731	39659
	MN	XXXXXXXX	0	0	6	13	18	16	22
	TOTAL	XXXXXXXX	368	9028	21198	32067	39841	42747	39681
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	XXXXXXXX	245	8291	20144	30584	38273	41034	38105
	MN	XXXXXXXX	0	0	6	10	15	15	21
	TOTAL	XXXXXXXX	245	8291	20150	30594	38288	41049	38126
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	XXXXXXXX	32	417	3031	8531	14222	18013	18607
	MN	XXXXXXXX	0	0	1	4	6	5	10
	TOTAL	XXXXXXXX	32	417	3032	8535	14228	18018	18617
12D. TOTAL INDIVIDUALS RECEIVING A SEALANT ON A PERMANENT MOLAR	CN	XXXXXXXX	1	0	2	3	42	1335	7838
	MN	XXXXXXXX	0	0	0	0	0	0	4
	TOTAL	XXXXXXXX	1	0	2	3	42	1335	7842
12E. TOTAL INDIVIDUALS RECEIVING DENTAL DIAGNOSTIC SERVICES	CN	XXXXXXXX	362	8971	21030	31644	39156	41876	38714
	MN	XXXXXXXX	0	0	5	13	17	16	21
	TOTAL	XXXXXXXX	362	8971	21035	31657	39173	41892	38735
12F. TOTAL INDIVIDUALS RECEIVING ORAL HEALTH SRVICES BY A NON-DENTIST	CN	XXXXXXXX	5866	36268	30075	12221	1577	0	0
	MN	XXXXXXXX	0	4	5	9	0	0	0
	TOTAL	XXXXXXXX	5866	36272	30080	12230	1577	0	0
12G. TOTAL INDIVIDUALS RECEIVING ANY DENTAL OR ORAL HEALTH SERVICE	CN	XXXXXXXX	6118	40400	42814	38935	40582	42731	39662
	MN	XXXXXXXX	0	4	9	21	18	16	22
	TOTAL	XXXXXXXX	6118	40404	42823	38956	40600	42747	39684
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	XXXXXXXX	59928	76263	75019	75077	73815	70308	65256
	MN	XXXXXXXX	47	35	47	47	48	52	52
	TOTAL	XXXXXXXX	59975	76298	75066	75124	73863	70360	65308
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	XXXXXXXX	362	38118	35343	11565	5648	3566	1128
	MN	XXXXXXXX	0	7	5	5	1	4	0
	TOTAL	XXXXXXXX	362	38125	35348	11570	5649	3570	1128

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STATE:NORTH CAROLINA FFY 10/11	CAT	TOTAL	AGE GROUPS 7	8	9	10	11	12	13
1. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	XXXXXXXX	54472	51055	50311	49570	48208	45507	43633
	MN	XXXXXXXX	112	112	129	124	122	140	124
	TOTAL	XXXXXXXX	54584	51167	50440	49694	48330	45647	43757
1B. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT FOR 90 CONTINUOUS DAYS	CN	XXXXXXXX	50573	48174	47447	46818	45534	42891	41156
	MN	XXXXXXXX	77	67	89	83	79	90	79
	TOTAL	XXXXXXXX	50650	48241	47536	46901	45613	42981	41235
1C. TOTAL INDIVIDUALS ELIGIBLE UNDER A CHIP MEDICAID EXPANSION	CN	XXXXXXXX	0	1	0	0	0	0	0
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	0	1	0	0	0	0	0
2A. STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2B. NUMBER OF YEARS IN AGE GROUP	CN	XXXXXXXX	1	1	1	1	1	1	1
	MN	XXXXXXXX	1	1	1	1	1	1	1
	TOTAL	XXXXXXXX	1	1	1	1	1	1	1
2C. ANNUALIZED STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
3A. TOTAL MONTHS OF ELIGIBILITY	CN	XXXXXXXX	531921	510187	502894	498165	484147	456506	438799
	MN	XXXXXXXX	571	455	699	585	586	605	578
	TOTAL	XXXXXXXX	532492	510642	503593	498750	484733	457111	439377
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	XXXXXXXX	0.87	0.88	0.88	0.88	0.88	0.88	0.88
	MN	XXXXXXXX	0.61	0.56	0.65	0.58	0.61	0.56	0.60
	TOTAL	XXXXXXXX	0.87	0.88	0.88	0.88	0.88	0.88	0.88
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	0.87	0.88	0.88	0.88	0.88	0.88	0.88
	MN	XXXXXXXX	0.61	0.56	0.65	0.58	0.61	0.56	0.60
	TOTAL	XXXXXXXX	0.87	0.88	0.88	0.88	0.88	0.88	0.88
5. EXPECTED NUMBER OF SCREENINGS	CN	XXXXXXXX	43998	42393	41753	41199	40069	37744	36217
	MN	XXXXXXXX	46	37	57	48	48	50	47
	TOTAL	XXXXXXXX	44044	42430	41810	41247	40117	37794	36264
6. TOTAL SCREENS RECEIVED	CN	XXXXXXXX	19938	18803	18293	17790	22985	17875	17159
	MN	XXXXXXXX	16	12	13	16	15	11	10
	TOTAL	XXXXXXXX	19954	18815	18306	17806	23000	17886	17169
7. SCREENING RATIO	CN	XXXXXXXX	0.45	0.44	0.43	0.43	0.57	0.47	0.47
	MN	XXXXXXXX	0.34	0.32	0.22	0.33	0.31	0.22	0.21
	TOTAL	XXXXXXXX	0.45	0.44	0.43	0.43	0.57	0.47	0.47

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STATE:NORTH CAROLINA FFY 10/11	CAT	TOTAL	AGE GROUPS 7	8	9	10	11	12	13
8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	43998	42393	41753	41199	40069	37744	36217
	MN	XXXXXXXX	46	37	57	48	48	50	47
	TOTAL	XXXXXXXX	44044	42430	41810	41247	40117	37794	36264
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	19377	18306	17727	17314	22170	17290	16430
	MN	XXXXXXXX	16	12	13	15	15	11	10
	TOTAL	XXXXXXXX	19393	18318	17740	17329	22185	17301	16440
10. PARTICIPATION RATIO	CN	XXXXXXXX	0.44	0.43	0.42	0.42	0.55	0.45	0.45
	MN	XXXXXXXX	0.34	0.32	0.22	0.31	0.31	0.22	0.21
	TOTAL	XXXXXXXX	0.44	0.43	0.42	0.42	0.55	0.45	0.45
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	XXXXXXXX	58	56	57	53	57	45	37
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	58	56	57	53	57	45	37
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	XXXXXXXX	31410	30229	29645	29017	27558	25534	24067
	MN	XXXXXXXX	28	31	34	30	31	25	22
	TOTAL	XXXXXXXX	31438	30260	29679	29047	27589	25559	24089
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	XXXXXXXX	30159	29083	28399	27806	26289	23948	21814
	MN	XXXXXXXX	26	30	32	27	29	22	19
	TOTAL	XXXXXXXX	30185	29113	28431	27833	26318	23970	21833
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	XXXXXXXX	16040	15874	15109	14047	13296	13245	13855
	MN	XXXXXXXX	16	17	17	16	14	17	14
	TOTAL	XXXXXXXX	16056	15891	15126	14063	13310	13262	13869
12D. TOTAL INDIVIDUALS RECEIVING A SEALANT ON A PERMANENT MOLAR	CN	XXXXXXXX	12171	9752	5848	4397	4987	6074	6029
	MN	XXXXXXXX	5	14	13	12	10	4	3
	TOTAL	XXXXXXXX	12176	9766	5861	4409	4997	6078	6032
12E. TOTAL INDIVIDUALS RECEIVING DENTAL DIAGNOSTIC SERVICES	CN	XXXXXXXX	30542	29370	28852	28321	26830	24643	22869
	MN	XXXXXXXX	25	29	33	28	30	23	21
	TOTAL	XXXXXXXX	30567	29399	28885	28349	26860	24666	22890
12F. TOTAL INDIVIDUALS RECEIVING ORAL HEALTH SRVICES BY A NON-DENTIST	CN	XXXXXXXX	0	0	0	0	0	0	0
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	0	0	0	0	0	0	0
12G. TOTAL INDIVIDUALS RECEIVING ANY DENTAL OR ORAL HEALTH SERVICE	CN	XXXXXXXX	31411	30229	29645	29017	27558	25533	24068
	MN	XXXXXXXX	28	31	34	30	31	25	22
	TOTAL	XXXXXXXX	31439	30260	29679	29047	27589	25558	24090
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	XXXXXXXX	51812	48408	47472	46759	45263	42632	40748
	MN	XXXXXXXX	75	68	96	87	84	94	81
	TOTAL	XXXXXXXX	51887	48476	47568	46846	45347	42726	40829
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	XXXXXXXX	255	145	109	73	71	54	50
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	255	145	109	73	71	54	50

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STATE:NORTH CAROLINA FFY 10/11	CAT	AGE GROUPS							
		TOTAL	14	15	16	17	18	19	20
1. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	1135309	40346	38907	38016	38735	39832	39593	30383
	MN	3504	135	198	186	211	231	351	889
	TOTAL	1138813	40481	39105	38202	38946	40063	39944	31272
1B. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT FOR 90 CONTINUOUS DAYS	CN	1064276	38074	36510	35624	36241	36971	34865	27389
	MN	2437	89	132	128	133	167	223	661
	TOTAL	1066713	38163	36642	35752	36374	37138	35088	28050
1C. TOTAL INDIVIDUALS ELIGIBLE UNDER A CHIP MEDICAID EXPANSION	CN	40295	0	0	0	0	0	0	0
	MN	47	0	0	0	0	0	0	0
	TOTAL	40342	0	0	0	0	0	0	0
2A. STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2B. NUMBER OF YEARS IN AGE GROUP	CN	XXXXXXXX	1	1	1	1	1	1	1
	MN	XXXXXXXX	1	1	1	1	1	1	1
	TOTAL	XXXXXXXX	1	1	1	1	1	1	1
2C. ANNUALIZED STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
3A. TOTAL MONTHS OF ELIGIBILITY	CN	11099079	405008	387867	376618	381215	379832	311357	249834
	MN	17677	654	994	936	917	1164	1442	4709
	TOTAL	11116756	405662	388861	377554	382132	380996	312799	254543
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	0.86	0.88	0.88	0.88	0.87	0.85	0.74	0.76
	MN	0.60	0.61	0.62	0.60	0.57	0.58	0.53	0.59
	TOTAL	0.86	0.88	0.88	0.88	0.87	0.85	0.74	0.75
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	0.88	0.88	0.88	0.87	0.85	0.74	0.76
	MN	XXXXXXXX	0.61	0.62	0.60	0.57	0.58	0.53	0.59
	TOTAL	XXXXXXXX	0.88	0.88	0.88	0.87	0.85	0.74	0.75
5. EXPECTED NUMBER OF SCREENINGS	CN	1099575	33505	32128	31349	31529	31425	25800	20815
	MN	1567	54	81	76	75	96	118	389
	TOTAL	1101142	33559	32209	31425	31604	31521	25918	21204
6. TOTAL SCREENS RECEIVED	CN	918294	15238	13475	11955	10415	8109	3610	1829
	MN	418	6	26	17	15	18	26	38
	TOTAL	918712	15244	13501	11972	10430	8127	3636	1867
7. SCREENING RATIO	CN	0.83	0.45	0.41	0.38	0.33	0.25	0.13	0.08
	MN	0.26	0.11	0.32	0.22	0.20	0.18	0.22	0.09
	TOTAL	0.83	0.45	0.41	0.38	0.33	0.25	0.14	0.08

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STATE:NORTH CAROLINA FFY 10/11	CAT	AGE GROUPS							
		TOTAL	14	15	16	17	18	19	20
8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	950344	33505	32128	31349	31529	31425	25800	20815
	MN	1486	54	81	76	75	96	118	389
	TOTAL	951830	33559	32209	31425	31604	31521	25918	21204
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	551311	14545	12926	11411	9932	7705	3478	1772
	MN	361	6	24	17	14	18	26	38
	TOTAL	551672	14551	12950	11428	9946	7723	3504	1810
10. PARTICIPATION RATIO	CN	0.58	0.43	0.40	0.36	0.31	0.24	0.13	0.08
	MN	0.24	0.11	0.29	0.22	0.18	0.18	0.22	0.09
	TOTAL	0.57	0.43	0.40	0.36	0.31	0.24	0.13	0.08
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	1803	46	29	26	19	7	1	0
	MN	0	0	0	0	0	0	0	0
	TOTAL	1803	46	29	26	19	7	1	0
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	495947	21808	20384	18705	17716	16081	11353	7585
	MN	759	27	48	37	34	50	94	193
	TOTAL	496706	21835	20432	18742	17750	16131	11447	7778
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	457164	19162	17694	15861	14683	12589	8034	4967
	MN	589	22	45	28	22	40	66	114
	TOTAL	457753	19184	17739	15889	14705	12629	8100	5081
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	238865	13289	12856	12173	11855	10970	7878	5525
	MN	497	15	35	23	28	36	74	149
	TOTAL	239362	13304	12891	12196	11883	11006	7952	5674
12D. TOTAL INDIVIDUALS RECEIVING A SEALANT ON A PERMANENT MOLAR	CN	66381	4255	2707	940	0	0	0	0
	MN	86	6	10	5	0	0	0	0
	TOTAL	66467	4261	2717	945	0	0	0	0
12E. TOTAL INDIVIDUALS RECEIVING DENTAL DIAGNOSTIC SERVICES	CN	478267	20335	18855	17244	16399	14880	10372	7002
	MN	708	24	43	34	34	47	89	176
	TOTAL	478975	20359	18898	17278	16433	14927	10461	7178
12F. TOTAL INDIVIDUALS RECEIVING ORAL HEALTH SRVICES BY A NON-DENTIST	CN	86007	0	0	0	0	0	0	0
	MN	18	0	0	0	0	0	0	0
	TOTAL	86025	0	0	0	0	0	0	0
12G. TOTAL INDIVIDUALS RECEIVING ANY DENTAL OR ORAL HEALTH SERVICE	CN	562336	21808	20384	18705	17717	16081	11353	7585
	MN	774	27	48	37	34	50	94	193
	TOTAL	563110	21835	20432	18742	17751	16131	11447	7778
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	1051305	37576	36003	34785	34981	35452	33421	20327
	MN	2361	86	134	130	126	150	209	613
	TOTAL	1053666	37662	36137	34915	35107	35602	33630	20940
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	96708	39	40	34	42	24	21	21
	MN	22	0	0	0	0	0	0	0
	TOTAL	96730	39	40	34	42	24	21	21