

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Human Services		CONTACT PERSON Amanda Fontenot	TELEPHONE NUMBER 601-359-2574	
ADDRESS 200 S. Lamar Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL Amanda.fontenot@mdhs.ms.gov	SUBMIT DATE 01/29/21	Name or number of rule(s): Public Records Policy		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Revised entire Public Records Policy Manual

Specific legal authority authorizing the promulgation of rule: Mississippi Public Records Act §25-61-1 through 25-61-17

List all rules repealed, amended, or suspended by the proposed rule: 1.1-1.11

ORAL PROCEEDING:

- ☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- ☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- ☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
 ____ Renewal of effectiveness
 To be in effect in ____ days
 Effective date:
 ____ Immediately upon filing
 ____ Other (specify): ____

PROPOSED ACTION ON RULES

Action proposed:
 ____ New rule(s)
 ____ Amendment to existing rule(s)
 ____ Repeal of existing rule(s)
 ____ Adoption by reference
 Proposed final effective date:
 ____ 30 days after filing
 ____ Other (specify): ____

FINAL ACTION ON RULES

Date Proposed Rule Filed: 11/12/20

Action taken:

☒ Adopted with no changes in text
 ____ Adopted with changes
 ____ Adopted by reference
 ____ Withdrawn
 ____ Repeal adopted as proposed

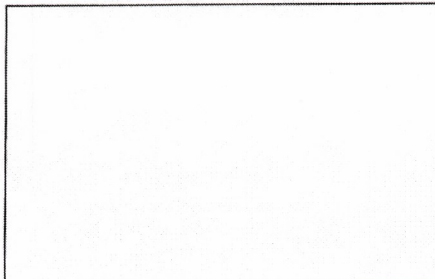
Effective date:

☒ 30 days after filing
 ____ Other (specify): ____

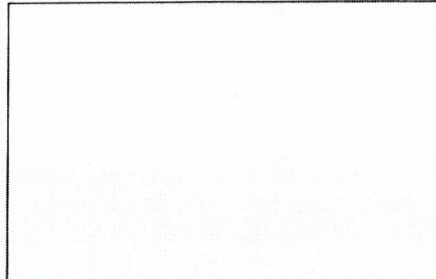
Printed name and Title of person authorized to file rules: Amanda Fontenot

Signature of person authorized to file rules: *Amanda Fontenot*

OFFICIAL FILING STAMP

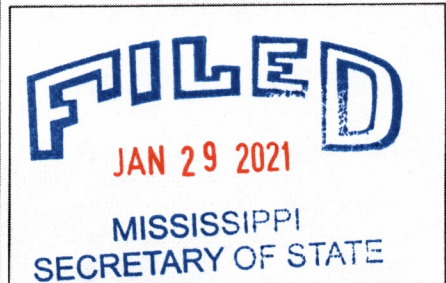


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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.