SOS APA Form 001

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Department of Human Services		John W. Robinson, III	601-359-4216	
ADDRESS		CITY	STATE	ZIP
Post Office Box 220		Jackson	MS	39205
EMAIL	SUBMIT DATE	Name or number of rule(s):		
John.Robinson@ago.ms.gov	08/26/21	Child Care Payment Program Policy Manual		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Policies in this document provide a clear description of policies for implementation of the Mississippi Child Care Payment Program.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §43-19-31

List all rules repealed, amended, or suspended by the proposed rule: Child Care Payment Program Policy Manual

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 09/21/21 Time: 11:00
Place: https://mdhs.zoom.us/j/99852553120
☐ 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	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** _____
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	__X__ Amendment to existing rule(s)	_____ Adopted with no changes in text _____ _____
Effective date:	_____ Repeal of existing rule(s)	Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	X Other (specify): 11/01/2021	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: John W. Robinson, III, Lead Special Assistant Attorney General

Signature of person authorized to file rules: DocuSigned by: John W. Robinson III 9D868BFF348F486...

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED AUG 26 2021 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 25851 PDM	**Accepted for filing by**

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