

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Jim Craig, Senior Deputy, Director of Health Protection	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL <u>Cassandra.Walter@msdh.ms.gov</u>	SUBMIT DATE <u>11-10-21</u>	Name or number of rule(s): Regulations Governing Licensure of Child Care Facilities		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: 1. The amendments bring the Child Care Regulations into compliance with Federal requirements regarding criminal history records checks for all employees of a child care facility. 2. Requires child care providers to enter the daily rate for services into the child care database. 3. Requires child care providers to enter demographic data regarding employees into the child care database. 4. Requires the child care provider to maintain immunization compliance documentation on volunteers working in the child care facility for less than 120 hours a year.

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.5.2 Criminal Record (Fingerprinting), Child Abuse Central Registry Checks, and Sex Offender Records Checks. 2. Rule 1.6.3 Facility Records. 3. Rule 1.6.4 Personnel Records. 4. Rule 1.6.6 Volunteer Records (Less than 120 hours per year).

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 12.13.21 Time: 10:00 a.m. Place: ZOOM teleconference. See Link below.

<https://us04web.zoom.us/j/73452060759?pwd=M3pIb3FtUWRjaHlxUGtpVGZxNVBsdz09>

☐ 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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	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): _____	Date Proposed Rule Filed: _____ 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: Jim Craig, Senior Deputy, Director of Health Protection

Signature of person authorized to file rules: Jim Craig

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by _____	 Accepted for filing by <u>25950 Pom</u>	Accepted for filing by _____

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