

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Department of Education		CONTACT PERSON Kym Wiggins	TELEPHONE NUMBER 601-359-1379	
ADDRESS 359 N. West Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL kwiggins@mdek12.org	SUBMIT DATE 07/06/2022	Name or number of rule(s): Communicable Diseases – Part 3 Chapter 21 and Rule 21.1 Mississippi Adequate Education Capital Improvement – Part 3 Chapter 50 and Rule 50.1 Selection (MAEP – 4903) – Part 3 Chapter 76, Rule 76.7		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: **Chapter 21 and Rule 21.1 is recommended for repeal because MDE does not develop guidelines or promulgate rules but defers to guidelines set forth by CDC and MDH. Chapter 50, Rule 50.1 and Rule 76.7 are recommended for repeal because the source statutes no longer exist.**

Specific legal authority authorizing the promulgation of rule: **Chapter 21 and Rule 21.1 - § 37-1-3 (Revised 1/2006); Chapter 50, Rule 50.1 - §37-151-7(5); Rule 76.7 - § 37-1-3 (Adopted 12/1992)**

List all rules repealed, amended, or suspended by the proposed rule: **Repeal of Communicable Diseases – Part 3 Chapter 21 and Rule 21.1; Mississippi Adequate Education Capital Improvement – Part 3 Chapter 50 and Rule 50.1; Selection (MAEP – 4903) – Part 3 Chapter 76, Rule 76.7**

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

X Presently, an oral proceeding is not scheduled on this rule.

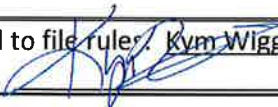
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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:

X 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: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn X Repeal adopted as proposed Effective date: X 30 days after filing _____ Other (specify): _____
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Printed name and Title of person authorized to file rules: Kym Wiggins, Compliance Director

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP  Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by _____	OFFICIAL FILING STAMP  Accepted for filing by <u>26471 Pom</u>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.