

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health	CONTACT PERSON Christina "Kris" Adcock	TELEPHONE NUMBER 601-576-7847	
ADDRESS P O Box 1700	CITY Jackson	STATE MS	ZIP 39215 -1700
EMAIL christina.adcock@msdh.ms.gov	SUBMIT DATE 10/14/24	Name or number of rule(s): Title 15, Part 11, Subpart 55, Chapter 3 – Regulations Governing Licensure of Child Care Family Homes for 5 or Fewer Children	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This new regulation set was developed per federal law for any child care family home program receiving subsidy from the Mississippi Department of Human Services.

Specific legal authority authorizing the promulgation of rule: §658E(c)(2)(F) of the CCDBG Act and 45 C.F.R. §98.40.

List all rules repealed, amended, or suspended by the proposed rule: None

ORAL PROCEEDING:

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: 9/9/24 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: Kris Adcock, Senior Deputy

Signature of person authorized to file rules: Kris Adcock

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	FILED OCT 15 2024 MISSISSIPPI SECRETARY OF STATE Accepted for filing by <u>27727 BLS</u>

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