SOS APA Form 001

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS State Department of Health	Christina "Kris" Adcock	601-576-7847	
ADDRESS	**CITY**	**STATE**	**ZIP**
P.O. Box 1700	Jackson	MS	39215 -1700
EMAIL	**SUBMIT DATE**	Name or number of rule(s):	
Christina.Adcock@msdh.ms.gov	2/27/2025	Title 15, Part 24, Subpart 1, Chapter 1 – Regulations Governing Licensure of Child Care Facilities	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Promulgation of New Rules to adhere to federal requirements.

Specific legal authority authorizing the promulgation of rule: (Section 43-20-1 et seq. of the Mississippi Code of 1972)

List all rules repealed, amended, or suspended by the proposed rule: Title 15, Part 11, Subpart 55 Chapter 1 – Regulations Governing Licensure of Child Care Facilities

ORAL PROCEEDING:

Time: Mar 27, 2025 10:30 AM Central Time (US and Canada)
Join from PC, Mac, Linux, iOS or Android: https://us06web.zoom.us/j/87316395373

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	__X__ New rule(s)	**Action taken:**
To be in effect in _____ days	_____ 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
	__x__ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Christina Adcock, Senior Deputy
Signature of person authorized to file rules: Kris Adcock

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED FEB 27 2025 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 27890 BY	**Accepted for filing by**

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