

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 2/27/2025	Name or number of rule(s): 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List all rules repealed, amended, or suspended by the proposed rule: Title 15, Part 11, Subpart 55 Chapter 1 -- Regulations Governing Licensure of Child Care Facilities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.

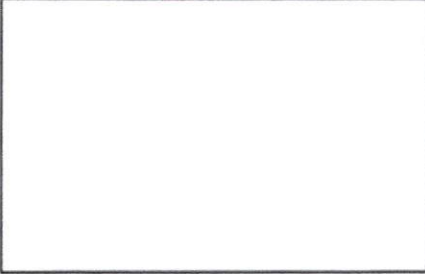
ECONOMIC IMPACT STATEMENT:

☒ 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 ____ Renewal of effectiveness To be in effect in ____ days Effective date: ____ Immediately upon filing ____ Other (specify): ____	Action proposed: ____ X ____ New rule(s) ____ Amendment to existing rule(s) ____ Repeal of existing rule(s) ____ Adoption by reference Proposed final effective date: ____ X ____ 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: Christina 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 <i>27890 Wey</i>	Accepted for filing by

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