SOS APA Form 001

### Mississippi Secretary of State

125 S. Congress Street, Jackson, MS 39201

### ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health ADDRESS P O Box 1700		CONTACT PERSON Kris Adcock		TELEPHONE NUMBER 601-576-7847	
		CITY Jackson	STATE MS		
EMAIL christina.adcock@msdh.ms.gov	SUBMIT DATE 9/6/24		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List all rules repealed, amended, or suspended by the proposed rule: None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:

## Time: Sep 30, 2024 10:30 AM Central Time (US and Canada) Join from PC, Mac, Linux, iOS or Android: https://us06web.zoom.us/j/86290921934

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.
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### **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: <u>x</u> Newrule(s) Amend ment to existing rule(s) Repeal of existing rule(s) Adoption by reference Proposed final effective date: <u>x</u> 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 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:

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	SECRETARY OF STATE Accepted for filing by 17(475 M ()	Accepted for filing by

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