SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Department of Human Services		Don Thompson	601-359-4457	
ADDRESS 750 N. State Street		CITY Jackson	STATE MS	ZIP 39202
EMAIL Don.Thompson@mdhs.ms.gov	SUBMIT DATE 7/8/2010	Name or number of rule(s) Personnel Policies & Practices		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The agency shall have a personnel file for each employee which shall include the listed information was added to included the finger printing process. The changes are due to the Residential and child Placing Licensing Standards being updated.

Specific legal authority authorizing the promulgation of rule: Mississippi Code 43-15-6

List all rules repealed, amended, or suspended by the proposed rule: Policies and Practices

ORAL PROCEEDING:

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

☒ 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:

☒ 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) __x__ 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: Denetra Taylor, DDH Congregate Care
Signature of person authorized to file rules: Denetra Taylor

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED JUL 08 2010 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 17116 CB	**Accepted for filing by**