

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi Department of Human Services		CONTACT PERSON Don Thompson	TELEPHONE NUMBER 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): Visiting home policies and records		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Prior to visit, child's worker must given written approval for all visits. The changes are due to the Residential and child Placing Licensing Standards being updated.

Specific legal authority authorizing the promulgation of rule: Mississippi Code: 43-1-2

List all rules repealed, amended, or suspended by the proposed rule: Visiting home policies and records

**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): ____	<b>Action proposed:</b> ____ New rule(s) <u>X</u> Amendment to existing rule(s) ____ Repeal of existing rule(s) ____ Adoption by reference <b>Proposed final effective date:</b> X 30 days after filing ____ Other (specify): ____	<b>Date Proposed Rule Filed:</b> ____ <b>Action taken:</b> ____ Adopted with no changes in text ____ Adopted with changes ____ Adopted by reference ____ Withdrawn ____ Repeal adopted as proposed <b>Effective date:</b> ____ 30 days after filing ____ Other (specify): ____

Printed name and Title of person authorized to file rules: Degetra Taylor, DHA Congregate Care  
 Signature of person authorized to file rules: *[Handwritten Signature]*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	 Accepted for filing by <u>17130 CB</u>	Accepted for filing by