

**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 3920 2
EMAIL Don.Thompson@mdhs.ms.gov	SUBMIT DATE 8/2/2010	Name or number of rule(s): Child Abuse & Neglect			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Added 1-800-222-8000 and changed the website (msabusehotline.mdhs.ms.gov). The changes are due to the Residential and child Placing Licensing Standards being updated.

Specific legal authority authorizing the promulgation of rule: Mississippi Code: 43-21-353

List all rules repealed, amended, or suspended by the proposed rule: Child Abuse and Neglect

**ORAL PROCEEDING:**

An oral proceeding is scheduled for this rule on Date: September 10, 2010 Time: 10:00 a.m. Place: MDHS, 2<sup>nd</sup> floor training room

Presently, an oral proceeding is not scheduled on this rule.

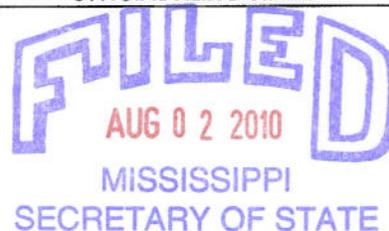
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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.

<p align="center"><b>TEMPORARY RULES</b></p> <p>___ Original filing ___ Renewal of effectiveness To be in effect in ___ days Effective date: ___ Immediately upon filing ___ Other (specify): ___</p>	<p align="center"><b>PROPOSED ACTION ON RULES</b></p> <p><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> <u>X</u> 30 days after filing ___ Other (specify): ___</p>	<p align="center"><b>FINAL ACTION ON RULES</b></p> <p><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): ___</p>
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Printed name and Title of person authorized to file rules: Jessica Taylor, DDF Comprehensive Care  
Signature of person authorized to file rules: *Jessica Taylor*

<p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>	<p><b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> <p>Accepted for filing by <i>AT</i></p>	<p><b>OFFICIAL FILING STAMP</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Accepted for filing by</p>
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