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	CITY	STATE	ZIP
750 N. State Street	Jackson	MS	39202

EMAIL	SUBMIT DATE	Name or number of rule(s):
Don.Thompson@mdhs.ms.gov	8/2/2010	Staffing Requirements for Residential Child Caring Facilities

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Staff/child ratios of 1/5were added for when children are awake and 1/10 for when they are asleep. 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List all rules repealed, amended, or suspended by the proposed rule: Staffing Requirements for Residential Child Caring Facilities

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: September 10, 2010 Time: 10:00 a.m. Place: MDHS, 2nd 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.

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: Demetra Taylor DDH Congregate Care
Signature of person authorized to file rules: Demetra Taylor

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED AUG 0 2 2010 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by**