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	
Office of Healthy Schools	Shane McNeill	601-359-1737	
ADDRESS	**CITY**	**STATE**	**ZIP**
359 North West Street	Jackson,	MS	39205

EMAIL	SUBMIT DATE	
psmcneill@mde.k12.ms.us	8/31/10	Name or number of rule(s): Approval to revise State Board Policy 4011 – Nutrition Regulations for the Child Nutrition School Breakfast and Lunch Programs

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:
The requested recommendations clarify the following processes for provisions to schools:

- three servings of whole grains shall be served each week at lunch
- financial incentives to schools recognized by the United States Department of Agriculture (USDA) through the HealthierUS School Challenge Program.

Specific legal authority authorizing the promulgation of rule: MS Code 37-13-134.
List all rules repealed, amended, or suspended by the proposed rule: State Board Policy 4011

ORAL PROCEEDING:

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

X☐ 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:

X☐ 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	**Action proposed:**	**Date Proposed Rule Filed:** _____
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	__X__ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
__Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	__X__ 30 days after filing – 11/21/10	_____ Repeal adopted as proposed
	_____ Other (specify):	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Shane McNeill – Bureau Manager – Office of Healthy Schools
Signature of person authorized to file rules: Shane McNeill 8/31/10

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED SEP 01 2010 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 17275 CB	**Accepted for filing by**