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 Office for Children and Youth		Jill Dent	601-359-4555	
ADDRESS		CITY	STATE	ZIP
750 North State Street, Suite 507		Jackson	MS	39202
EMAIL	SUBMIT DATE	Name or number of rule(s):		
jill.dent@mdhs.ms.gov	9/29/10	Child Care Policy Manual		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The purpose of the proposed rule is to revise the Child Care Policy Manual that set policies for the Child Care Certificate Program.

Specific legal authority authorizing the promulgation of rule: _____

List all rules repealed, amended, or suspended by the proposed rule: _____

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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	**Action proposed:** _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** _____ 30 days after filing _____ Other (specify): _____	**Date Proposed Rule Filed: 8/30/2010** **Action taken:** X Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** X_____ 30 days after filing _____ Other (specify):

Printed name and Title of person authorized to file rules: Jill Dent, Director, Office for Children and Youth
Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED SEP 29 2010 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by CB 17319

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.