

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Office of Healthy Schools		CONTACT PERSON Shane McNeill	TELEPHONE NUMBER 601-359-1737	
ADDRESS 359 North West Street		CITY Jackson,	STATE MS	ZIP 39205
EMAIL psmcneill@mde.k12.ms.us	SUBMIT DATE 10/25/10	Name or number of rule(s): <u>Approval to revise State Board Policy 4011 – Nutrition Regulations for the Child Nutrition School Breakfast and Lunch Programs</u>		

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List all rules repealed, amended, or suspended by the proposed rule: State Board Policy 4011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: \_\_\_\_\_

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) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed: 9/1/10</b> <b>Action taken:</b> <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> <input checked="" type="checkbox"/> 30 days after filing – 11/25/10 _____ 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

<b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by</p>	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by</p>	<b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Accepted for filing by</p>
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