

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

|  |                         |  |                                  |              |
|--|-------------------------|--|----------------------------------|--------------|
| AGENCY NAME<br>Mississippi Department of Human Services<br>Division Early Childhood Care and Development |                         | CONTACT PERSON<br>Jill Dent  | TELEPHONE NUMBER<br>601-359-4555 |              |
| ADDRESS<br>750 North State Street, Suite 507   |                         | CITY<br>Jackson  | STATE<br>MS                      | ZIP<br>39202 |
| EMAIL<br>jill.dent@mdhs.ms.gov   | SUBMIT DATE<br>2/1/2011 | Name or number of rule(s):<br>Child Care Policy Manual- Priority Populations |                                  |              |

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 Priority Populations 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List all rules repealed, amended, or suspended by the proposed rule: \_\_\_\_\_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: \_\_\_\_\_

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.

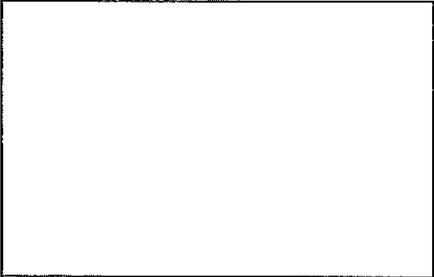
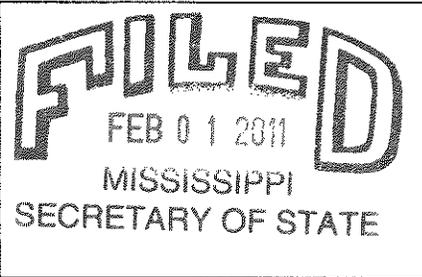
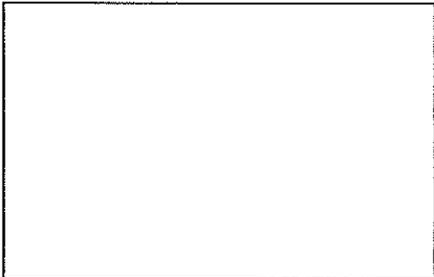
**ECONOMIC IMPACT STATEMENT:**

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<br>_____ Renewal of effectiveness<br>To be in effect in _____ days<br>Effective date:<br>_____ Immediately upon filing<br>_____ Other (specify): _____ | Action proposed:<br>_____ New rule(s)<br><input checked="" type="checkbox"/> Amendment to existing rule(s)<br>_____ Repeal of existing rule(s)<br>_____ Adoption by reference<br>Proposed final effective date:<br><input checked="" type="checkbox"/> 30 days after filing<br>_____ Other (specify): _____ | Date Proposed Rule Filed:<br>Action taken:<br><input type="checkbox"/> Adopted with no changes in text<br><input type="checkbox"/> Adopted with changes<br><input type="checkbox"/> Adopted by reference<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Repeal adopted as proposed<br>Effective date:<br><input type="checkbox"/> 30 days after filing<br><input type="checkbox"/> Other (specify): _____ |

Printed name and Title of person authorized to file rules: Jill Dent, Director, Division of Early Childhood Care and Development

Signature of person authorized to file rules: */s/ Jill Dent*

|   |  |   |
|---|--|---|
| OFFICIAL FILING STAMP   | DO NOT WRITE BELOW THIS LINE<br>OFFICIAL FILING STAMP                                | OFFICIAL FILING STAMP   |
|  |  |  |
| Accepted for filing by  | Accepted for filing by   | Accepted for filing by  |

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