

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Mitchell Adcock	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215
EMAIL bob.fagan@msdh.ms.gov	SUBMIT DATE 10/10/14	Name or number of rule(s): Regulations Governing Licensure of Child Care Facilities and the Regulations Governing Licensure of Child Care Facilities for 12 or Fewer Children in the Operator's Home		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amendments to the Regulations Governing Licensure of Child Care Facilities and the Regulations Governing Licensure of Child Care Facilities for 12 or Fewer Children in the Operator's Home to improve the health, safety, and well-being of children cared for in licensed child care facilities and technical amendments.

Specific legal authority authorizing the promulgation of rule: §43-20-8

List all rules repealed, amended, or suspended by the proposed rule: SEE ATTACHED

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.

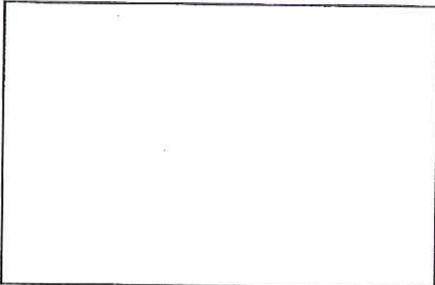
ECONOMIC IMPACT STATEMENT:

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
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: 30 days after filing Other (specify): _____	Date Proposed Rule Filed: <u>8/25/14</u> Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>Immediately</u>

Printed name and Title of person authorized to file rules: Mitchell Adcock, Director of Health Administration

Signature of person authorized to file rules: *Mitchell Adcock*

OFFICIAL FILING STAMP  Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by	OFFICIAL FILING STAMP  Accepted for filing by <u>#20818</u> <i>[Signature]</i>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.