SOS APA Form 001

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS State Department of Health	Mitchell Adcock	601-576-7847	
ADDRESS PO Box 1700	CITY Jackson	STATE MS	ZIP 39211-1700
EMAIL cassandra.walter@msdh.ms.gov	SUBMIT DATE 1/26/2016	Name or number of rule(s): MINIMUM STANDARDS OF OPERATION OF PRESCRIBED PEDIATRIC EXTENDED CARE (PPEC) CENTERS	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Modifies current Minimum Standards of Operation of Prescribed Pediatric Extended Care Centers (PPECS) to add the definition of Administrator to the list of definitions; adds language to explain how licensed capacity is calculated; deletes the word "manager" or "supervisor" to several rule numbers to clarify the significance of the Administrator; changes the minimum age requirement of the Administrator from age 18 to 21 years of age; clarifies that the Licensee has responsibility for ensuring that the center is administered on a sound financial basis consistent with good business practices; adds minimum qualifications for the Administrator; adds a heading title for Administrator responsibilities; clarifies the responsibility of the Administrator in the development and implementation of policies and procedures for infection control and quality assurance; corrects the number of staffing required for 2-6 children; adds requirement for the maximum amount of time a child can be in transport on the bus when transported by the center, on any single trip; clarifies the dispensing availability /choices for specific fluids/medications; adds specific requirement for the amount per square foot/child for both the indoor and outdoor play area; and renumbers sections as applicable due to the aforementioned amendments.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §41-125-1 through §41-125-23
List all rules repealed, amended, or suspended by the proposed rule: Rule(s): 2.2.1; 2.3.8; 2.3.9 (14)(15); 2.3.17 (1); 2.3.19; 2.3.19(1); 2.3.20, (1) (2); 2.5.1; 2.5.3; 2.5.4; 2.5.5; 2.5.6; 2.5.6(3); 2.5.6(13); 2.5.7-2.5.13; 2.10.1; 2.14.1; 2.19.7 (1) (2) (4)(5) (7) (8); and 2.20.2(4)

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): _____	**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: 11/13/2015** **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: Ingrid Dave Williams, General Counsel
Signature of person authorized to file rules: Ingrid Dave Williams

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	FILED JAN 26 2016 MISSISSIPPI SECRETARY OF STATE Accepted for filing by #21744

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