

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 Mississippi State Department of Health		CONTACT PERSON Jim Craig	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215
EMAIL inrcfd.williams@msdh.ms.gov	SUBMIT DATE 8/8/19	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: This is an amendment 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 increase licensing fees.

Specific legal authority authorizing the promulgation of rule: §43-20-8 & HOUSE BILL NO. 289, Section 1.

List all rules repealed, amended, or suspended by the proposed rule: SEE ATTACHED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: 09/09/2019 at 9:15 a.m., in the MSDH Osborne Auditorium, 570 E Woodrow Wilson Blvd., Jackson, MS 39216


Presently, an oral proceeding is not scheduled on this rule.


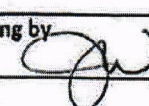
ECONOMIC IMPACT STATEMENT:

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 checked="" 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: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>01-01-2020</u>	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy, Director of Health Protection

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <u>#24320</u> 	Accepted for filing by