Mississippi Secretary of State

125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING	ADMIN	JISTRAT	IVE PROCE	DURES N	OTICE FILING
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AGENCY NAME MS State Department of Health		CONTACT PERSON Christina "Kris" Adcock	TELEPHONE NUMBER 601-576-7847		
ADDRESS P.O. Box 1700		CITY Jackson	STATE ZIP MS 39215 -1700		
EMAIL Christina.adock@msdh.ms.gov	SUBMIT DATE 11/14/24	Name or number of rule(s): Title 15, Part 11, Subpart 55, Chapter 1 – Regulations Governing Licensure of Child Care Facilities			

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

The changes in these regulations are to meet the federal guideline required by the Office of Child Care.

Specific legal authority authorizing the promulgation of rule: §658E(c)(2)(F) of the CCDBG Act and 45 C.F.R. §98.40.

List all rules repealed, amended, or suspended by the proposed rule: Subchapter 1, Subchapter 2, Subchapter 3, Subchapter 4,

Subchapter 5, Subchapter 6, Subchapter 7, Subchapter 8, Subchapter 9, Subchapter 10, Subchapter 11, Subchapter 12, Subchapter 14 **ORAL PROCEEDING:** Time: Dec 9, 2024 9:00 AM to 10:30 AM Central Time (US and Canada) Join from PC, Mac, Linux, iOS or Android: https://us06web.zoom.us/j/81720811222 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:** Concise summary of economic impact statement attached. Economic impact statement not required for this rule. **TEMPORARY RULES** PROPOSED ACTION ON RULES **FINAL ACTION ON RULES** Date Proposed Rule Filed: __ Original filing Action proposed: Action taken: Adopted with no changes in text __ Renewal of effectiveness _ New rule(s) To be in effect in ____ days Adopted with changes Amendment to existing rule(s) Effective date: Repeal of existing rule(s) Adopted by reference Adoption by reference Withdrawn _ Immediately upon filing Proposed final effective date: Repeal adopted as proposed Other (specify): __ Effective date: x 30 days after filing Other (specify): _ 30 days after filing Other (specify): Printed name and Title of person authorized to file rules: Christing "Kris" Adcock, Senior Deputy Signature of person authorized to file rules: DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP OFFICIAL FILING STAMP OFFICIAL FILING STAMP NOV 15 2024 **MISSISSIPPI**

SECRETARY OF STATE

Accepted for filing by 2744 1964

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

Accepted for filing by