



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
 Nellie M. Gorbea, *Secretary of State*

**Rules and Regulations Filing Form**

**1. Agency Name and Address**

Health, Department of

Cannon Building

**2. Title of Rule**

Rules and Regulations for School Health Programs

**3. Statutory Source of Authority**

Chapter 16-21 of the Rhode Island General Laws, as amended

**4. Concise Explanatory Statement - §42-35-2.3**

For the purpose of adopting prevailing standards for school health programs in Rhode Island

**5. Type of Filing**

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p><input type="checkbox"/> Repeal of ERLID:</p> <p>Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):</p>	<p>A2. Emergency 90-day renewal - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p>Indicate ERLID of 120-day initial:</p>

Final Rules			
<p><input checked="" type="checkbox"/> B1. Amendment</p> <p>Supersedes ERLID: 4339</p>	<p><input type="checkbox"/> B2. Adoption</p> <p>Repeals ERLID:</p>	<p><input type="checkbox"/> B3. Repeal</p> <p>Expires ERLID: 0</p>	<p><input type="checkbox"/> C. Technical Revision</p>
<p>If B1 or C, please indicate new, amended, deleted, or revised sections:                  Sections 1.11; 1.12; 1.17; 1.35; 3.4; 3.5; 3.6; 5.1.7; 5.1.12; 5.1.15.2; 6.0; 7.1.1; 7.3.4; 7.3.5; 9.9; 15.3; 18.2; 18.11; 18.12; 18.13; 19.3; 19.4; 19.5; 23.1.2; 24.1.4; 30.7; 38.1; 39.1; updated ref</p>			

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-3(a)(1):10/24/2008  
 Date of Public Hearing - §42-35-3(a)(2):12/04/2008  
 End of Comment Period:12/18/2008

**7. Agency Additional Information - Web Page**

http://

**8. Certification**

*I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,*

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Notary Public

Subscribed and sworn before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_