MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District_____ Date 2-27-24

Name Illumin 8 School age Program License No. 7733

Address 503 State Hwy 30 New Albany MS 38652
Center/Organization/Individual

Purpose TA Director Holly Whitlite

Mileage Start_____ Mileage End_____

County Union Telephone No. 662-534-0577

Time In 10:30 Time Out_____ Total Time_____

Findings/Comments License offical and ~~DDI~~ Supervisor here to provide TA on Changing facility from Afterschool only to 25 years of age.

The facility had questions on building a 2nd Building and changing to a facility that can serve 2-5 years old.

The facility capacity would change to 35 square feet in all areas and all regular regualtions would ~~apply~~ apply.

Provider has consulted with the c.o ~~how~~ how to proceed. If the facility decides to Change they will Notify License offical before construction.

Facilty ask about changing name.

Center Director/Designee/Individual

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator