South Carolina Department of Social Services Office of Child Care Licensing INSPECTION VISIT FORM FOR LICENSED GENTERS Date of Inspection: 2727

Permit #: 25259 Type of Inspection: a Annual of Complaint ***Follow up of definal inspection data: 1 1 1 3 3 Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report Reason for Follow up: a clear up pending deficiency of Self-Report New Control (Phone Email Factor) Poper Indian Control (Phone Email Factor) Building 1:	Facility Name: Blue Bird Academy Permit #: 25259 Type of Inspection: Ann	1	•	Date o	f Inspection: 2 2 2 3 Time of Inspection: 10	2	an	1
Address: 4399 Wade Hampton Boulevard, TXYLORS, SC 28887	Type of inspection: Ann	iuai	□ C0	mplain			.)	
Tolephone #: 694-263-3299 Any changes in contact info (Phone/Email/Fax)? □ Yes € No Overnight Care? □	Address: 1800 Wada Hamataa Paulawad Tavi ODA OO ooo	~ =				.y □ S	self-R	epor
Context Director/Designes: Dalma DeLean Change in Ownership or Director of 2 not with 15 yes. Name: Maximum number of children: 140 Building 1: Building 2: Building 3: B				((5)				
Change in Ownership or Director? at Yes et No If yes, Name: Maximum number of children: 40 Maximum number of children: 41 M		conta	act in	to (Pho	one/Email/Fax)? □ Yes & No Overnight Care? □	Yes	шÑ	0
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Maximum number of infants: 40 □ 24 months of 30 months □ 14 facility Infants are in designated rooms of ser in on NA MANAGEMENT, ADMINISTRATION & STAFFING 114-503 SUPERVISION 174-504 MANAGEMENT, ADMINISTRATION & STAFFING 114-503 Supervision throughout facility 4(1-2) Training hours up-to-date K(5)(b-c) At least 1 person with OPR & 1° Add on the premises K(5)(b) □ □ Facility following tracking of children procedures A(3) □ □ Facility following tracking of children procedures A(3) □ □ Facility following tracking of children procedures A(3) □ □ Facility following tracking of children procedures A(3) □ □ Facility following tracking of children procedures A(3) □ □ Facility following tracking of children procedures A(3) □ □ Proper diaper changing practices were observed F(1-16) □ □ Proper diaper changing practices were observed F(1-16) □ □ Proper handwashing practices wer	Maximum number of children: 140 Ruilding 1:			Dui	Hina O. B. H. I. C.			
Ritems posted in public view. Elicense Menu er Ratio Chart (All classrooms) Does facility transport children? C Yes er No n NA MANAGEMENT, ADMINISTRATION & STAFFING (14-503) Slaff files are in compliance H(1-7) C N NA Adequate supervision throughout facility A(1-2) Facility following tracking of children procedures A(3) Adequate supervision throughout facility A(1-2) Facility following tracking of children procedures A(3) Adequate supervision throughout facility A(1-2) Facility following tracking of children procedures A(3) Adequate supervision throughout facility A(1-2) Facility following tracking of children procedures A(3) Facility following tracking of children procedures A(3) Adequate supervision throughout facility A(1-2) Facility following tracking of children procedures A(3) Facility following tracking of children procedures A(3) Facility following tracking of children procedures A(3) C N NA Proper diagen changing practices were observed G(1-4) First Aid kit in facility and in vehicle if transport E(1), I(1)(g) BUILDING Venaliation and lighting & sufficient A(2)(a-d), (4)(a-c) Venaliation and lighting & sufficient A(2)(a-d), (4)(a-c) C N NA Playground equip. safe & firmly anchored B(7) No strangulation/choking/suffociation hazards A(5)(g)(First A)(first A) Real public fly to be properly in plastic life flat zone B(9) RESTINO RESTINO C N NA Play Proper hazards and little B(2) Play Pens observed C(4) Play Pens o	Maximum number of infants: 40	-60					EΡ	
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