South Carolina Department of Social Services Office of Child Care Licensing INSPECTION VISIT FORM FOR LICENSED GROUP CHILD CARE HOMES

Operator Name: Dawana Brown Permit #: 17453 uppe of Inspection	, 1111					
Address: 414 Lakeshore Drive, WALTERBORO, SC 29488 Telephone #: 843-538-5604 Change in location? Yes No If yes, Address:	tact info (I	Phone/E	Hours of Operation: Single Shift Email/Fax)? □ Yes □ No Overnight Care?		·	/
Maximum number of children: 12 Number of infants: 12 Additional staff is required when attendance reaches 9 children items posted in public view: License Menu	or when	4 or mo	ore children are younger than 2 yrs. old cility transport children? 114-515.!			
MANAGEMENT, ADMINISTRATION & STAFFING 114-513	C, N	N/A	SUPERVISION 114-514		N	NI/A
Staff files are in compliance H(1-7)		-25	Adaquata cuponiician throughout facility A/1)	_		N/A
Training hours up-to-date K(5)			Adequate supervision throughout facility A(1) Adequate number staff in home or outside during play A(2)	Ø		0
At least 1 person with CPR & 1st Aid on the premises K(5)(g)			Adequate number stair in nome or outside during play A(2)	€1	Ш	
HEALTH, SANITATION & SAFETY 114-515						
			\$ SAFETT 114-010	<u> </u>	l M	AI/A
	CN	1		C	N	N/A
Children's faces/hands are clean B(1)	7/0		Proper diaper changing practices were observed F(1-7)			
Medicine & harmful items are labeled and stored properly D(2)	Z 0	-	Proper handwashing practices were observed G(4)	V		
First Aid kit in facility and in vehicle if transport E(1)			Smoking permitted only in designated area A(2)	4		
	SICAL S	_	The state of the s		Ä,	
BUILDING	C/N		OUTDOOR PLAY AREA	C	N	N/A
Ventilation and lighting sufficient A(2), A(4)	d -	+	Fencing/safety barriers 4ft. in height, in good repair B(3)			
Ceiling, floors, windows, doors free from hazards A(5)(d)	A o	□	Outdoor space free from hazards and litter B(2)	4		
No strangulation/choking/suffocation hazards A(5)(h)(i-iii)	2 / 0	+	Stationary equipment safe & firmly anchored C(7)	4		
Building(s) temp between 68-80°F A(7)	d o	+	Adequate cushioning material; at least 6ft fall zone C(9)	Ø		
Facility free from pest problems (Insects, rodents) A(8)(b-c)	A C	+-	RESTING	C	N	N/A
Trash kept properly in plastic lined receptacles A(8) (d-i)	M -		Cribs meet federal standards (reviewed certificate) D(1)	Ø	, 🗆	
Electrical outlets are securely covered A(11)(c)	4 0	<u> </u>	Cots, mats, cribs labeled or charted for each child D(2)	100	0	
Sink area has hot & cold water A(12)(d)	2/ 0		Pack & plays not used for sleeping D(1-2)			0
Soap and disposable towels available at sink A(12)(g)	8 0		PROGRAM 114-516	С	N	N/A
Furniture, toys & equipment are clean and in good repair C(1)		0	Written, planned, daily program of activities that is	1		
Furniture, toys & equipment meets the CPSC standards C(2)	a -		developmentally & age appropriate observed A(1-3)			Ц
Healthy pets/animals (Vaccination record up-to-date) E(4)			Positive, non-abusive discipline practice B(1)			
MEAL REQUIREMENTS 114-518						
	C N	N/A		C	N	N/A
Meals & snacks in compliance with USDA A(1)(b)	2 0		Round, firm foods are not offered to children under 4	₽/		
Clean, wholesome, unspoiled, properly labeled food A(4)	0 0		yrs. Old, unless properly cut to prevent choking risk A(3)	1	괻	
Food preparers & staff outer clothing must be clean B(5)	0 0		Refrigerators have thermometers, temp under 45°F D(3)	18		
Food stored & handled properly D(1)	D / □		All cleaning & poisonous items stored away from food E	4		
INFAN	NT CARE	114-519				
				C	N	N/A
Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(3)(d)						
Cups and bottles labeled with child's name & used only by that child A(3)(a)						
No bottles propped or given in cribs or on mats A(3)(c)						
Food for infants cut in pieces ¼ inch or less A(3)(j)					, 🗆	□
Food for toddlers cut in pieces ½ inch or less A(3)(k)					<u> </u>	
Infants are placed on their backs to sleep, unless Doctor's note is	s provided	i. A(5)(a	, ,			
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit 🗹						
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Signature of Director/Operator/Designee:

Signature of Child Care Licensing Specialist: