South Carolina Department of Social Services Office of Child Care Licensing INSPECTION VISIT FORM FOR LICENSED CENTERS

Reason for Follow up: clear up pending deficiency Self-Repor Address: 231 Parkersville Road, PAWLEYS ISLAND, SC 29585 Telephone #: 843-237-4765 Zenter Director/Designee: Tera Marshall Any changes in contact info (Phone/Email/Fax)? cr yes and Overright Care? pres and Assaum number of children: 101 Maximum number of children: 101 Building 1:	Facility Name: Pawleys Island Civic Club CDC Permit #: 23805 Type of Inspection:	ual d	l ⊐ Coi	Date of	Inspection: 3 (25) Time of Inspection: 25	OA	M	
Address: 291 Parkersylle Road, PAMLEYS (SLAND, SC 29885 Lenter Director/Designes: Tera Marshall Any changes in contact info (Phono/Email/Fax)? or yesMo) / 🗆 Si	elf-Re	port
Any changes in contact info (Phone/Emal/Fax)? Yes Phone/Emal/Fax)? Yes Phone/Emal/Fax)	Address: 291 Parkersville Road, PAWLEYS ISLAND, SC 2958	5			Hours of Operation: 1AM - 4 BOX	200		.,
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Washmun number of children: 101 Building 1:	Change in Ownership or Director? Yes No If yes, Name:							
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INFANT CARE 114-509 C N N/A Infants are placed on their back to sleep A(5)(a) No bottles propped or given in cribs or on mats A(3)(c) Food for toddlers cut in pieces ½ inch or less A(3)(k) Food for infants cut in pieces ½ inch or less A(3)(j) Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) C N N/A Vehicle has proper safety restraints & in good repair I(1) Checklist for loading/unloading children reviewed (2)(d) Driver's (valid) driver's license reviewed (1)(f) C-Compliant with Regulation N-Noncompliant with Regulation N-Noncompliant with Regulation	Food preparers have proper hair restraints B(5)	1	D	0	Food stored & handled properly D(1)		_	
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Infants are placed on their back to sleep A(5)(a) No bottles propped or given in cribs or on mats A(3)(c) Food for toddlers cut in pieces ½ inch or less A(3)(k) Food for infants cut in pieces ½ inch or less A(3)(j) Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) Cups and bottles labeled with child's name & used only by that	INFANT CARE 114-509				TRANSPORTATION 114-505 I		7 E	
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cups and bottles labeled with child's name & used only by that	Cure and better the test of the control of the cont	-						
No violations noted at the time of visit □	cups and porties labeled with child's name & used only by that	8						
	CHIIC A(3)(8)				No violations noted at the time of visit □			
	1							

☐ Refused to sign

Signature of Director/Operator/Designee:

Signature of Child Care Licensing Specialist:

	1	1
Page		of

<u>Division of Early Care and Education</u> <u>Deficiency Correction</u>

NAME OF PROVIDER/OPERATOR Pawley's Island Civic Club CDC PERMIT # 23805

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Staff Health Assessment needed on file	Ensure staff files are completed	1 week
Medical Statement needed on file	Ensure staff files are completed	1 week
Education verification needed on file	Ensure staff files are completed	1 week
		_
55		

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist	
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