South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR LICENSED CENTERS

Staff files are in compliance H(1-7) Training hours up-to-date K(5)(b-c) At least 1 person with CPR & 1st Aid on the premises K(5)(h) HEALTI & SANITATION & SAFETY 114-505 C N N/A HEALTI & SANITATION & SAFETY 114-505 C N N/A Medicine and harmful items labeled and stored property D(2) First Aid kit in facility and in vehicle if transport E(1), I(1)(g) BUILDING PHYSICAL STE #14-507 BUILDING C N N/A PHYSICAL STE #14-507 Proper handwashing practices were observed G(4) D PROPER HANDWASHING p								
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Staff files are in compliance H(1-7) Training hours up-to-date K(5)(b-c) At least 1 person with CPR & 1st Aid on the premises K(5)(h) HEALTH, SANITATION & SAFETY 114-505 C N N/A Children's faces/hands are clean B(1) Medicine and harmful items labeled and stored property D(2) C N N/A C Proper diaper changing practices were observed F(1-16)	First Aid kit in facility and in vehicle if transport E(1), I(1)(a)	1	+-		No smoking/papers the set of the training by the set of		+	
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Staff files are in compliance H(1-7) Training hours up-to-date K(5)(b-c) At least 1 person with CPR & 1st Aid on the premises K(5)(h) HEALTH, SANITATION & SAFETY 114-505 C N N/A C N N/A Adequate supervision throughout facility A(1-2) Facility following tracking of children procedures A(3) Ratios adequate in all classrooms and on playground B, C C N N/A	Children's faces/hands are clean B(1)	6	2	_	Proper diaper changing procitions were at	C	_	N/A
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Staff files are in compliance H(1-7) Training hours up-to-date K(5)(b-c) At least 1 person with CPR & 1st Aid on the premises K(5)(h) C N N/A Adequate supervision throughout facility A(1-2) Facility following tracking of children procedures A(3) Ratios adequate in all classrooms and on players and o	HEAL	ΓH, S.	ANIT	ATION	& SAFETY 114-505	و ا	7 0	
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Staff files are in compliance H(1-7) C N N/A C N N/A C N N/A	Iraining hours up-to-date K(5)(b-c)	-	+-	+	Facility following tracking of children presedures 4(2)			_
C N N/A	Staff files are in compliance H(1-7)	_	1				-	-
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MANAGEMENT ADMINISTRATION & STAFFING 444 580	MANAGEMENT, ADMINISTRATION & STAFFING 114-503	a land	N.F.			g=7		
	ems posted in public views = 100	a 30	mor mor				EF ON/	Λ
	Building 1: _		_	_ B	uilding 2: Building 3:	_	ED	
laximum number of infants: 118 GAM and the COPP Building 2: Building 3: CDEP	laximum number of children 200	:						
Building 1: Building 2: Building 3: CDEP				•	Overnight Care?	res	P	NO.
thange in Ownership or Director? Yes No If yes, Name: Assimum number of children: 239 Building 1: Building 2: Building 3: Building 4: Building 4: Building 5: Building 6: Building 7: Building 8:	elephone #: 864-627-1985 Any changes in	cont	act ir	nfo (Ph		. V	.551	
Any changes in contact info (Phone/Email/Fax)?	ddress: 321 Scuffletown Rd., SIMPSONVILLE, SC 29681				Hours of Operation:	-,		po
elephone #: 864-627-1985					Reason for Follow up: clear up pending deficient	CV 🗆	_/ Self-F	Renort
Reason for Follow up: □ clear up pending deficiency □ Self-Report of Company	Type of Inspection: An	nual	□ C	omplai	IIIL Drollow Up (original inspection date		A	
Reason for Follow up: clear up pending deficiency Self-Report Hours of Operation: Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No Hours of Community Yes No Overnight Care? Yes No Hours of Community Yes No Overnight Care? Yes No Hours of Community Yes No Overnight Care? Yes No Hours of Community Yes No Overnight Care? Yes No Hours of Community Yes No No Hours of Community Yes No Overnight Care? Yes No Hours of Community Yes No No No Hours of Community Yes No No No Hours of Community Yes No	Parmit #: 25250	_		Date	of Inspection: 6/12/23 Time of Inspection: 5/1	50	n	
Reason for Follow up: □ clear up pending deficiency □ Self-Report of Company	inspect	ON V	1211		FOR LICENSED CENTERS			

☐ Refused to sign

Signature of Director/Operator/Designee:

Signature of Child Care Licensing Specialist: How Certy