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

Pperator Name: Michelle A Meggett ermit #: 17382 Type of Inspection	Ar	Da inua	te of In	spection: The of Inspection: 9,33 complaint Follow Up (original inspection date Reason for Follow up: pending deficiencies		_ -герс	_) ort
ddress: 1211 5th Avenue, CHARLESTON, SC 29407				Hours of Operation: Single Shift		Ť	
elephone #: 843-571-2013 Any changes in contact info (Phone/Email/Fax)? Yes Overnight Care? Yes No							No
hange in location? Yes Yo If yes, Address:	1		0001	town and the Company of the March of the Mar			
laximum number of children: 12	I	s the	GUU	I over - capacity? Yes In No If yes, Number of children of	over_		_
lumber of infants: 3 .dditional staff is required when attendance reaches 9 children	orwh	on /	1 or mo	ore children are volunger than 2 yrs, old			
ems posted in public view: License Menu	I UI WI			cility transport children? 114-515.I	7 N//	Á	
one posted in public view. A 2000100 Il mond				sing statioport official of the state of the	2 1 4/2		
MANAGEMENT, ADMINISTRATION & STAFFING 114-513				SUPERVISION 114-514			
	С	Ŋ	N/A		С		N/A
Staff files are in compliance H(1-7)	6	\Box		Adequate supervision throughout facility A(1)	6		
Training hours up-to-date K(5)	B			Adequate number staff in home or outside during play A(2)	0		0
At least 1 person with CPR & 1 St Aid on the premises K(5)(g)			0	THE RESERVE THE STREET OF THE STREET			
HEALT				& SAFETY 114-515			444
	С	N	N/A		С	N	N/A
Children's faces/hands are clean B(1)	0		0	Proper diaper changing practices were observed F(1-7)			1
Medicine & harmful items are labeled and stored properly D(2)			1	Proper handwashing practices were observed G(4)	6		
First Aid kit in facility and in vehicle if transport E(1)	8			Smoking permitted only in designated area A(2)			
The state of the s			TE 114				
BUILDING	С	N	N/A	OUTDOOR PLAY AREA	С	N	N/A
Ventilation and lighting sufficient A(2), A(4)	1			Fencing/safety barriers 4ft. in height, in good repair B(3)	2		
Ceiling, floors, windows, doors free from hazards A(5)(d)	16		0	Outdoor space free from hazards and litter B(2)	6		
No strangulation/choking/suffocation hazards A(5)(h)(i-iii)		<u>-</u>		Stationary equipment safe & firmly anchored C(7) Adequate cushioning material; at least 6ft fall zone C(9)	6		
Building(s) temp between 68-80°F A(7) Facility free from pest problems (Insects, rodents) A(8)(b-c)			0	RESTING	C	N	N/A
Trash kept properly in plastic lined receptacles A(8) (d-i)	7		1 2	Cribs meet federal standards (reviewed certificate) D(1)	8		
Electrical outlets are securely covered A(11)(c)	1	<u> </u>	<u> </u>	Cots, mats, cribs labeled or charted for each child D(2)	2		0
Sink area has hot & cold water A(12)(d)	9	0		Pack & plays not used for sleeping D(1-2)	7		0
Soap and disposable towels available at sink A(12)(g)	9			PROGRAM 114-516	c	N	N/A
Furniture, toys & equipment are clean and in good repair C(1)	7	0		Written, planned, daily program of activities that is			
Furniture, toys & equipment meets the CPSC standards C(2)				developmentally & age appropriate observed A(1-3)	6		
Healthy pets/animals (Vaccination record up-to-date) E(4)	1			Positive, non-abusive discipline practice B(1)	6		
MEAL	REQ	UIRI	EMENT	S 114-518			
	C	N	N/A		С	N	N/A
Meals & snacks in compliance with USDA A(1)(b)	Ø,			Round, firm foods are not offered to children under 4	9		
Clean, wholesome, unspoiled, properly labeled food A(4)	6	0		yrs. Old, unless properly cut to prevent choking risk A(3)	6		
Food preparers & staff outer clothing must be clean B(5)	6			Refrigerators have thermometers, temp under 45°F D(3)	Ø	D.	
Food stored & handled properly D(1)	10			All cleaning & poisonous items stored away from food E	Ø		
INFA	NT CA	RE 1	114-51	9	0	21	ALIA
Parastarillain at hasted in the minusurus If minusurus is used	in ha	16.	una vel en /la	average a property are notified in switting A(2)(d)	С	N	N/A
Breast milk is not heated in the microwave. If microwave is used				everages, parents are notified in writing A(3)(d)	-		2
Cups and bottles labeled with child's name & used only by that child A(3)(a)					N		
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)					1		
Food for toddlers cut in pieces ½ inch or less A(3)(k)					P d		
The state of the s					6		
C = Compliant with Regulation - N = Noncompliant with Reg	ulatiø	h _		No violations noted at the time of visit □			
4/	. T	,					
MISOLON	1	KI	11	UT 8 11-72			
Signature of Director/Operator/Designee:	ye.	M	4	Date: O Refused to	sign		
Signature of Child Care Licensing Specialist:			30	Date: 8 - 11 - 23 Refused to			

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Division of Early Care and Education Deficiency Correction

NAME OF PROVIDER/OPERATOR	Michelle A. Meg	gett
PERMIT # 17382		

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Provider doesn't have updated CPR/First Aid training	Take class to have updated CPR/First Aid cards	9/1/2023

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

Licensing Specialist MM	Date 8/11/23