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

tems posted in public view: d License d Menu d' Ratio Chart (All classrooms) Does facility transport children? Yes No y NA MANAGEMENT, ADMINISTRATION & STAFFING 114-503 C N N/A 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) A D Ratios adequate in all classrooms and on playground B, C A HEALTH, SANITATION & SAFETY 114-505 C N N/A Medicine and harmful items labeled and stored properly D(2) A D Proper diaper changing practices were observed F(1-16) Proper handwashing practices were observed G(4) A Medicine and harmful items labeled and stored properly D(2) A D Proper handwashing practices were observed G(4) A Medicine and harmful items labeled and stored properly D(2) A D Proper handwashing practices were observed G(4) A Medicine and harmful items labeled and stored properly D(2) A D Proper handwashing practices were observed G(4) A Medicine and in whice if transport E(1), I(1)(g) A D Proper handwashing practices were observed G(4) A Medicine and infamiliation in whice if transport E(1), I(1)(g) A D Proper handwashing practices were observed G(4) A Medicine and infamiliation and lighting & sufficient A(2)(a-d), (4)(a-c) A Medicine and infamiliation and lighting & sufficient A(2)(a-d), (4)(a-c) A Medicine and infamiliation and lighting & sufficient A(2)(a-d), I(4)(a-c) A Medicine and harmful items labeled and stored properly D(2) A Medicine and harmful items labeled and stored properly D(2) A Medicine and harmful items labeled and stored properly D(2) A Medicine and harmful items labeled and stored properly D(2) A Medicine and harmful items labeled and stored properly D(2) A Medicine and harmful items labeled and stored properly D(2) A Medicine and harmful items labeled and stored properly D(2) A Medicine and harmful items labeled and stored properly D(3) A Medicine and harmful items lab)))		f Inspection: 08 24 2003 Time of Inspection: 08 38 to Follow Up (original inspection date	Dat omp	∳Ci	nual	Ann	lity Name: Carolina Bay Child Development Center nit #: 356 Type of Inspection: □ A	a Annual	Ann	⊐ An r						
MAXIMUM number of miants: 37 24 months = 30 months = 14 facility 14	r∕No	y∕ N¢	y∕N	У	⁄es ု	one/Email/Fax)? □ Yes No Övernight Care? □ Y				es in : ame:	phone #: 843-766-9707 Any changes ter Director/Designee: Mary Kathryn Cox nge in Ownership or Director? □ Yes 🏚 No If yes, Nam	es in cor ame:	me:	jes in lame:	3-766-9707 Any change Designee: Mary Kathryn Cox rship or Director? □ Yes ຝ No If yes, Na	Any cl Mary Kathryn Cox ector? □ Yes	#: 843-766-9707 ector/Designee: Mary Kath Ownership or Director?	ne #: 843-766 Director/Desig in Ownership	elephone enter Dir nange in	ele _l ent har
Staff files are in compliance H(1-7)	N/A	P N/A	:P :: N//	6P	No -	4 facility Infants are in designated rooms 2rd Voc.	nths	mor	-30	inths i	imum number of infants: 37 $_{\square}$ 24 month	onths \sqcap 3	ths i	onths	er of infants: 3/ $_{\square}$ 24 moi	:3/ □2	number of infants; 37	m number of i	aximum	laxi.
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Food for infants cut in pieces ¼ inch or less A(3)(j)				ت ا			+	□.	7											
Crock pots, bottle warmers, are inaccessible to children No.	(Salar	Wasi	WES	الخارو	AUDIN.	C-Compliant with Regulation)						
microwaving of beverages observed A(3)(d) N-Noncompliant with Regulation							[1			1								
Cups and bottles labeled with child's name & used only by that child A(3)(a) No violations noted at the time of visit				1000	STATE OF STREET		C	0	6	nat	s and bottles labeled with child's name & used only by that	hat	ıt	hat			oottles labeled with child's na	d bottles label	ups and	Cups
And Aloration's Hoted at the time of Alsit						THO PROJECTION OF THE STATE OF VISIT	N. C. N.		ľ	100			1000	_	47			7(4)		

Signature of Director/Operator/Designee: Signature of Child Care Licensing Specialist: