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

Reason for Follow up: c clear up pending deficiency or Self-Report Address: 8055 Choppee Road, GEORGETOWN, SC 29440 Telephone #: 843-485-4231 Any changes in contact Info (Phone/Email/Fasy)* or Yos ut X6 Overright Care? or Yes xNo Overright Care? or Yes xNo Overright Care? or Yes xNo Center Director/Designee: Shiquanna Knowlin Any changes in contact Info (Phone/Email/Fasy)* or Yes ut X6 Overright Care? or Yes xNo Overright Care? or Yes xNo Designee: Shiquanna Knowlin Building 3: CODE? Maximum number of Inforts: 0 Overright Care? or Yes xNo N/A MANAGEMENT, ADMINISTRATION & STAFFING*14-508 Sufface are in compliance H(1-7) All least 1 person with CPR 8:19 Ald on the premises K(5)(h) All least 1 person wi	Facility Name: Choppee Head Start Permit #: 23542 Type of Inspection: Annu	ai 🗆	Con	ate of	Inspection: 9-19-23 Time of Inspection: 11:15A	М.,		
Telephone #: 443-465-4231 Any changes in contact info (Phonel/Email/Fax)? □ Yes □ Mo Overright Care? □ Yes □ Mo Charge in Ownership or Director? □ Yes ○ Mo If yes, Name: Building 1:		_, _				/ □ Se	lf-Re	port
Telephone #: 443-465-4231 Any changes in contact info (Phonel/Email/Fax)? □ Yes □ Mo Overright Care? □ Yes □ Mo Charge in Ownership or Director? □ Yes ○ Mo If yes, Name: Building 1:	Address: 8055 Channel Road, GEORGETOWN, SC 29440				Hours of Operation: 08,000 + 4,20		•	
Center Director/Designers: Shiquanna Knowin, Change in Ownship or Director? ∨ Re of Not If yes, Name; Maximum number of children: 180 Building 1:		ontac	t info	. (Dhor			_ 1/1 _	
Change in Ownership or Director? at less offset Iyes, Name: Maximum number of children: 180	, , , , , , , , , , , , , , , , , , , ,	Unia	A HIII	וטורד) כ	ie/Emaii/Fax)? Li fes Livio Overnight Care? E Y	es i	E-NO	
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Maximum number of infaints: 0 titems posted in public view. ✓ License of Menu of Ratio Chart (All classrooms) Does facility transport children? ✓ Sec. No of MA MANAGEMENT, ADMINISTRATION & STAFFING 114-503 SUPERVISION of MA SUPERVISION of MA SUPERVISION 114-504 C N NA Adequate supervision throughout facility Aft-2)				Build	ding 2: Building 3: 50	CDE	-	
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Staff files are in compliance H(1-7) Staff files are in compliance H(1-7) All east 1 person with CPR & 1s Aid on the premises K(5)(b) HEALTH, SANITATION & STAFFING 114-503 Reliance and harmful filems labeled and stored properly D(2) First Aid kit in facility and in vehicle if transport E(1), (1)(g) Proper diaper changing practices were observed G(4) First Aid kit in facility and in vehicle if transport E(1), (1)(g) Proper diaper changing practices were observed G(4) Proper diaper changing pract	Items posted in public view: License Menu Ratio Ch	art (A	\II cla	assroor	ms) Does facility transport children? ⊾Yes □ No □ N/	A A	11// 1	
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Slaff files are in compliance H(1-7) Training hours up-to-date K(f)(b)c-0 At least 1 person with CPR & 1ª Aid on the premises K(5)(b) Al least 1 person with K(7)(b) BULDING C N N/A Alequate cushioning materia; at least 6f field zone 6(9) C N N/A Alequate cushioning materia; at least 6f field zone 6(9) C N N/A Alequate cushioning materia; at least 6f field zone 6(9) C N N/A Bulling Bulling Bulling Bulling	MANAGEMENT, ADMINISTRATION & STAFFING 114-503				SUPERVISION 114-504			
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Signature of Director/Operator/Decisions & MARAGER CO. 18 10 0 9/19/27 -	A I/		1	/	<u> </u>			
	Signature of Disaster/Oncorte (Dayler Manager)		K	-	1/10 9/19/27			

Signature of Child Care Licensing Specialist: 0

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

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
One staff had an expired Central Registry Dackground check.	Submit updated DSS Form 2924; place clearance letter in file when received.	Before 10/19/23
roviders/Operators are re t all time.	equired by regulations and st	atutes to be in complia
icensing Specialist	DHULO	Date 9/19/23