

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

Facility Name: Frog Academy Preschool & Daycare  
Permit #: 25086

Date of Inspection: 2/8/24 Time of Inspection: 8:36am  
Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)  
Reason for Follow up:  clear up pending deficiency  Self-Repo

Address: 2761 Tricom St., North Charleston, SC 29406  
Telephone #: 843-936-7272

Hours of Operation: Single Shift  
Any changes in contact info (Phone/Email/Fax)?  Yes  No  
Overnight Care?  Yes  No

Enter Director/Designee: Heather Easterlin  
Change in Ownership or Director?  Yes  No If yes, Name: \_\_\_\_\_

Maximum number of children: 71 Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  CDEP  
Maximum number of infants: 52  24 months  30 months  I-4 facility Infants are in designated rooms?  Yes  No  N/A  
Forms posted in public view:  License  Menu  Ratio Chart (All classrooms) Does facility transport children?  Yes  No  N/A

MANAGEMENT, ADMINISTRATION & STAFFING 114-503	SUPERVISION 114-504				
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff files are in compliance H(1-7)			Adequate supervision throughout facility A(1-2)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training hours up-to-date K(5)(b-c)			Facility following tracking of children procedures A(3)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises K(5)(h)			Ratios adequate in all classrooms and on playground B, C		

HEALTH, SANITATION & SAFETY 114-505					
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's faces/hands are clean B(1)			Proper diaper changing practices were observed F(1-16)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine and harmful items labeled and stored properly D(2)			Proper handwashing practices were observed G(4)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)			No smoking/consumption of alcoholic beverage A(3)		

PHYSICAL SITE 114-507					
BUILDING			PLAYGROUND		
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)			Playground equip. safe & firmly anchored B(7)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)			Adequate cushioning material; at least 6ft fall zone B(9)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling, floors, windows, doors free from hazards A(5)(d)			Fencing/safety barriers 4ft. in height, in good repair B(4)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building(s) temp between 68-80°F A(7) If no, close in 4 hrs.			Outdoor space free from hazards and litter B(2)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESTING		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play Pens observed C(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed certificate) D(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cots, mats, cribs labeled or charted for each child D(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROGRAM 114-506		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written, planned, daily program of activities that is	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	developmentally & age appropriate observed A(1-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive, non-abusive discipline practice B(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

MEAL REQUIREMENTS 114-508					
C	N	N/A	C	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals & snacks in compliance with USDA A(1)(b)			Round, firm foods are not offered to children under 4		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	yrs. Old, unless properly cut to prevent choking risk A(3)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food stored & handled properly D(1)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All cleaning & poisonous items stored away from food D		

INFANT CARE 114-509			TRANSPORTATION 114-505 I		
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infants are placed on their back to sleep A(5)(a)			Vehicle has proper safety restraints & in good repair I(1)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bottles propped or given in cribs or on mats A(3)(c)			Checklist for loading/unloading children reviewed (2)(d)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for toddlers cut in pieces ½ inch or less A(3)(k)			Driver's (valid) driver's license reviewed (1)(f)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C-Compliant with Regulation N-Noncompliant with Regulation		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No violations noted at the time of visit <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d)					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Cups and bottles labeled with child's name & used only by that child A(3)(a)					

Signature of Director/Operator/Designee: [Signature] Date: 2/8/24  Refused to sign  
Signature of Child Care Licensing Specialist: [Signature] Date: 2/8/24