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

Building 2:

Facility Name: Pacolet Elementary Pre-School

Permit #: 26233

Address: 150 McDowell Street PACOLET, SC 29372

| Date of Inspection _ 今」で Z | | | | | | | |
|--|--|--|--|--|--|--|--|
| Time of Inspection: 1103 | | | | | | | |
| Type of Inspection: | | | | | | | |
| □ Follow Up (Original Inspection | | | | | | | |
| Date:/) | | | | | | | |
| Reason for Follow up: | | | | | | | |
| Pending Deficiencies | | | | | | | |
| □ Self-Reported Incident | | | | | | | |
| | | | | | | | |

| Telephone #: 864-279-6500 | Any changes in contact info (Phone/Email/Fax)? Yes | G No |
|--|--|------|
| Center Director/Designee: Cathy Garner | | |

Change in Ownership or Director? ☐ Yes 52/No If yes, Name:

Maximum number of children: 60 Building 1:

Maximum number of infants: 0 □ 24 months □ 30 months □ I-4 facility

Signature of Child Care Licensing Specialist:

Items posted in public view: License Menu Ratio Chart (All classrooms)

Head Start - Yes To No Public Schools Wes - No

Infants are in designated rooms? □ Yes □ No □ N/A Does facility transport children? ☐ Yes ☑ No ☐ N/A

Building 3:

| Hours of Operation: M- 7:30AM- 2:30PM T- 7:30AM- 2:30PM W- 7:30AM | I- 2:30 | PM T | h- 7:30A | M- 2:30PM F- 7:30AM- 2:30PM | | | |
|--|------------|--------|----------|--|---------|-------|----------|
| MANAGEMENT, ADMINISTRATION & STAFFING 114-503 | Ċ | N | N/A | SUPERVISION 114-504 | С | l N | N/A |
| Staff files are in compliance H(1-7) | 9 | | D | Adequate supervision throughout facility A(1-2) | 0/ | D | 0 |
| Training hours up-to-date K(5)(b-c) | G/ | O | (D) | Facility following tracking of children procedures A(3) | 9/ | D. | |
| At least 1 person with CPR & 1 St Aid on the premises K(5)(h) | 10/ | | | Ratios adequate in all classrooms and on playground B, C | 4 | Ω | D |
| HEAI | | | , | & SAFETY 114-505 | | | ALIA |
| | С | N | N/A | | C | N | N/A |
| Children's faces/hands are clean B(1) | Q/ | | | Proper diaper changing practices were observed F(1-16) | | | P |
| Medicine and harmful items labeled and stored properly D(2) | 00/ | | | Proper handwashing practices were observed G(4) | 05/ | | |
| First Aid kit in facility and in vehicle if transport E(1), I(1)(g) | V | | | No smoking/consumption of alcoholic beverage A(3) | 8 | | |
| Current Emergency Preparedness Plan H(3) | 9/ | | | Emergency Medical Plan C(1) | Va | | |
| PHYSICA | _ | | | | | | |
| BUILDING" | C | N | N/A | PLAYGROUND | C | N | N/A |
| Ventilation and lighting & sufficient A(2)(a-d), (4) | 50/ | | | Playground equip, safe & firmly anchored B(7) | 10/ | | |
| No strangulation/choking/suffocation hazards A(5)(g) | Q/ | | □ | Adequate cushioning material, at least 6ft fall zone B(9) | | | |
| Ceiling, floors, windows, doors free from hazards A(5)(d) | 57 | | □ | Fencing/safety barriers 4ft. in height, in good repair B(4) | 100 | | |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs. | 0 | | | Outdoor space free from hazards and litter B(2) | 0/ | | |
| Facility free from pest problems (Insects, rodents) A(8)(b-c) | Q / | | | RESTING | С | N | N/A |
| All potentially harmful items including cleaning supplies, flammable | | | | Play Pens observed C(4) | | | } |
| products, poisonous, toxic, hazardous and materials are labeled and | | - 10 | | | | | 01/ |
| stored in locked area out of children's reach. Bio-contaminants are | | Artist | 100 | | | | • |
| disposed of properly. A(5)(c) (e), A(8); E(1),(4) | | | | | + | | th/ |
| Electrical outlets are securely covered A(11)(c) | 0/ | | | Cribs meet federal standards (reviewed certificate) D(1) | - - | | + |
| Sink area has running water A(12)(d) | Q/ | | | Cots, mats, cribs labeled or charted for each child D(2) | 4 | | |
| Soap and disposable towels available at sink A(12)(i) | 5/ | | | PROGRAM 114-506 | C | N | N/A |
| Furniture, toys & equipment are clean and in good repair C(1) | V | | | Written, planned, daily program of activities that is | | | |
| Furniture, toys & equipment meets the CPSC standards C(2) | V | | | developmentally & age appropriate observed A(1-3) | | | |
| Healthy animals, not permitted if allergic E(4) | 0 | | 0/ | Positive, non-abusive discipline practice B(1) | 2 | | |
| Other environmental allergies (Policy #120) | V/ | | | | | | |
| MEAL REQ | | | | 08 | | | ATTA |
| Marie 9 angels in compliance with LICDA 8/41/h) | C | N | N/A | Pound firm foods are not offered to shildren under 4 year old | C | N | N/A |
| Meals & snacks in compliance with USDA A(1)(b) | 139/ | | | Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk A(3) | (g/ | | |
| Clean, wholesome, unspoiled, properly labeled food A(4) Food preparers have proper hair restraints B(5) | 0/ | 0 | | Food stored & handled properly D(1) | | | |
| Refrigerators have thermometers, temp under 45°F D(2-3) | Ω/ | | | All cleaning & poisonous items stored away from food D(8) | 1 | | |
| Prevention and response to food allergies A(9-10) | 50/ | п | П | All cleaning a poisonous nems stored away from rood b(v) | 0 | П | П |
| INFANT CARE 114-509 | | | _ | TRANSPORTATION 114-505 I | - | الآر | |
| | С | N | N/A | | С | N | N/A |
| Infants are placed on their back to sleep A(5)(a) | O | а | 7 | Vehicle has proper safety restraints & in good repair I(1) | | ß | 1 |
| No bottles propped or given in cribs or on mats A(3)(c) | | | 13 | Checklist for loading/unloading children reviewed (2)(d) | а | В | 0 |
| Food for toddlers cut in pieces ½ inch or less A(3)(k) | B | | 4/ | Driver's (valid) driver's license reviewed (1)(f) | | | B |
| Food for infants cut in pieces 1/4 inch or less A(3)(j) | -0 | | 13/ | | | | |
| Crock pots, bottle warmers, are inaccessible to children, No | | | | C-Compliant with Regulation | | | THE W |
| microwaving of beverages observed A(3)(d) | П | | W . | N-Noncompliant with Regulation | 7.5 | | 1 309 |
| Cups and bottles labeled with child's name & used only by that child A(3)(a) | | О | | Violations noted at the time of visit □ Yes □ No Any violations corrected onsite □ Yes □ No DSS Form 2910 ne | anded i | m Vac | -M6 |
| | 1 | | | | | - 100 | -2 140 |
| Signature of Director/Operator/Designee: Cally Sa | w | 1 | / | Date: 9/18/26 D Refused to sign | - | | |
| Signature of Child Care Licensing Specialist: | 1 | | | Date: 9 18 25 | | | |