South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR LICENSED CENTERS

Facility Name: Coastal Academy - North Charleston

Permit #: 25378

Address: 4570 Great Oak Drive NORTH CHARLESTON, SC 29418

Time of paspection: 4 Type of Inspection: Annual - Complaint □ Follow Up (Original Inspection Date:__/__) Reason for Follow up: ☐ Pending Deficiencies

Date of Inspection;

Telephone #: 843-225-0031 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☐ No □ Self-Reported Incident Center Director/Designee: Kaylin Kristine Lomick Change in Ownership or Director?

Yes No If yes, Name: Maximum number of children: 129 Building 2: **Building 3:** Building 1: Infants are in designated rooms?

Yes

No

N/A □ 24 months ■ 30 months □ I-4 facility Maximum number of infants: 77 Items posted in public view: License Le Menu Ratio Chart (All classrooms)

ABC Quality Yes Head Start Public Schools Public Schools Person Overnight

Hours of Operation: M- 6:30AM- 5:30PM T- 6:30AM- 5:30PM W- 6:30AM- 5:30PM Th- 6:30AM- 5:30PM F- 6:30AM- 5:30PM Does facility transport children? ☐ Yes ☐ No ►N/A
Overnight Care? ☐ Yes ♠ No

Staff files are in compliance M(1-7)	MANACEMENT ADMINISTRATION & CTACCING 444 CO2				OF IDE ID VICTOR 444 CD4				
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INFANT CARE 114-509 C N N/A Infants are placed on their back to sleep A(5)(a) No bottles propped or given in cribs or on mats A(3)(c) Food for toddlers cut in pieces ½ inch or less A(3)(k) Food for infants cut in pieces ½ inch or less A(3)(j) Crock pots, bottle warmers, are inaccessible to children, No		4			All cleaning a poscilous items stored away from 1000 squi	-			
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Crock pots, bottle warmers, are inaccessible to children, No			-						
	Crock pots, bottle warmers, are inaccessible to children, No			_	C-Compliant with Regulation				
microwaving of deverages observed A(3)(d) N-Noncompliant with Regulation		14							
Cups and bottles labeled with child's name & used only by that child Violations noted at the time of visit D Yes of No		4/	п	п.	Violations noted at the time of visit □ Yes ☐ No		**	<i>(</i>	
A(3)(a) Any violations corrected onsite or Yes of No DSS Form 2910 needed or Yes of Director/Operator/Designee: Date: 7/8/25							□ Yes	di No	

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

Date: 8/18/2