## South Carolina Department of Social Services Office of Child Care Licensing

## INSPECTION VISIT FORM FOR LICENSED CENTERS

Facility Name: Montessori School of John's Island

Permit #: 25263

Address: 3634 Mary Ann Point Rd. Johns Island, SC 29455

| Date of Inspection: 10/01/202             | 5 |
|---|---|
| Time of Inspection: 11:33                 |   |
| Type of Inspection: MAnnual 👊 Complaint 🦠 |   |
| Follow Up (Original Inspection            |   |
| Date:/)                                   |   |
| Reason for Follow up:                     |   |
| □ Pending Deficiencies                    |   |
| □ Self-Reported Incident                  |   |

| Telephone #: 843-559-0052                 | Any changes in contact info (Phone/Email/Fax)? □ Yes | <b>d</b> No |  |  |  |
|---|--|-------------|--|--|--|
| Center Director/Designee: Amanda Wendland |  |             |  |  |  |

Change in Ownership or Director? □ Yes ☑ No If yes, Name:

Maximum number of children: 134

□ 24 months ≥ 30 months □ I-4 facility Maximum number of infants: 50

Building 2: Infants are in designated rooms? Yes No N/A Does facility transport children? ☐ Yes ☐ No @N/A

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

Overnight Care? Tyes Alo

ABC Quality No Head Start Diges No Public Schools Diges No Overnight Clours of Operation: M- 6:30AM- 6:00PM T- 6:30AM- 6:00PM W- 6:30AM- 6:00PM Th- 6:30AM- 6:00PM F- 6:30AM- 6:00PM

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503  |          |      | . J     | SUPERVISION 114-504  | Д.,         | . W  |     |
|--|----------|------|---------|--|-------------|------|-----|
|  | С        | N    | N/A     |  | С           | N    | N   |
| Staff files are in compliance H(1-7)   |          | 100  |         | Adequate supervision throughout facility A(1-2)  |             | 2    |     |
| Training hours up-to-date K(5)(b-c)  | -        |      | -       | Facility following tracking of children procedures A(3)  | -           | 1    |     |
| 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   | 0           | 200  | (   |
| HEAI HEAI  |          |      |         | & SAFETY 114-505   |             | Щ    |     |
|  | C        | N    | N/A     |  | С           | N    | N   |
| Children's faces/hands are clean B(1)  | 200      |      |         | Proper diaper changing practices were observed F(1-16)   | 100         | ū    | 1   |
| Medicine and harmful items labeled and stored properly D(2)  | <b>*</b> |      |         | Proper handwashing practices were observed G(4)  | 120         |      |     |
| First Aid kit in facility and in vehicle if transport E(1), I(1)(g)  | -        | 0    |         | No smoking/consumption of alcoholic beverage A(3)  | 200         | 0    |     |
| Current Emergency Preparedness Plan H(3)   | 2        |      | 0       | Emergency Medical Plan C(1)  | -           |      |     |
| PHYSICA  | SITE     | 114- | 507     |  |             |      |     |
| BUILDING   | С        | N    | N/A     | PLAYGROUND   | С           | N    | N   |
| Ventilation and lighting & sufficient A(2)(a-d), (4)   | -        | 500  |         | Playground equip. safe & firmly anchored B(7)  | zd*         | 0    | -   |
| No strangulation/choking/suffocation hazards A(5)(g)   | 100      |      |         | Adequate cushioning material; at least 6ft fall zone B(9)  | 1           | 0    |     |
| Ceiling, floors, windows, doors free from hazards A(5)(d)  | e .      |      |         | Fencing/safety barriers 4ft. in height, in good repair B(4)  | 1           |      | - ( |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs.   | -        |      |         | Outdoor space free from hazards and litter B(2)  | 12          | -    | 10  |
| Facility free from pest problems (Insects, rodents) A(8)(b-c)  | 2        | _    |         | RESTING  | C           | N    | N   |
| All potentially harmful items including cleaning supplies, flammable   | 1        |      |         | Play Pens observed C(4)  |             |      | 1   |
| products, poisonous, toxic, hazardous and materials are labeled and  | اما      | _    | _       |  |             |      |     |
| stored in locked area out of children's reach. Bio-contaminants are  |          |      |         |  |             |      |     |
| disposed of properly. A(5)( c) ( e), A(8); E(1),(4)  | $\perp$  |      |         |  |             |      |     |
| Electrical outlets are securely covered A(11)(c)   | معر      |      |         | Cribs meet federal standards (reviewed certificate) D(1)   | 20          |      |     |
| Sink area has running water A(12)(d)   | معد      | ū    |         | Cots, mats, cribs labeled or charted for each child D(2)   | مستن        |      | (   |
| Soap and disposable towels available at sink A(12)(i)  | 2        |      |         | PROGRAM 114-506  | C           | N    | N   |
| Furniture, toys & equipment are clean and in good repair C(1)  | 200      | 0    |         | □ Written, planned, daily program of activities that is  |             |      |     |
| Furniture, toys & equipment meets the CPSC standards C(2)  | 20       | _    |         | developmentally & age appropriate observed A(1-3)  |             |      | 1   |
| Healthy animals, not permitted if allergic E(4)  | æ        |      |         | Positive, non-abusive discipline practice B(1)   | -           | 0    |     |
| Other environmental allergies (Policy #120)  |          |      | 1       |  |             | 0    |     |
| MEAL REQI  | JIREN    | 1ENT | S 114-5 | 08   |             | 100  |     |
|  | С        | N    | N/A     |  | С           | N    | N   |
| Meals & snacks in compliance with USDA A(1)(b)   | 200      |      |         | Round, firm foods are not offered to children under 4 yrs. old,  | مهير        |      |     |
| Clean, wholesome, unspoiled, properly labeled food A(4)  | -        |      |         |  |             | o.   |     |
| Food preparers have proper hair restraints B(5)  | 200      |      |         | Food stored & handled properly D(1)  | 200         |      | 1   |
| Refrigerators have thermometers, temp under 45°F D(2-3)  | -2       | □    |         | All cleaning & poisonous items stored away from food D(8)  | 2           | 0    |     |
| Prevention and response to food allergies A(9-10)  | -        |      |         | TRANSPORTATION 444 5051  | 0           |      |     |
| INFANT CARE 114-509  |          | M    | NIZA    | TRANSPORTATION 114-505 I   | 0           | M    |     |
|  | С        | N    | N/A     | A Little to the control of the contr | C           | N    | N   |
| nfants are placed on their back to sleep A(5)(a)   | 20       |      |         | Vehicle has proper safety restraints & in good repair I(1)   |             |      | 1   |
| No bottles propped or given in cribs or on mats A(3)(c)  | 200      |      |         | Checklist for loading/unloading children reviewed (2)(d)   |             |      |     |
| Food for toddlers cut in pieces ½ inch or less A(3)(k)   | 20       |      |         | Driver's (valid) driver's license reviewed (1)(f)  |             |      | 1.4 |
| Food for infants cut in pieces ¼ inch or less A(3)(j)  | 230      |      |         | C. Carrellant with Daniellen   | UNION STATE |      |     |
| Crock pots, bottle warmers, are inaccessible to children, No   | 200      |      |         | C-Compliant with Regulation N-Noncompliant with Regulation   |             |      |     |
| microwaving of beverages observed A(3)(d) Cups and bottles labeled with child's name & used only by that child | -        | -    |         | Violations noted at the time of visit   Yes □ No   |             |      |     |
| A(3)(a)  | 2        |      |         | Any violations corrected onsite the second DSS Form 2910 r   |             | WVon | - 1 |

Signature of Child Care Licensing Specialist: 20. Payle 14 Lenel0 was

|      | 1        | 1  |  |
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## Division of Early Care and Education Deficiency Correction

NAME OF PROVIDER/OPERATOR Montessori School of John's Island
PERMIT # 25263

| Deficiency Cited  | Corrective Action<br>Needed  | Expected Date of Correction  10/15/2025 (2 weeks later) |  |  |
|---|--|---|--|--|
| 2 staff files are missing tuberculosis test results.          | schedule doctor<br>appointments within 2<br>weeks                        |   |  |  |
| 1 caregiver is missing updated SLED/FBI and Central Registry. | caregivers will not return to<br>center until background<br>checks clear | date of visit (10/01/2025)                              |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |

Providers/Operators are required by regulations and statutes to be in compliance at all time.

| Licensing Specialist | DeShayla | Taylor Digitally signed by DeShayla Taylor Date: 2025.10.17 14:42:41 -04'00' | _Date | 10/17/2025 |
|----------------------|----------|--|-------|------------|
|                      |          |  |       |            |