

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

Date of Inspection: 2/9/26  
Time of Inspection: 11:25  
Type of Inspection:  Annual  Complaint  
 Follow Up (Original Inspection)  
Date: \_\_\_/\_\_\_/\_\_\_  
Reason for Follow up:  
 Pending Deficiencies  
 Self-Reported Incident

Facility Name: Sea Island Sprouts, LLC  
Permit #: 26271  
Address: 802 15th St PORT ROYAL, SC 29935

Telephone #: 854-254-7735 Any changes in contact info (Phone/Email/Fax)?  Yes  No

Center Director/Designee: Alexandra Nicole Schofield  
Change in Ownership or Director?  Yes  No If yes, Name: \_\_\_\_\_

Maximum number of children: 86 Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  
Maximum number of infants: 47  24 months  30 months  I-4 facility  
Items posted in public view:  License  Menu  Ratio Chart (All classrooms) Infants are in designated rooms?  Yes  No  N/A  
ABC Quality No Head Start  Yes  No Public Schools  Yes  No Does facility transport children?  Yes  No  N/A  
Hours of Operation: M- 7:00AM- 5:30PM T- 7:00AM- 5:30PM W- 7:00AM- 5:30PM Th- 7:00AM- 5:30PM F- 7:00AM- 5:30PM Overnight Care?  Yes  No

MANAGEMENT, ADMINISTRATION & STAFFING 114-503	SUPERVISION 114-504				
C	N	N/A	C	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 & 1st 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicine and harmful items labeled and stored properly D(2)			Proper handwashing practices were observed G(4)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Current Emergency Preparedness Plan H(3)			Emergency Medical Plan C(1)		

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 checked="" type="checkbox"/>
Ventilation and lighting & sufficient A(2)(a-d), (4)			Playground equip. safe & firmly anchored B(7)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No strangulation/choking/suffocation hazards A(5)(g)			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 checked="" 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 checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Facility free from pest problems (Insects, rodents) A(8)(b-c)			RESTING		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play Pens observed C(4)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly. A(5)(c) (e), A(8); E(1),(4)			Cribs meet federal standards (reviewed certificate) D(1)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets are securely covered A(11)(c)			Cots, mats cribs labeled or charted for each child D(2)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROGRAM 114-506		
Sink area has running water A(12)(d)			Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Soap and disposable towels available at sink A(12)(i)			Positive, non-abusive discipline practice B(1)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Furniture, toys & equipment are clean and in good repair C(1)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment meets the CPSC standards C(2)					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthy animals, not permitted if allergic E(4)					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Other environmental allergies (Policy #120)					

MEAL REQUIREMENTS 114-508					
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"/>
Meals & snacks in compliance with USDA A(1)(b)			Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk A(3)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, wholesome, unspoiled, properly labeled food A(4)			Food stored & handled properly D(1)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparers have proper hair restraints B(5)			All cleaning & poisonous items stored away from food D(8)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators have thermometers, temp under 45°F D(2-3)					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Prevention and response to food allergies A(9-10)					

INFANT CARE 114-509			TRANSPORTATION 114-505 I		
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 checked="" type="checkbox"/>
Infants are placed on their back to sleep A(5)(a)			Vehicle has proper safety restraints & in good repair I(1)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 1/2 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"/>			
Food for infants cut in pieces 1/4 inch or less A(3)(j)			C-Compliant with Regulation N-Noncompliant with Regulation		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Violations noted at the time of visit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any violations corrected onsite <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Crock pots, bottle warmers, are inaccessible to children. No microwaving of beverages observed A(3)(d)			DSS Form 2910 needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Cups and bottles labeled with child's name & used only by that child A(3)(a)					

Signature of Director/Operator/Designee:  Date: 2/9/26  Refused to sign.  
Signature of Child Care Licensing Specialist:  Date: 2/9/26