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

Address: 1001 N Pine Street, SPARTANBURG, SC 29303 And changes in contact into (Phone/Email/Fax)? □ Ves _ No	Facility Na Permit #:	Facility Name: SRMC Ida Thompson Child Development Program Date of Inspection: UIUD Time of Inspection: 10:05 Permit #: 15531 Type of Inspection: Annual Complaint Follow Up (original inspection date Reason for Follow up: Clear up pending deficiency Self-Report								
Staff flies are in compliance H(1-7) Training hours up-to-date K(5)(b-c) Al least 1 person with CPR & 19 Ald on the premises K(5)(h) Al least 1 person w	Telephone Center Dir Change in Maximum Maximum Items pos	#: 864-560-4142 Any changes in ector/Designee: SONYA RENEE OLLER, Angela Hard Ownership or Director? Ownership or Director? Yes of No If yes, Name: Name: No If yes, Name: N	amme	mon	Bui	Hours of Operation: Single Shift ne/Email/Fax)? □ Yes va No Overnight Care? □ Iding 2: Building 3:	Yes ⊐ CDI	√Z/N	lo	
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At least 1 person with CPR & 1st Aid on the premises K(5)(h)	Training I	nours up-to-date K(5)(h-c)		+ -		Adequate supervision throughout facility A(1-2)	V	1 0		
HEALTH, SANITATION® SAFETY 114-505 C N N/A Medicine and harmful items labeled and stored property D(2) Definition and harmful items labeled and stored property D(2) Proper diaper changing practices were observed F(1-16) Proper handwashing practices f(1-16)	At least 1	person with CPR & 1st Aid on the premises K/51/h)	+		+	Facility following tracking of children procedures A(3)	_ \	/ 0		
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Signature of Child Care Licensing Specialist: Date: 10/14/22										