SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES CHILD CARE LICENSING ORIGINAL & RENEWAL INSPECTION CHECKLIST

Type of inspection: Provisional Evaluation Full Evaluation Renewal

Center Name: Lowcountry Learners	•	Date of Inspection: 10-14-2	22. Time of Inspect	ion: <u>10:00am</u>		
ARL/APP ID #: CC046611	censed 🗆 Registered	Center D Faith Based C G	CCH CDEP			
Address: 1210 Hospital Drive, MOUNT PLEASANT, SC 29484		Hours of Operation: Single Shift				
Telephone #: 843-388-1949	Any changes in contact in	lo (Phone/Email/Fax)? rx Yes	p-190 Overnigit	ht Care? D Yes p No		
Center Director/Designee: Karen Ullrich		•				
Change in Ownership or Director? - Ye	s crNo If yes, Name:					
Total Capacity: 64	Building 1:	Building 2:	Building 3:			
Maximum number of Infants: 50	□ 24 months a 30 months a	14 facility Clear Fire Report	ro Yes o No e-NA C)ate deared		

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Signature of Director/Operator/Designee: Laur Cul Date 10.14.21 a Refused to Sign Signature of Child Care Licensing Specialist: Bull Bull Date 10.14.21

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