South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR LICENSED CENTERS

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		12	No violations noted at the time of visit □			
	Contact (C) SICA C C C C C C C C C C C C C C C C C C	CONTACT INTERPRETATION OF THE PROPERTY OF THE	Buil 30 months I- hart (All classroo C N N/A	Hours of Operation: Single Shift contact info (Phone/Email/Fax)? Yes No Overnight Care? Nominate Yes No Overnight Care? Nominate Yes Nominate Yes Nominate Nom	Reason for Follow up: clear up pending deficiency Si	Reason for Follow up: clear up pending deficiency Self-Re Hours of Operation: Single Shift Contact info (Phone/Email/Fax)? Yes pNo Overnight Care? Yes pNo Building 2: Building 3: CDEP 30 months I-4 facility Infants are in designated rooms? Yes No N/A hart (All classrooms) Does facility transport children? Yes No N/A hart (All classrooms) Does facility transport children? Yes No N/A C N N/A N

Signature of Director/Operator/Designee:

Signature of Child Care Licensing Specialist: _

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<u>Division of Early Care and Education</u> <u>Deficiency Correction</u>

NAME OF PROVIDER/OPERATOR Above and Beyond Child Development Center
PERMIT # 24652

Deficiency Cited	Corrective Action Needed	Expected Date of Correction	
In the kitchen, under the hand-washing sink, there was a dirty bucket of water.	Fix any sink leaks and remove the filled bucket of water.	2/16/2024	

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

Licensing Specialist _______Date 02/15/2024