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

Any changes in contact info (Phone/Email/Fax)? Yes Xi No Overnight Care? Yes Alvo Change in Change in Change in Ownership or Director? Yes Alvo Yes Alvo Overnight Care? Yes Alvo Overnight Care? Yes Alvo Change in Ownership or Director? Yes Alvo Yes	Facility Name: Busy Town Childcare Center, Inc. Permit #: 17496 Type of Inspection: Ann			Data	of Inspection: 1-15-25 Time of Inspection: 10: Int		$\overline{}$	-
Maximum number of infants: 20 sp24 months of 30 months of 14 facility infants are in designated rooms?seYss of No of N/A MAXAGEMENT ADMINISTRATION 3 STAFFING 114-503 Staff files are in compliance Hft-7; Training hours up-to-date K(5)(b-c) At least 1 person with CPR 3 19 Aid on the premises K(5)(h) Hall of Proper facility transport children?set (5)(b-c) At least 1 person with CPR 3 19 Aid on the premises K(5)(h) Hall of Proper facility from the premises K	Change in Ownership or Director? ☐ Yes ANo If yes, Name: Maximum number of children: 98 Ruilding 1: 6				Hours of Operation: Single Shift none/Email/Fax)? □ Yes 🅦 No Overnight Care? □	Yes	%aN Ø	
Staff files are in compliance H(1-7) Training hours up-to-date K(5(t)-c) Al least 1 person with CPR 8 19 Ald on the premises	Maximum number of infants: 20						EP □ N/A	4
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All least 1 person with CPR & 1st Aid on the premises K(S)(h) All LIP SANTATION & SAFETY 718-503	Training hours up-to-date K(5)(b-c)	_			Adequate supervision throughout facility A(1-2)	<u> </u>		
Children's faces/hands are clean B(1) Children's faces/hands are clean B(1) Children's faces/hands (reviewed certificate) D(1) Children's faces/hands are clean B(1) Children's faces/hands are clean B(1) Children's faces/hands (reviewed are clean B(1) Children's faces/hands	At least 1 person with CPR & 1st Aid on the premises K/5\/h)		_	_	Pacinity following tracking of children procedures A(3)	Æ	, 0	0
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Medicine and harmful items labeled and stored properly D(2) First Aid kit in facility and in vehicle if transport E(1), I(1)(g) Physical State III and in vehicle if transport E(1), I(1)(g) No smoking/consumption of alcoholic beverage A(3) Physical State III and III	Children's faces/hands are clean R/1)	_	_	1	THE PERSON OF TH	C	<u> N</u>	N/A
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Food for infants cut in pieces 1/2 inch or less A(3)(j) Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) Cups and bottles labeled with child's name & used only by that child A(3)(a) Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: Date: 15-25 Refused to sign		X			Driver's (valid) driver's license reviewed (1)(f)	*	<u></u>	0
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Cups and bottles labeled with child's name & used only by that child A(3)(a) N-Noncompliant with Regulation No violations noted at the time of visit of the child A(3)(a) Signature of Director/Operator/Designee: No violations noted at the time of visit of the child A(3)(a) Date: 15-25 Refused to sign	Crock pots, bottle warmers, are inaccessible to children. No	''-			C-Compliant with Regulation			750
Cups and bottles labeled with child's name & used only by that child A(3)(a) No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violations noted at the time of visit Signature of Director/Operator/Designee: No violation noted at the time of visit Signature of Director/Operator/Designee: No violation noted at the time of visit Signature o		1/2	-					
Signature of Director/Operator/Designee: June Hack Ull Date: 1-15-25 Prefused to sign	Cups and bottles labeled with child's name & used only by that) 6	0	0			2,803.000	CHIPTING.