

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

Facility Name: ATM Daycare Center
Permit #: 23208
Address: 9340 A Hwy. 90 LONGS, SC 29568

Date of Inspection: <u>5/14/26</u>	Time of Inspection: <u>12:05pm</u>
Type of Inspection: <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Complaint	
<input type="checkbox"/> Follow Up (Original Inspection)	
Date: ___/___/___	
Reason for Follow up:	
<input type="checkbox"/> Pending Deficiencies	
<input type="checkbox"/> Self-Reported Incident	

Telephone #: 843-734-0270 Any changes in contact info (Phone/Email/Fax)? Yes No

Center Director/Designee: Monica Moss

Change in Ownership or Director? Yes No If yes, Name: _____

Maximum number of children: 77

Maximum number of infants: 33

Items posted in public view: License Menu Ratio Chart (All classrooms)

ABC Quality Yes

Head Start Yes No Public Schools Yes No Overnight Care? Yes No

Hours of Operation: M- 7:00AM- 5:00PM T- 7:00AM- 5:00PM W- 7:00AM- 5:00PM Th- 7:00AM- 5:00PM F- 7:00AM- 5:00PM

MANAGEMENT, ADMINISTRATION & STAFFING 114-503	SUPERVISION 114-504
C N N/A	C N N/A
Staff files are in compliance H(1-7) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Adequate supervision throughout facility A(1-2) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A
Training hours up-to-date K(5)(b-c) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Facility following tracking of children procedures A(3) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A
At least 1 person with CPR & 1 st Aid on the premises K(5)(h) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Ratios adequate in all classrooms and on playground B, C <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A

HEALTH, SANITATION & SAFETY 114-505					
C N N/A			C N N/A		
Children's faces/hands are clean B(1) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Proper diaper changing practices were observed F(1-16) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A				
Medicine and harmful items labeled and stored properly D(2) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Proper handwashing practices were observed G(4) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A				
First Aid kit in facility and in vehicle if transport E(1), I(1)(g) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	No smoking/consumption of alcoholic beverage A(3) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A				
Current Emergency Preparedness Plan H(3) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Emergency Medical Plan C(1) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A				

PHYSICAL SITE 114-507					
BUILDING			PLAYGROUND		
C N N/A	C N N/A	C N N/A	C N N/A	C N N/A	C N N/A
Ventilation and lighting & sufficient A(2)(a-d), (4) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Playground equip. safe & firmly anchored B(7) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A				
No strangulation/choking/suffocation hazards A(5)(g) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Adequate cushioning material; at least 6ft fall zone B(9) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A				
Ceiling, floors, windows, doors free from hazards A(5)(d) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Fencing/safety barriers 4ft. in height, in good repair B(4) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A				
Building(s) temp between 68-80°F A(7) If no, close in 4 hrs. <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Outdoor space free from hazards and litter B(2) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A				
Facility free from pest problems (Insects, rodents) A(8)(b-c) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	RESTING				
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) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Play Pens observed C(4) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A				
Electrical outlets are securely covered A(11)(c) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Cribs meet federal standards (reviewed certificate) D(1) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A				
Sink area has running water A(12)(d) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Cots, mats, cribs labeled or charted for each child D(2) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A				
Soap and disposable towels available at sink A(12)(i) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	PROGRAM 114-506				
Furniture, toys & equipment are clean and in good repair C(1) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A				
Furniture, toys & equipment meets the CPSC standards C(2) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Positive, non-abusive discipline practice B(1) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A				
Healthy animals, not permitted if allergic E(4) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A				
Other environmental allergies (Policy #120) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A				

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

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

Signature of Director/Operator/Designee: Monica Moss Date: 5/14/26 Refused to sign.

Signature of Child Care Licensing Specialist: Jane Vaquero Date: 5/14/26 Revised February 2025