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

Date of Inspection: 8/21/26
Time of Inspection: 9:30-2
Type of Inspection: □ **Annual** ☑ **Complaint**
□ **Follow Up (Original Inspection Date:** ___/___/___)
Reason for Follow up:
□ **Pending Deficiencies**
□ **Self-Reported Incident**

Facility Name: Charleston Progressive Academy
Permit #: 25675
Address: 382 Meeting Street CHARLESTON, SC 29403

Telephone #: 843-270-2967 Any changes in contact info (Phone/Email/Fax)? □ Yes ☑ No
Center Director/Designee: Wanda Sheats
Change in Ownership or Director? □ Yes ☑ No If yes, Name: _____
Maximum number of children: 50 Building 1: _____ Building 2: _____ Building 3: _____
Maximum number of infants: 30 ☑ 24 months ☑ 30 months □ I-4 facility **Infants are in designated rooms?** ☑ Yes □ No □ N/A
Items posted in public view: ☑ License ☑ Menu ☑ Ratio Chart (All classrooms) **Does facility transport children?** □ Yes □ No ☑ N/A
ABC Quality No **Head Start** □ Yes ☑ No **Public Schools** ☑ Yes □ No **Overnight Care?** □ Yes ☑ No
Hours of Operation: M- 6:45AM- 4:30PM T- 6:45AM- 4:30PM W- 6:45AM- 4:30PM Th- 6:45AM- 4:30PM F- 6:45AM- 4:30PM

MANAGEMENT, ADMINISTRATION & STAFFING 114-503	C	N	N/A
Staff files are in compliance **H(1-7)**	☑	□	□
Training hours up-to-date **K(5)(b-c)**	☑	□	□
At least 1 person with CPR & 1st Aid on the premises **K(5)(h)**	☑	□	□

SUPERVISION 114-504	C	N	N/A
Adequate supervision throughout facility **A(1-2)**	☑	□	□
Facility following tracking of children procedures **A(3)**	☑	□	□
Ratios adequate in all classrooms and on playground **B, C**	☑	□	□

HEALTH, SANITATION & SAFETY 114-505	C	N	N/A
Children's faces/hands are clean **B(1)**	□	□	☑
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)**	□	□	☑
Current Emergency Preparedness Plan **H(3)**	□	□	☑

	C	N	N/A
Proper diaper changing practices were observed **F(1-16)**	□	□	☑
Proper handwashing practices were observed **G(4)**	□	□	☑
No smoking/consumption of alcoholic beverage **A(3)**	□	□	☑
Emergency Medical Plan **C(1)**	□	□	☑

PHYSICAL SITE 114-507 — BUILDING	C	N	N/A
Ventilation and lighting & sufficient **A(2)(a-d), (4)**	□	□	☑
No strangulation/choking/suffocation hazards **A(5)(g)**	□	□	☑
Ceiling, floors, windows, doors free from hazards **A(5)(d)**	□	□	☑
Building(s) temp between 68-80°F **A(7)** If no, close in 4 hrs.	□	□	☑
Facility free from pest problems (Insects, rodents) **A(8)(b-c)**	□	□	☑
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)**	□	□	☑
Electrical outlets are securely covered **A(11)(c)**	□	□	☑
Sink area has running water **A(12)(d)**	□	□	☑
Soap and disposable towels available at sink **A(12)(i)**	□	□	☑
Furniture, toys & equipment are clean and in good repair **C(1)**	□	□	☑
Furniture, toys & equipment meets the CPSC standards **C(2)**	□	□	☑
Healthy animals, not permitted if allergic **E(4)**	□	□	☑
Other environmental allergies **(Policy #120)**	□	□	□

PLAYGROUND	C	N	N/A
Playground equip. safe & firmly anchored **B(7)**	□	□	☑
Adequate cushioning material; at least 6ft fall zone **B(9)**	□	□	☑
Fencing/safety barriers 4ft. in height, in good repair **B(4)**	□	□	☑
Outdoor space free from hazards and litter **B(2)**	□	□	☑
RESTING	C	N	N/A
Play Pens observed **C(4)**	□	□	☑
Cribs meet federal standards (reviewed certificate) **D(1)**	□	□	☑
Cots, mats, cribs labeled or charted for each child **D(2)**	□	□	☑
PROGRAM 114-506	C	N	N/A
Written, planned, daily program of activities that is developmentally & age appropriate observed **A(1-3)**	□	□	☑
Positive, non-abusive discipline practice **B(1)**	□	□	☑
	□	□	□

MEAL REQUIREMENTS 114-508	C	N	N/A
Meals & snacks in compliance with USDA **A(1)(b)**	□	□	☑
Clean, wholesome, unspoiled, properly labeled food **A(4)**	□	□	☑
Food preparers have proper hair restraints **B(5)**	□	□	☑
Refrigerators have thermometers, temp under 45°F **D(2-3)**	□	□	☑
Prevention and response to food allergies **A(9-10)**	☑	□	□

	C	N	N/A
Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk **A(3)**	☑	□	□
Food stored & handled properly **D(1)**	☑	□	□
All cleaning & poisonous items stored away from food **D(8)**	☑	□	□
	□	□	☑

INFANT CARE 114-509	C	N	N/A
Infants are placed on their back to sleep **A(5)(a)**	□	□	☑
No bottles propped or given in cribs or on mats **A(3)(c)**	□	□	☑
Food for toddlers cut in pieces ½ inch or less **A(3)(k)**	□	□	☑
Food for infants cut in pieces ¼ 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)**	□	□	☑

TRANSPORTATION 114-505 I	C	N	N/A
Vehicle has proper safety restraints & in good repair **I(1)**	□	□	☑
Checklist for loading/unloading children reviewed **(2)(d)**	□	□	☑
Driver's (valid) driver's license reviewed **(1)(f)**	□	□	☑

C-Compliant with Regulation
N-Noncompliant with Regulation

Violations noted at the time of visit ☑ Yes □ No
Any violations corrected onsite □ Yes □ No **DSS Form 2910 needed** □ Yes ☑ No

Signature of Director/Operator/Designee: _____ Date: 8/21/26 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: _____ Date: 8/21/26