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

Date of Inspection:	acility Name: Thomas Hart Academy			Data	of Ingrestion, II- IA 2 I -	. 1		
Any changes in contact into (Phone/Email/Fax)? Yes yf No Overnight Care? Detertor September 1, 2000 Detertor September 2, 20		nual	п С е	Dale (Omplair	of Inspection: Time of Inspection: 10	10	<u>im</u>	_
eleptione #: 843-332-4991 after Director/Designee. Amanda Saleeby Any changes in contact into (Phone/Email/Fax)? Yes y No			_ •				_)	
Any changes in contact into (Phone/Email/Fax)? ¬ yes yz No Owenight Care? □ yes ox No period (Phone/Email/Fax)? ¬ yes yz No Owenight Care? □ yes ox No period (Phone/Email/Fax)? ¬ yes yz No Owenight Care? □ yes ox No period (Phone/Email/Fax)? ¬ yes yz No Owenight Care? □ yes ox No period (Phone/Email/Fax)? ¬ yes yz No Owenight Care? □ yes ox No period (Phone/Email/Fax)? ¬ yes yz No Owenight Care? □ yes ox No period (Phone/Email/Fax)? ¬ yes yz No Owenight Care? □ yes ox No period (Phone/Email/Fax)? ¬ yes yz No Owenight Care? □ yes ox No period (Phone/Email/Fax)? ¬ yes yz No Destroy (Phone/Email/Fax	ddress: 852 Flinns Road, HARTSVILLE, SC 29550					cy 🗆 S	self-R	leport
einter Director/Designes: Amanda Saleeby Anage in Ownership or Director/Designes: Amanda Saleeby Anage in Ownership or Director/Designes: Amanda Saleeby Building 1:	elephone #: 843-332-4991 Any changes in	cont	aat ir	da /DL	Hours of Operation: Single Shift			
thange in Ownership or Director? □ Yes _ Who II yes, Name: lawfund mumber of children-18e_20 plusting 1:	enter Director/Designee: Amanda Saleeby		act II	ווט (אוו	one/Email/Fax)? □ Yes yz No	yes t	9 1	ĺo .
Building 2: Building 3: CDEP arms posted in public view: \(\frac{1}{2} \) License \(\frac{1}{2} \) months \(\frac{1}{2} \) months \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) for \(\frac{1}{2} \) months \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) for \(\frac{1}{2} \) months \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) for \(\frac{1}{2} \) months \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) for \(\frac{1}{2} \) months \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) for \(\frac{1}{2} \) months \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) for \(\frac{1}{2} \) months \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) for \(\frac{1}{2} \) months \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) for \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) for \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) for \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) for \(\frac{1}{2} \) infants are in designated rooms \(\frac{1}{2} \) infants are in compliance the infants are in designated rooms \(\frac{1}{2} \) infants are in are compliance the infants are in a received and in a received property in a rece	hange in Ownership or Director? Yes 12 No If yes Name							
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ems posted in public view: ps License	laximum number of infants: 19	n.20		_ BU	Ilding 2: Building 3:		EΡ	
MANAGEMENT, ADMINISTRATION & STAFFING 114-503 Steff files are in compliance H(1-7) Training hours up-to-date K(5(b)-c) At least 1 person with CPR & 19 Aid on the premises K(5(h) 10 10 10 10 10 10 10 1		hort	/ IIIUI / A II. a	KIIS 🗆 I	Infants are in designated rooms? Yes	□ No	□ 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 & 19' Aid on the premises K(5)(h) HEALTH, SANITATION, SAFETY 114-505 C N N/A Ratios adequate in all classrooms and on playground B, C D D Aid Bast 1 person with CPR & 19' Aid on the premises K(5)(h) HEALTH, SANITATION, SAFETY 114-505 C N N/A Medicine and harmful items labeled and stored property D(2) Proper diaper changing practices were observed G(4) PRINSICAL STEE 114-507 BUILDING C N N/A PLAYGRUND C N N/A Sufficient A(2)(a-d), (A)(a-c) O STANQUISION (A)(a-c) Playground equip, safe & firmly anchored B(7) Juliang, Iloos, windows, doors free from hazards A(5)(g)(I-iii) Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang, Iloos, windows, doors free from hazards A(5)(g) Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang Playground equip, safe & firmly anchored B(7) Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang Playground equip, safe & firmly anchored B(7) Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, close in 4 hrs. Juliang(5) temp between 68-80°F A(7) if no, clos		JII CII L	(All C	iassiu	oms) Does facility transport children? Yes No V	N/A		
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in Arayan and bottles labeled with child's name & used only by that	icrowaving of beverages observed A/31/d1	100	o		N Menografication	S POLICE	100000	(Fig. 1)
34 NOVA	ips and bottles labeled with child's name & used only by that	1			N-Noncompliant with Regulation	5	127	
No violations noted at the time of visit	ild A(3)(a)	V 6		0	No violations nated at the state of the stat			
			1203		The violations noted at the time of visit			

Signature of Director/Operator/Designee: Director/Operator/Designee: Date: 11-10-21 Refused to sign Broad Date: 11-10-21