

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

Facility Name: Aynor Kiddie Care, LLC
Permit #: 14648

Date of Inspection: 6/6/23 Time of Inspection: 11:30

Type of Inspection: Annual Complaint Follow Up (original inspection date _____)
Reason for Follow up: clear up pending deficiency Self-Report

Address: 343 7th Avenue, AYNOR, SC 29511
Telephone #: 843-358-8416

Hours of Operation: Single Shift

Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No

Center Director/Designee: Vicki Rabon

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

Maximum number of children: 42

Building 1: _____ Building 2: _____ Building 3: _____ CDEP

Maximum number of infants: 35

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

| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate supervision throughout facility A(1-2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Training hours up-to-date K(5)(b-c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Facility following tracking of children procedures A(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| At least 1 person with CPR & 1 st Aid on the premises K(5)(h) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ratios adequate in all classrooms and on playground B, C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper diaper changing practices were observed F(1-16) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Medicine and harmful items labeled and stored properly D(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper handwashing practices were observed G(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| First Aid kit in facility and in vehicle if transport E(1), I(1)(g) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No smoking/consumption of alcoholic beverage A(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| PHYSICAL SITE 114-507 | | | | | | | | | |
| BUILDING | C | N | N/A | PLAYGROUND | C | N | N/A | | |
| Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Playground equip. safe & firmly anchored B(7) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| No strangulation/choking/suffocation hazards A(5)(g)(i-iii) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate cushioning material; at least 6ft fall zone B(9) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Ceiling, floors, windows, doors free from hazards A(5)(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fencing/safety barriers 4ft. in height, in good repair B(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outdoor space free from hazards and litter B(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Facility free from pest problems (Insects, rodents) A(8)(b-c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RESTING | | | C | N | N/A |
| Garbage kept properly in plastic lined receptacles A(8) (d-i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Play Pens observed C(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Electrical outlets are securely covered A(11)(c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cribs meet federal standards (reviewed certificate) D(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Sink area has running water A(12)(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cots, mats, cribs labeled or charted for each child D(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Soap and disposable towels available at sink A(12)(i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PROGRAM 114-506 | | | C | N | N/A |
| Furniture, toys & equipment are clean and in good repair C(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Furniture, toys & equipment meets the CPSC standards C(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive, non-abusive discipline practice B(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Healthy pets/animals (Vaccination record up-to-date) E(4) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | |
| MEAL REQUIREMENTS 114-508 | | | | | | | | | |
| | C | N | N/A | | C | N | N/A | | |
| Meals & snacks in compliance with USDA A(1)(b) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Round, firm foods are not offered to children under 4 yrs. Old, unless properly cut to prevent choking risk A(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Clean, wholesome, unspoiled, properly labeled food A(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food stored & handled properly D(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Food preparers have proper hair restraints B(5) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All cleaning & poisonous items stored away from food D | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Refrigerators have thermometers, temp under 45°F D(2-3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| INFANT CARE 114-509 | | | | TRANSPORTATION 114-505 I | | | | | |
| | C | N | N/A | | C | N | N/A | | |
| Infants are placed on their back to sleep A(5)(a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vehicle has proper safety restraints & in good repair I(1) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| No bottles propped or given in cribs or on mats A(3)(c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Checklist for loading/unloading children reviewed (2)(d) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Food for toddlers cut in pieces ½ inch or less A(3)(k) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driver's (valid) driver's license reviewed (1)(f) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Food for infants cut in pieces ¼ inch or less A(3)(j) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C-Compliant with Regulation N-Noncompliant with Regulation | | | | | |
| Cups and bottles labeled with child's name & used only by that child A(3)(a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No violations noted at the time of visit <input checked="" type="checkbox"/> | | | | | |

Signature of Director/Operator/Designee: Angela Hornum

Date: 6-6-23 Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 6/6/23