

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

Facility Name: Camp Lowcountry Day  
Permit #: 25274

Date of Inspection: 1/24/24 Time of Inspection: 10:55am

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

Address: 285 Red Cedar St., BLUFFTON, SC 29910  
Telephone #: 843-815-2273

Hours of Operation: Single Shift

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

Center Director/Designee: Alana McBride

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

Maximum number of children: 138 Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  CDEP

Maximum number of infants: 114  24 months  30 months  I-4 facility **Infants are in designated rooms?**  Yes  No  N/A

Forms 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Adequate supervision throughout facility A(1-2)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                |     |  |  |
| Training hours up-to-date K(5)(b-c)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 <sup>st</sup> 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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Proper diaper changing practices were observed F(1-16)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                |     |  |  |
| Medicine and harmful items labeled and stored properly D(2)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | No smoking/consumption of alcoholic beverage A(3)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 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  |                                     |                                     |                                     |                                |     |  |  |
|  | C                                   | N                                   | N/A                                 |  | C                                   | N                                   | N/A                                 |                                |     |  |  |
| Infants are placed on their back to sleep A(5)(a)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | C-Compliant with Regulation  |                                     |                                     |                                     | N-Noncompliant with Regulation |     |  |  |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | No violations noted at the time of visit <input type="checkbox"/>  |                                     |                                     |                                     |                                |     |  |  |
| Cups and bottles labeled with child's name & used only by that child A(3)(a)                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |  |                                     |                                     |                                     |                                |     |  |  |

Signature of Director/Operator/Designee: Alana McBride

Date: 1/24/2024  Refused to sign

Signature of Child Care Licensing Specialist: Ketina P.

Date: 1/24/24

**Division of Early Care and Education**

**Deficiency Correction**

**NAME OF PROVIDER/OPERATOR** Camp Lowcountry Day

**PERMIT #** 25274

| <b>Deficiency Cited</b>                | <b>Corrective Action Needed</b>                        | <b>Expected Date of Correction</b> |
|--|--|------------------------------------|
| 1 health assessments needed            | schedule doctor appointments within 2 weeks            | 02/8/24                            |
| 1 unqualified caregiver- no hs diploma | caregiver will not return until HS Diploma is verified | 01/24/24                           |
|  |  |                                    |
|  |  |                                    |
|  |  |                                    |
|  |  |                                    |

**Providers/Operators are required by regulations and statutes to be in compliance at all time.**

**Licensing Specialist** Katrina D. Simmons **Date** 02/02/24