

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

Facility Name: Buford Child Development Center dba 2LRWLL Date of Inspection: 3-12-15 Time of Inspection: 3:50pm  
 Permit #: 25518 Type of Inspection: ☒ Annual ☐ Complaint ☐ Follow Up (original inspection date \_\_\_\_\_)  
 Reason for Follow up: ☐ clear up pending deficiency ☐ Self-Report

Address: 1699 N. Rocky River Road, LANCASTER, SC 29720 Hours of Operation: Mon-Fri 6:30am-5:30pm  
 Telephone #: 803-286-4177 Any changes in contact info (Phone/Email/Fax)? ☒ Yes ☒ No Overnight Care? ☐ Yes ☒ No  
 Center Director/Designee: Tammy Hildreth  
 Change in Ownership or Director? ☐ Yes ☒ No If yes, Name: \_\_\_\_\_  
 Maximum number of children: 159 Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_ ☐ CDEP  
 Maximum number of infants: 61 ☐ 24 months ☒ 30 months ☐ I-4 facility **Infants are in designated rooms?** ☒ Yes ☐ No ☐ N/A  
 Signs 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 <b>H(1-7)</b>                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate supervision throughout facility <b>A(1-2)</b>          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Training hours up-to-date <b>K(5)(b-c)</b>                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Facility following tracking of children procedures <b>A(3)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises <b>K(5)(h)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ratios adequate in all classrooms and on playground <b>B, C</b> | <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>B(1)</b>                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proper diaper changing practices were observed <b>F(1-16)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicine and harmful items labeled and stored properly <b>D(2)</b>         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper handwashing practices were observed <b>G(4)</b>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid kit in facility and in vehicle if transport <b>E(1), I(1)(g)</b> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | No smoking/consumption of alcoholic beverage <b>A(3)</b>      | <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 <b>A(2)(a-d), (4)(a-c)</b>     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Playground equip. safe & firmly anchored <b>B(7)</b>                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No strangulation/choking/suffocation hazards <b>A(5)(g)(i-iii)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate cushioning material; at least 6ft fall zone <b>B(9)</b>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Ceiling, floors, windows, doors free from hazards <b>A(5)(d)</b>     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Fencing/safety barriers 4ft. in height, in good repair <b>B(4)</b>                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Building(s) temp between 68-80°F <b>A(7)</b> If no, close in 4 hrs.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Outdoor space free from hazards and litter <b>B(2)</b>                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Facility free from pest problems (Insects, rodents) <b>A(8)(b-c)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | RESTING                                                                                                        |                                     |                          |                                     |
| Garbage kept properly in plastic lined receptacles <b>A(8) (d-i)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Play Pens observed <b>C(4)</b>                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Electrical outlets are securely covered <b>A(11)(c)</b>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Cribs meet federal standards (reviewed certificate) <b>D(1)</b>                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sink area has running water <b>A(12)(d)</b>                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Cots, mats, cribs labeled or charted for each child <b>D(2)</b>                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Soap and disposable towels available at sink <b>A(12)(i)</b>         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | PROGRAM 114-506                                                                                                |                                     |                          |                                     |
| Furniture, toys & equipment are clean and in good repair <b>C(1)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Written, planned, daily program of activities that is developmentally & age appropriate observed <b>A(1-3)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Furniture, toys & equipment meets the CPSC standards <b>C(2)</b>     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Positive, non-abusive discipline practice <b>B(1)</b>                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Healthy pets/animals (Vaccination record up-to-date) <b>E(4)</b>     | <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 <b>A(1)(b)</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 <b>A(3)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food <b>A(4)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food stored & handled properly <b>D(1)</b>                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food preparers have proper hair restraints <b>B(5)</b>         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All cleaning & poisonous items stored away from food <b>D</b>                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F <b>D(2-3)</b> | <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 <b>A(5)(a)</b>                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vehicle has proper safety restraints & in good repair <b>I(1)</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| No bottles propped or given in cribs or on mats <b>A(3)(c)</b>                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Checklist for loading/unloading children reviewed <b>(2)(d)</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces ½ inch or less <b>A(3)(k)</b>                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driver's (valid) driver's license reviewed <b>(1)(f)</b>                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces ¼ inch or less <b>A(3)(j)</b>                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                         |                          |                          |                                     |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed <b>A(3)(d)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C-Compliant with Regulation<br>N-Noncompliant with Regulation           |                          |                          |                                     |
| Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No violations noted at the time of visit <input type="checkbox"/> (cos) |                          |                          |                                     |

Signature of Director/Operator/Designee: Cynthia Henderson Date: 3-12-25 ☐ Refused to sign

Signature of Child Care Licensing Specialist: [Signature] Date: 3-12-25