

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

Facility Name: Kidz Kare Totz
Permit #: 25390
Address: 510 South Main Street MAULDIN, SC 29662

Date of Inspection: 4/24/25
Time of Inspection: 10:05

Type of Inspection: ☒ Annual ☐ Complaint
☐ Follow Up (Original Inspection)
Date: / /
Reason for Follow up:
☐ Pending Deficiencies
☐ Self-Reported Incident

Telephone #: 864-757-9786 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Kimberly J Parks-Gary
Change in Ownership or Director? ☐ Yes ☒ No If yes, Name: _____

Maximum number of children: 88 Building 1: _____ Building 2: _____ Building 3: _____
Maximum number of infants: 50 ☐ 24 months ☒ 30 months ☐ I-4 facility

Items posted in public view: ☒ License ☒ Menu ☒ Ratio Chart (All classrooms)
ABC Quality Yes Head Start ☐ Yes ☒ No Public Schools ☐ Yes ☒ No

Infants are in designated rooms? ☒ Yes ☐ No ☐ N/A

Does facility transport children? ☒ Yes ☐ No ☐ N/A

Overnight Care? ☐ Yes ☒ No

Hours of Operation: M- 6:30AM- 6:00PM T- 6:30AM- 6:00PM W- 6:30AM- 6:00PM Th- 6:30AM- 6:00PM F- 6:30AM- 6:00PM

MANAGEMENT, ADMINISTRATION & STAFFING 114-503

| | C | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| Staff files are in compliance H(1-7) | <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"/> |
| 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"/> |

SUPERVISION 114-504

| | C | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| Adequate supervision throughout facility A(1-2) | <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"/> |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> |
| Current Emergency Preparedness Plan H(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Medical Plan C(1) | <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) | <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) | <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 |
| 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) | <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 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 animals, not permitted if allergic E(4) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other environmental allergies (Policy #120) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All cleaning & poisonous items stored away from food D(8) | <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"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention and response to food allergies A(9-10) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INFANT CARE 114-509

| | 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"/> |
| No bottles propped or given in cribs or on mats A(3)(c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food for toddlers cut in pieces ½ inch or less A(3)(k) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |
| 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"/> |

TRANSPORTATION 114-505 I

| | C | N | N/A |
|--|--------------------------|--------------------------|-------------------------------------|
| Vehicle has proper safety restraints & in good repair I(1) | <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"/> |
| Driver's (valid) driver's license reviewed (1)(f) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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: 4-29-2025

Refused to sign.

Signature of Child Care Licensing Specialist: _____

Date: 4/24/25