South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR LICENSED CENTERS

Facility Name: Little Wonders Learning Center

Signature of Child Care Licensing Specialist: _

Permit #: 25181

Address: 3204 C White Horse Road GREENVILLE, SC 29611

| Date of Inspection: 61125 |
|--|
| Time of Inspection: 10:25 |
| Type of Inspection: p.Annual o Complaint |
| □ Follow Up (Original Inspection |
| Date:/) |
| Reason for Follow up: |
| Pending Deficiencies |
| □ Self-Reported Incident |

| Telephone #: 864-509-1111 | Any changes in contact info (Phor | e/Email/Fax)? Yes | 2. | Self-Reported Incident | | | |
|---------------------------------------|-----------------------------------|-----------------------|--|---------------------------------|--|--|--|
| Center Director/Designee: Lakeisha Mo | | | <u> </u> | <u> </u> | | | |
| Change in Ownership or Director? - Y | es 💅 No If yes, Name: | | | | | | |
| Maximum number of children: 114 | Building 1: | Building 2: | Building 3: | | | | |
| Maximum number of infants: 24 | | months 🗆 I-4 facility | Infants are in designated rooms? Thes I No I | | | | |
| Items posted in public view: @ Licens | se a Menu 🗆 Ratio Chart (All clas | ssrooms) | Does facility trans | port children? seres o No o N/A | | | |

ABC Quality Yes Head Start D Yes No Public Schools - Yes Mo Overnight Care? Yes No Hours of Operation: M-7:00AM-5:30PM T-7:00AM-5:30PM W-7:00AM-5:30PM Th-7:00AM-5:30PM F-7:00AM-5:30PM

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503 | N. | | | SUPERVISION 114-504 | | 1200 | 40.0 |
|--|------------|----------|----------|---|-------|---------|--------------|
| | C | N | N/A | | С | N | N |
| Staff files are in compliance H(1-7) | 0/ | | | Adequate supervision throughout facility A(1-2) | 10 | | 9 |
| raining hours up-to-date K(5)(b-c) | 8 | | 0 | Facility following tracking of children procedures A(3) | 150 | | |
| at least 1 person with CPR & 1 St Aid on the premises K(5)(h) | 8 | | 0 | Ratios adequate in all classrooms and on playground B, C | 1 | | . 0 |
| HEAL | | | | & SAFETY 114-505 | | Marie . | |
| | С | N | N/A | | С | N | IN |
| Children's faces/hands are clean B(1) | 0 | | | Proper diaper changing practices were observed F(1-16) | 1 | | |
| Medicine and harmful items labeled and stored properly D(2) | 0 | 0 | A | Proper handwashing practices were observed G(4) | 9/ | | |
| First Aid kit in facility and in vehicle if transport E(1), I(1)(g) | 0/ | 0 | ū | No smoking/consumption of alcoholic beverage A(3) | 3 | | |
| Current Emergency Preparedness Plan H(3) | 9 | | | Emergency Medical Plan C(1) | 11/ | | |
| PHYSICA | SITE | E 114 | 507 | | 100 | ini | 100 |
| BUILDING | С | N | N/A | PLAYGROUND | С | N | I |
| /entilation and lighting & sufficient A(2)(a-d), (4) | 1 | | Q | Playground equip. safe & firmly anchored B(7) | 1 | - | |
| No strangulation/choking/suffocation hazards A(5)(g) | • | - | 0 | Adequate cushioning material; at least 6ft fall zone B(9) | 100 | | |
| Ceiling, floors, windows, doors free from hazards A(5)(d) | | | 0 | Fencing/safety barriers 4ft. in height, in good repair B(4) | D | | + |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs. | 1 | - | | Outdoor space free from hazards and litter B(2) | 9 | | |
| acility free from pest problems (Insects, rodents) A(8)(b-c) | 0 | | | RESTING | C | N | 1 |
| All potentially harmful items including cleaning supplies, flammable | | <u> </u> | | Play Pens observed C(4) | | | + |
| roducts, poisonous, toxic, hazardous and materials are labeled and | _/ | 1_ | _ | , | | L _ | ١. |
| tored in locked area out of children's reach. Bio-contaminants are | □ V | | | | 1 | | |
| isposed of properly. A(5)(c) (e), A(8); E(1),(4) | | | | | | | |
| lectrical outlets are securely covered A(11)(c) | - | 0 | 0 | Cribs meet federal standards (reviewed certificate) D(1) | | | |
| ink area has running water A(12)(d) | • | - | | Cots, mats, cribs labeled or charted for each child D(2) | 10 | | |
| oap and disposable towels available at sink A(12)(i) | 1 | - | | PROGRAM 114-506 | С | N | 1 |
| urniture, toys & equipment are clean and in good repair C(1) | | 0 | | Written, planned, daily program of activities that is | | | |
| urniture, toys & equipment meets the CPSC standards C(2) | 0 | | 0 | developmentally & age appropriate observed A(1-3) | 1 | | |
| lealthy animals, not permitted if allergic E(4) | | | | Positive, non-abusive discipline practice B(1) | 1 | | † |
| Other environmental allergies (Policy #120) | D | - | | | | | † |
| MEAL REQ | | | | 08 | | | |
| | С | N | N/A | | С | N | |
| feals & snacks in compliance with USDA A(1)(b) | | | 0 | Round, firm foods are not offered to children under 4 yrs. old, | 0 | | |
| Clean, wholesome, unspoiled, properly labeled food A(4) | | | | unless properly cut to prevent choking risk A(3) | 0 | | |
| ood preparers have proper hair restraints B(5) | 0 | | | Food stored & handled properly D(1) | 1 | 0 | T |
| Refrigerators have thermometers, temp under 45°F D(2-3) | 0 | | | All cleaning & poisonous items stored away from food D(8) | 0 | | |
| revention and response to food allergies A(9-10) | P / | 1 - | B | | | | |
| INFANT CARE 114-509 | | | | TRANSPORTATION 114-505 I | | | 4 |
| | C | N. | N/A | AND THE RESIDENCE OF THE PARTY BANKS | С | N | \perp |
| nfants are placed on their back to sleep A(5)(a) | | | 1 | Vehicle has proper safety restraints & in good repair I(1) | Ò | | |
| o bottles propped or given in cribs or on mats A(3)(c) | | 0 | 9 | Checklist for loading/unloading children reviewed (2)(d) | | | |
| ood for toddlers cut in pieces ½ inch or less A(3)(k) | II/ | | | Driver's (valid) driver's license reviewed (1)(f) | | | |
| ood for infants cut in pieces 1/4 inch or less A(3)(j) | 1 | | | with the below the Same San Salar | | Lake | |
| crock pots, bottle warmers, are inaccessible to children, No | | В | 9 | C-Compliant with Regulation | | | |
| nicrowaving of beverages observed A(3)(d) | - | | | N-Noncompliant with Regulation | | SHIPS | STA |
| cups and bottles labeled with child's name & used only by that child | 100 | | | Violations noted at the time of visit a Yes willo | | | |
| (3)(a) | 1 | | | Any violations corrected onsite or Yes No DSS Form 2910 n | eeded | □ Yes | 5 1 |