

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

Facility Name: S.O.S. Child Development Center
Permit #: 23897

Type of Inspection: ☐ Annual ☒ Complaint

Date of Inspection: 2/26/25 Time of Inspection: 3:36 PM

Follow Up (original inspection date)

Reason for Follow up: ☐ clear up pending deficiency ☐ Self-Report

Address: 1534 Grainger Road, CONWAY, SC 29528

Telephone #: 843-488-5437

Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Overnight Care? ☐ Yes ☒ No

Center Director/Designee: Agnes Nallo, Baidu Nallo Akinrotiba

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

Maximum number of children: 92

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

Maximum number of infants: 18

☒ 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 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| At least 1 person with CPR & 1st 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 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cribs meet federal standards (reviewed certificate) D(1) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sink area has running water A(12)(d) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cots, mats, cribs labeled or charted for each child D(2) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Soap and disposable towels available at sink A(12)(i) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PROGRAM 114-506 | C | N | N/A |
| Furniture, toys & equipment are clean and in good repair C(1) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Round, firm foods are not offered to children under 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food A(4) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Yrs. Old, unless properly cut to prevent choking risk A(3) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food preparers have proper hair restraints B(5) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food stored & handled properly D(1) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F D(2-3) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All cleaning & poisonous items stored away from food D | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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)(l) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 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"/> | C-Compliant with Regulation | | | |
| Cups and bottles labeled with child's name & used only by that child A(3)(a) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N-Noncompliant with Regulation | | | |
| | | | | No violations noted at the time of visit <input type="checkbox"/> | | | |

Signature of Director/Operator/Designee: Agnes A. Nallo

Date: 2/26/25 ☐ Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 2/26/25

Division of Early Care and Education**Deficiency Correction****NAME OF PROVIDER/OPERATOR: S.O.S. Child Development Center****PERMIT # 23897**

| Deficiency Cited | Corrective Action Needed | Expected Date of Correction |
|---|---|------------------------------------|
| Facility did not report alleged child abuse allegations against staff to the Department. | Facility will ensure reports are made to the Department as required. | 2/26/25 |
| Facility did not report an injury to the Department that required professional medical treatment. | Facility will ensure reports are made to the Department as required. | 2/26/25 |
| Facility did not report that Law Enforcement came out to the center for an investigation. | Facility will ensure reports are made to the Department as required. | 2/26/25 |
| Staff files were not accessible at the time of the visit. | Director will ensure staff files are accessible to designee when director is not at the center. | 2/26/25 |
| The facility was out of ratio in two separate areas. | Facility will ensure ratios are maintained at all times. | 2/26/25 |
| There was improper supervision when children were in a room alone and when other room didn't have enough staff to meet ratio. | Facility will ensure proper supervision is maintained at all times. | 2/26/25 |

Providers/Operators are required by regulations and statutes to be in compliance at all times.Licensing Specialist  Date 2/26/25

Division of Early Care and Education
Deficiency Correction

NAME OF PROVIDER/OPERATOR: S.O.S. Child Development Center

PERMIT # 23897

| Deficiency Cited | Corrective Action Needed | Expected Date of Correction |
|--|---|------------------------------------|
| The upstairs back room has a capacity of 5 children. There were 9 children in the room at the time of the visit. | Facility will ensure they adhere to room capacities. | 2/26/25 |
| Tracking was not accurate in any of the rooms. | Facility will ensure tracking is accurate. | 2/26/25 |
| Verification of background checks were needed for 3 staff. | Director will ensure paperwork is available for review. | 2/26/25 |
| Signed policies were needed to include the discipline policies for 3 staff. | Director will ensure paperwork is available for review. | 2/26/25 |
| A Medical Statement was needed on file for 3 staff. | Director will ensure paperwork is available for review. | 3/26/25 |
| A Staff Health Assessment was needed on file for 3 staff | Director will ensure paperwork is available for review. | 3/26/25 |


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Licensing Specialist cmthw **Date** 2/26/25

Deficiency Correction**NAME OF PROVIDER/OPERATOR: S.O.S. Child Development Center****PERMIT # 23897**

| Deficiency Cited | Corrective Action Needed | Expected Date of Correction |
|--|---|------------------------------------|
| TB test results were needed on file for 3 staff. | Director will ensure all staff health paperwork is on file. | 3/26/25 |
| Proof of education was needed for 3 staff. | Director will ensure paperwork is available for review. | 3/26/25 |
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Providers/Operators are required by regulations and statutes to be in compliance at all times.

Licensing Specialist  **Date** 2/26/25