South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR LICENSED CENTERS

Facility Name: Kiddie Park Learning Center

Permit #: 11999

ABC Quality Yes

Address: 402 16 th Avenue South MYRTLE BEACH, SC 29577

| Date of Inspection: 4/21/25 |
|--------------------------------------|
| Time of Inspection: // 20 An |
| Type of Inspection: Annual Complaint |
| □ Follow Up (Original Inspection |
| Date:/) |
| Reason for Follow up: |
| □ Pending Deficiencies |
| □ Self-Reported Incident |

Any changes in contact info (Phone/Email/Fax)? □ Yes ☑ No Telephone #: 843-448-3413 Center Director/Designee: Kimberly C Altman, Billie Ann Noles

Change in Ownership or Director?

Yes

No If yes, Name:

Maximum number of children: 60 Building 1:_

Maximum number of infants: 3 24 months a 30 months a I-4 facility

Items posted in public view: License Menu Ratio Chart (All classrooms) Head Start □ Yes ☑ No Public Schools - Yes - No

Building 3: Infants are in designated rooms? □ Yes □ No ☞ N/A Does facility transport children?

Yes

N/A

Overnight Care?

Yes

| Hours of Operation: M- 7:30AM-11:30PM T- 7:30AM-11:30PM W- 7:30AM | 4-11:3 | IOPM | Th- 7:30 | AM-11:30PM F- 7:30AM-11:30PM | | | | |
|--|----------|----------|----------------|--|----------|-------|----------|--|
| MANAGEMENT, ADMINISTRATION & STAFFING 114-503 | | | 100 | SUPERVISION 114-504 | | . ko | | |
| Chaff Flore and in countillance MA Th | C | _N | N/A | | С | N | N/A | |
| Staff files are in compliance H(1-7) Training hours up-to-date K(5)(b-c) | 10 | - | 0 | Adequate supervision throughout facility A(1-2) | | | | |
| | <u> </u> | | _ | Facility following tracking of children procedures A(3) | | | <u> </u> | |
| At least 1 person with CPR & 1 st Aid on the premises K(5)(h) | <u> </u> | ANUT | | Ratios adequate in all classrooms and on playground B, C | VZ | | | |
| HEAL | C C | ANII | ATION 8 N/A | & SAFETY 114-505 | С | N | N/A | |
| Children's faces/hands are clean B(1) | 2 | | | Proper diaper changing practices were observed F(1-16) | 0 | 0 | ملاية | |
| Medicine and harmful items labeled and stored properly D(2) | 5 | | 0 | Proper handwashing practices were observed G(4) | _ | | | |
| First Aid kit in facility and in vehicle if transport E(1), I(1)(g) | 12/ | 0 | | No smoking/consumption of alcoholic beverage A(3) | 0 | 0 | 8 | |
| Current Emergency Preparedness Plan H(3) | 0 | 16 | 0 | Emergency Medical Plan C(1) | 9 | | | |
| PHYSICAL | _ | 114- | | Zinoigonoy modicari lair e(1) | | | | |
| Building | Ç | , N | N/A | PLAYGROUND | С | Ŋ | N/A | |
| Ventilation and lighting & sufficient A(2)(a-d), (4) | 1 | | ō | Playground equip. safe & firmly anchored B(7) | 20 | 13 | 0 | |
| No strangulation/choking/suffocation hazards A(5)(g) | 9 | | | Adequate cushioning material; at least 6ft fall zone B(9) | 6 | | 0 | |
| Ceiling, floors, windows, doors free from hazards A(5)(d) | 8 | o o | 0 | Fencing/safety barriers 4ft. in height, in good repair B(4) | 12 | | | |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs. | 12/ | 0 | | Outdoor space free from hazards and litter B(2) | D | | 0 | |
| Facility free from pest problems (Insects, rodents) A(8)(b-c) | 1 | 0 | 0 | RESTING | С | N | N/A | |
| All potentially harmful items including cleaning supplies, flammable | | | | Play Pens observed C(4) | | | | |
| products, poisonous, toxic, hazardous and materials are labeled and | | | | | | 0 | | |
| stored in locked area out of children's reach. Bio-contaminants are | | - ' | | | - | " | | |
| disposed of properly. A(5)(c) (e), A(8); E(1),(4) | | | | | ļ | | | |
| Electrical outlets are securely covered A(11)(c) | 12/ | 0 | | Cribs meet federal standards (reviewed certificate) D(1) | | 9 | 2 | |
| Sink area has running water A(12)(d) | 2 | | 0 | Cots, mats, cribs labeled or charted for each child D(2) | | | 0 | |
| Soap and disposable towels available at sink A(12)(i) | 2 | | | PROGRAM 114-506 | C | N | N/A | |
| Furniture, toys & equipment are clean and in good repair C(1) | 0 | | | Written, planned, daily program of activities that is | 2 | | | |
| Furniture, toys & equipment meets the CPSC standards C(2) | 2 | 0 | 0 | developmentally & age appropriate observed A(1-3) | <u> </u> | | <u> </u> | |
| Healthy animals, not permitted if allergic E(4) | | | 0/ | Positive, non-abusive discipline practice B(1) | 180 | | | |
| Other environmental allergies (Policy #120) | محلد | | - | | 0 | | 0 | |
| MEAL REQUIREMENTS 114-508 | | | | | | | | |
| Meals & snacks in compliance with USDA A(1)(b) | C | N | N/A | Round, firm foods are not offered to children under 4 yrs. old, | C | N | N/A | |
| Clean, wholesome, unspoiled, properly labeled food A(4) | | <u> </u> | 0 | unless properly cut to prevent choking risk A(3) | ستز | - | - | |
| Food preparers have proper hair restraints B(5) | 7 | i i | - | Food stored & handled properly D(1) | | - | | |
| Refrigerators have thermometers, temp under 45°F D(2-3) | | | 0 | All cleaning & poisonous items stored away from food D(8) | | | 0 | |
| Prevention and response to food allergies A(9-10) | 8 | | | | | 0 | | |
| INFANT CARE 114-509 | | | | TRANSPORTATION 114-505 I | | | | |
| | С | N | N/A | | С | N_ | N/A | |
| Infants are placed on their back to sleep A(5)(a) | | | 2 | Vehicle has proper safety restraints & in good repair I(1) | 0 | 0_ | 12 | |
| No bottles propped or given in cribs or on mats A(3)(c) | | 0 | | Checklist for loading/unloading children reviewed (2)(d) | | | | |
| Food for toddlers cut in pieces ½ inch or less A(3)(k) | | | | Driver's (valid) driver's license reviewed (1)(f) | 0 | 0 | | |
| Food for infants cut in pieces ¼ inch or less A(3)(j) | | | | CONTRACTOR OF THE PROPERTY OF THE PERSON | | / | 1000 | |
| Crock pots, bottle warmers, are inaccessible to children, No | | 0 | | C-Compliant with Regulation | | 4.74 | | |
| microwaving of beverages observed A(3)(d) | +_ | <u> </u> | <u> </u> | N-Noncompliant with Regulation | | 1 | | |
| Cups and bottles labeled with child's name & used only by that child | 0 | 0 | 15 | Violations noted at the time of visit in Yes in No Any violations corrected onsite in Yes in No DSS Form 2910 n | eeded | n Yer | s No | |
| | | | | | | | | |
| Signature of Director/Operator/Designee: | | | | | | | | |
| 2 4/21121 | | | | | | | | |
| Signature of Child Care Licensing Specialist: | 15 | 1111 | 2/ | Date: 4/1/di | | | | |