

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

Facility Name: Lovell Weekday Ministry  
Permit #: 24538

Date of Inspection: 10/24/19 Time of Inspection: 10:35  
Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)  
Reason for Follow up:  clear up pending deficiency  Self-Report

Address: 603 Elm Street Conway, SC 29526 Hours of Operation: M-F, 7:00a-5:30p  
Telephone #: (843) 248-6485 Any changes in contact info (Phone/Email/Fax)?  Yes  No Overnight Care?  Yes  No  
Center Director/Designee: Dana Stauffer, Director  
Change in Ownership or Director?  Yes  No If yes, Name: \_\_\_\_\_  
Maximum number of children: 173 Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  CDEP  
Maximum number of infants: 41  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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate supervision throughout facility A(1-2)						<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"/>	Facility following tracking of children procedures A(3)						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 1 person with CPR & 1 <sup>st</sup> 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 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)(i-iii)						<input type="checkbox"/>	<input checked="" 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		
Garbage kept properly in plastic lined receptacles A(8) (d-i)						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play Pens observed C(4)						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 pets/animals (Vaccination record up-to-date) E(4)						<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All cleaning & poisonous items stored away from food D						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators have thermometers, temp under 45°F D(2-3)						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							<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 A(5)(a)						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vehicle has proper safety restraints & in good repair I(1)						<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"/>	Checklist for loading/unloading children reviewed (2)(d)						<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"/>	Driver's (valid) driver's license reviewed (1)(f)						<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"/>							<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"/>	<b>C-Compliant with Regulation</b> <b>N-Noncompliant with Regulation</b>								
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"/>	No violations noted at the time of visit <input type="checkbox"/>								

Signature of Director/Operator/Designee: *Dana Stauffer* Date: 10/24/19  Refused to sign  
Signature of Child Care Licensing Specialist: *cmiller* Date: 10/24/19