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

Date of Inspection: 7|8|25
Time of Inspection: 1:00
Type of Inspection: ☑ Annual  ☐ Complaint
☐ Follow Up (Original Inspection
Date: ___/___/___)
Reason for Follow up:
☐ Pending Deficiencies
☐ Self-Reported Incident

Facility Name: The Learning Center
Permit #: 22770
Address: 2730 S. Island Road GEORGETOWN, SC 29440

Telephone #: 843-546-8991    Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No
Center Director/Designee: Deborah F Tice
Change in Ownership or Director? ☐ Yes ☑ No If yes, Name: _____
Maximum number of children: 66    Building 1: _____ Building 2: _____ Building 3: _____
Maximum number of infants: 15    ☑ 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
ABC Quality  Yes    Head Start ☐ Yes ☑ No    Public Schools ☐ Yes ☑ No    Overnight Care? ☐ Yes ☑ No
Hours of Operation: M- 7:30AM- 6:00PM T- 7:30AM- 6:00PM W- 7:30AM- 6:00PM Th- 7:30AM- 6:00PM F- 7:30AM- 6:00PM

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503 | C | N | N/A | SUPERVISION 114-504 | C | N | N/A |
|---|---|---|---|---|---|---|---|
| Staff files are in compliance H(1-7) | ☐ | ☑ | ☐ | Adequate supervision throughout facility A(1-2) | ☑ | ☐ | ☐ |
| Training hours up-to-date K(5)(b-c) | ☑ | ☐ | ☐ | Facility following tracking of children procedures A(3) | ☑ | ☐ | ☐ |
| At least 1 person with CPR & 1st Aid on the premises K(5)(h) | ☑ | ☐ | ☐ | Ratios adequate in all classrooms and on playground B, C | ☑ | ☐ | ☐ |

| HEALTH, SANITATION & SAFETY 114-505 | C | N | N/A | | C | N | N/A |
|---|---|---|---|---|---|---|---|
| Children's faces/hands are clean B(1) | ☑ | ☐ | ☐ | Proper diaper changing practices were observed F(1-16) | ☐ | ☐ | ☑ |
| Medicine and harmful items labeled and stored properly D(2) | ☑ | ☐ | ☐ | Proper handwashing practices were observed G(4) | ☐ | ☐ | ☑ |
| First Aid kit in facility and in vehicle if transport E(1), I(1)(g) | ☑ | ☐ | ☐ | No smoking/consumption of alcoholic beverage A(3) | ☑ | ☐ | ☐ |
| Current Emergency Preparedness Plan H(3) | ☑ | ☐ | ☐ | Emergency Medical Plan C(1) | ☑ | ☐ | ☐ |

| PHYSICAL SITE 114-507 BUILDING | C | N | N/A | PLAYGROUND | C | N | N/A |
|---|---|---|---|---|---|---|---|
| Ventilation and lighting & sufficient A(2)(a-d), (4) | ☑ | ☐ | ☐ | Playground equip. safe & firmly anchored B(7) | ☑ | ☐ | ☐ |
| No strangulation/choking/suffocation hazards A(5)(g) | ☐ | ☑ | ☐ | Adequate cushioning material; at least 6ft fall zone B(9) | ☐ | ☑ | ☐ |
| Ceiling, floors, windows, doors free from hazards A(5)(d) | ☑ | ☐ | ☐ | Fencing/safety barriers 4ft. in height, in good repair B(4) | ☐ | ☑ | ☐ |
| Building(s) temp between 68-80ºF A(7) If no, close in 4 hrs. | ☑ | ☐ | ☐ | Outdoor space free from hazards and litter B(2) | ☑ | ☐ | ☐ |
| Facility free from pest problems (Insects, rodents) A(8)(b-c) | ☑ | ☐ | ☐ | 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) | ☑ | ☐ | ☐ | Play Pens observed C(4) | ☑ | ☐ | ☐ |
| Electrical outlets are securely covered A(11)(c) | ☑ | ☐ | ☐ | Cribs meet federal standards (reviewed certificate) D(1) | ☑ | ☐ | ☐ |
| Sink area has running water A(12)(d) | ☑ | ☐ | ☐ | Cots, mats, cribs labeled or charted for each child D(2) | ☑ | ☐ | ☐ |
| Soap and disposable towels available at sink A(12)(i) | ☑ | ☐ | ☐ | PROGRAM 114-506 | C | N | N/A |
| Furniture, toys & equipment are clean and in good repair C(1) | ☑ | ☐ | ☐ | Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3) | ☑ | ☐ | ☐ |
| Furniture, toys & equipment meets the CPSC standards C(2) | ☑ | ☐ | ☐ | | | | |
| Healthy animals, not permitted if allergic E(4) | ☑ | ☐ | ☐ | Positive, non-abusive discipline practice B(1) | ☑ | ☐ | ☐ |
| Other environmental allergies (Policy #120) | ☑ | ☐ | ☐ | | ☐ | ☐ | ☐ |

| MEAL REQUIREMENTS 114-508 | C | N | N/A | | C | N | N/A |
|---|---|---|---|---|---|---|---|
| Meals & snacks in compliance with USDA A(1)(b) | ☑ | ☐ | ☐ | Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk A(3) | ☑ | ☐ | ☐ |
| Clean, wholesome, unspoiled, properly labeled food A(4) | ☑ | ☐ | ☐ | | ☑ | ☐ | ☐ |
| Food preparers have proper hair restraints B(5) | ☑ | ☐ | ☐ | Food stored & handled properly D(1) | ☑ | ☐ | ☐ |
| Refrigerators have thermometers, temp under 45ºF D(2-3) | ☑ | ☐ | ☐ | All cleaning & poisonous items stored away from food D(8) | ☑ | ☐ | ☐ |
| Prevention and response to food allergies A(9-10) | ☑ | ☐ | ☐ | | ☐ | ☐ | ☐ |

| INFANT CARE 114-509 | C | N | N/A | TRANSPORTATION 114-505 I | C | N | N/A |
|---|---|---|---|---|---|---|---|
| Infants are placed on their back to sleep A(5)(a) | ☑ | ☐ | ☐ | Vehicle has proper safety restraints & in good repair I(1) | ☐ | ☐ | ☑ |
| No bottles propped or given in cribs or on mats A(3)(c) | ☑ | ☐ | ☐ | 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) | ☐ | ☐ | ☑ |
| Food for infants cut in pieces ¼ inch or less A(3)(j) | ☑ | ☐ | ☐ | | | | |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) | ☑ | ☐ | ☐ | C-Compliant with Regulation  N-Noncompliant with Regulation | | | |
| Cups and bottles labeled with child's name & used only by that child A(3)(a) | ☑ | ☐ | ☐ | 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: *Deborah F Tice*    Date: 7/8/25    ☐ Refused to sign.

Signature of Child Care Licensing Specialist: *[signature]*    Date: 7/8/2025

# Division of Early Care and Education
## Deficiency Correction

**NAME OF PROVIDER/OPERATOR: The Learning Center**

**PERMIT # 22770**

| Deficiency Cited | Corrective Action Needed | Expected Date of Correction |
|---|---|---|
| Central Registry is needed on file for one staff. | Ensure Central Registry and required background checks are on file. | 8/8/2025 |
| DSS Form 2926-Staff Health Assessment form is needed on file for one staff | Staff will complete required forms. | 8/8/2025 |
| Cushioning is needed under the gazebo on playground. | Place cushioning under the gazebo on the playground. | 8/8/2025 |
| The gate on the playground needs to be repaired. | Make repairs to the gate on playground. | 8/8/2025 |
| | | |
| | | |

**Providers/Operators are required by regulations and statutes to be in compliance at all times.**

**Licensing Specialist** _Lakeisha Reed_ **Date** 7/8/2025

DSS Form 2910 (Feb 2023)