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

Facility Name: PBC Kidz Academy

Permit #: 25540

Address: 5138 Hwy 215 PAULINE, SC 29374

Date of Inspection: Type of Inspection: \(\frac{1}{Annual} \) Complaint \(\frac{1}{Follow Up} \) (Original Inspection \(\frac{5}{146125} \)

Reason for Follow up:

| Telephone #: 864-804-0808 Any cha | anges in contact info (Pho | ne/Email/Fax)? □ Yes 🖋 N | ✓ Pending Deficiencies ○ ✓ Self-Reported Incident |
|--|---|---------------------------|--|
| Center Director/Designee: Kaylee Buckley, Hayle | ee Morgan Utter | DC 00 700 V | V |
| Change in Ownership or Director? Yes No | If yes, Name: | | |
| Maximum number of children: 100 | Building 1: | Building 2: | Building 3: |
| Maximum number of infants: 5 | 🗆 24 months 🗸 30 | months 🗆 I-4 facility | Infants are in designated rooms 2 Yes - No - N/A |
| Items posted in public view: License ABC Quality No Head Sta | Infants are in designated rooms? Yes No N/A Does facility transport children? Yes No N/A | | |
| ABC Quality No Head Sta | ırt □ Yes 🗸 No 🔝 Publi | c Schools 🗆 Yes 🖈 No | Overnight Care? Yes No |
| Hours of Operation: M- 7:00AM- 5:30PM T- 7:00A | AM- 5:30PM W- 7:00AM- | 5:30PM Th- 7:00AM- 5:30PN | |
| | | | |

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503 | | | , | SUPERVISION 114-504 | | | | | |
|--|----|-----------|--|--|-----|-------|----------|--|--|
| | C, | N | N/A | | С | N | N/A | | |
| Staff files are in compliance H(1-7) | | | V | Adequate supervision throughout facility A(1-2) | VB | D : | | | |
| Training hours up-to-date K(5)(b-c) | | | 12 | Facility following tracking of children procedures A(3) | 12/ | | | | |
| At least 1 person with CPR & 1 St Aid on the premises K(5)(h) | V | 0 | 0 | Ratios adequate in all classrooms and on playground B, C | W | | | | |
| HEALTH, SANITATION & SAFETY 114-505 | | | | | | | | | |
| | С | N | N/A | | С | N | N/A | | |
| Children's faces/hands are clean B(1) | | | | Proper diaper changing practices were observed F(1-16) | | 0 | W | | |
| Medicine and harmful items labeled and stored properly D(2) | | | W | Proper handwashing practices were observed G(4) | | | V2 | | |
| First Aid kit in facility and in vehicle if transport E(1), I(1)(g) | | | D | No smoking/consumption of alcoholic beverage A(3) | | | V | | |
| Current Emergency Preparedness Plan H(3) | | | | Emergency Medical Plan C(1) | 15/ | | | | |
| PHYSICAL SITE 114-507 | | | | | | | | | |
| BUILDING | | N | N/A | PLAYGROUND | С | N | N/A | | |
| Ventilation and lighting & sufficient A(2)(a-d), (4) | | | D | Playground equip. safe & firmly anchored B(7) | 1 | 0 | - | | |
| No strangulation/choking/suffocation hazards A(5)(g) | | Ð | | Adequate cushioning material; at least 6ft fall zone B(9) | 6 | 0 | ū | | |
| Ceiling, floors, windows, doors free from hazards A(5)(d) | | | В | 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. | | 0 | D | Outdoor space free from hazards and litter B(2) | W | | | | |
| Facility free from pest problems (Insects, rodents) A(8)(b-c) | | a | | 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 | 6 | 0 | п | | | | ,5/ | | |
| stored in locked area out of children's reach. Bio-contaminants are | | 111111111 | | | | _ | V | | |
| disposed of properly. A(5)(c) (e), A(8); E(1),(4) | | | | | + | | | | |
| Electrical outlets are securely covered A(11)(c) | 9 | | - | Cribs meet federal standards (reviewed certificate) D(1) | | | V | | |
| Sink area has running water A(12)(d) | | | | Cots, mats, cribs labeled or charted for each child D(2) | W | | | | |
| Soap and disposable towels available at sink A(12)(i) | | | | PROGRAM 114-506 | С | N | N/A | | |
| Furniture, toys & equipment are clean and in good repair C(1) | | | -0 | Written, planned, daily program of activities that is | 10 | | 0 | | |
| Furniture, toys & equipment meets the CPSC standards C(2) | | | - EI | developmentally & age appropriate observed A(1-3) | | | | | |
| Healthy animals, not permitted if allergic E(4) | | | V | Positive, non-abusive discipline practice B(1) | 6 | | | | |
| Other environmental allergies (Policy #120) | 7 | | | | 1 | | | | |
| MEAL REQUIREMENTS 114-508 | | | | | | | | | |
| Mark 6 | C | N | N/A | | С | N_ | N/A | | |
| Meals & snacks in compliance with USDA A(1)(b) | | _ | 1 | Round, firm foods are not offered to children under 4 yrs. old. | | | کارا | | |
| Clean, wholesome, unspoiled, properly labeled food A(4) | | 0 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | unless properly cut to prevent choking risk A(3) Food stored & handled properly D(1) | | 0 | 45 | | |
| Food preparers have proper hair restraints B(5) Refrigerators have thermometers, temp under 45°F D(2-3) | | 0 | 4 | All cleaning & poisonous items stored away from food D(8) | | | 6 | | |
| Prevention and response to food allergies A(9-10) | | | 4 | All cleaning a posonous items stored away from lood b(o) | | | 4 | | |
| INFANT CARE 114-509 | U | | 40 | TRANSPORTATION 114-505 I | | | - L.J | | |
| 7717 37113 37113 | C | N | N/A | | С | N | N/A | | |
| Infants are placed on their back to sleep A(5)(a) | | | 1 | Vehicle has proper safety restraints & in good repair I(1) | 0 | | 12/ | | |
| No bottles propped or given in cribs or on mats A(3)(c) | 0 | | 1 | Checklist for loading/unloading children reviewed (2)(d) | ū | | 9 | | |
| Food for toddlers cut in pieces 1/2 inch or less A(3)(k) | | | 16 | Driver's (valid) driver's license reviewed (1)(f) | | | US | | |
| Food for infants cut in pieces 1/4 inch or less A(3)(j) | | 0 | V/s_ | | | | | | |
| Crock pots, bottle warmers, are inaccessible to children, No | | | 0 | C-Compliant with Regulation | | | V S | | |
| microwaving of beverages observed A(3)(d) | | | - | N-Noncompliant with Regulation | 生成的 | | 2468 | | |
| Cups and bottles labeled with child's name & used only by that child | | 0 | Violations noted at the time of visit D Yes No | | | | -61- | | |
| A(3)(a) Any violations corrected onsite Yes No DSS Form 2910 n | | | | | | _ Tes | ALMO | | |
| Signature of Director/Operator/Designee: Kayul 15 Workley Date 8/20/25 Refused to sign | | | | | | | | | |
| Signature of Child Care Licensing Specialist: Date: 8 20 25 | | | | | | | | | |
| Signature of Child Care Licensing Specialist: Date: 8 20 2 5 | | | | | | | | | |