

INSPECTION VISIT FORM FOR LICENSED CENTERS

Time of Inspection: 10:55am

Type of Inspection: ☒ Annual ☐ Complaint☐ Follow Up (Original Inspection)Date: / /

Reason for Follow up:

□ Pending Deficiencies

☐ Self-Reported Incident

Campus

Address: 2703 Augusta St GREENVILLE, SC 296051948

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

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

Building 1: _____ Building 2: _____

☐ 24 months ☒ 30 months ☐ I-4 facility

☒ License ☒ Menu ☒ Ratio Chart (All classrooms)

Head Start ☐ Yes ☒ No

Public Schools ☐ Yes ☒ No

Infants are in designated rooms? ☒ Yes ☐ No ☐ N/A

Does facility transport children? ☐ Yes ☒ No ☐ N/A

Overnight Care? ☐ Yes ☒ No

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

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.	<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"/>	unless properly cut to prevent choking risk A(3)	<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"/>	Food stored & handled properly D(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators have thermometers, temp under 45°F D(2-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All cleaning & poisonous items stored away from food D(8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and response to food allergies A(9-10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TRANSPORTATION 114-505

	C	N	N/A		C	N	N/A
Infants are placed on their back to sleep A(5)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver's (val'd) 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)(j)	<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"/>	C-Compliant with Regulation			
				N-Noncompliant with Regulation			
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"/>	Violations noted at the time of visit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				Any violations corrected onsite <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No DSS Form 2910 needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Blair
- Dale

Date:

☐ Refused to sign