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

Date of Inspection: 8.26 Time of Inspection: 12:30

Type of inspection:

Annual Complaint

| | | | - 6 | | | | |
|---|------|------|------|--------|-----|--------|-----|
| а | Foll | ow l | Jp (| (Origi | nal | nspect | ion |

| □ Follow Up | (Original | Inspection |
|--------------|-----------|------------|
| Date:/_ | |) |
| Reason for F | oflow up: | |

□ Pending Deficiencles Self-Reported Incident

Date: 8.24.25

| Telephone #: 803-789-7351 | Any changes in contact info (Phone/Email/Fax)? □ Yes | VE No |
|---------------------------|--|-------|
| | 10000 | |

Facility Name: Richburg Child Development Center

Address: 2833 Lancaster Highway Chester, SC 29706

Signature of Child Care Licensing Specialist:

Permit #: 22495

Center Director/Designee: Joni Arrowood Change in Ownership or Director?

Yes No If yes, Name:

Building 2: Maximum number of children: 91 Building 1:_ **Building 3:**

Maximum number of infants: 30 □ 24 months □ 30 months □ 1-4 facility Infants are in designated rooms? Wes I No I N/A Items posted in public view: Scicense Menu Scatio Chart (All classrooms) Does facility transport children?

Yes No II N/A

Head Start | Yes No Public Schools | Yes No Overnight Care? - Yes - No **ABC Quality Yes**

ation: M. 7:00AM- 5:30PM T- 7:00AM- 5:30PM W- 7:00AM- 5:30PM Th- 7:00AM- 5:30PM F- 7:00AM- 5:30PM

| ANAGEMENT, ADMINISTRATION & STAFFING 114-503 | # 4 | Will the same | Marin Marin | SUPERVISION 114-504 | | | nilo on |
|---|----------|---------------|-------------|--|-------|----------|----------|
| | Ċ | N | N/A | | C | N | N/ |
| taff files are in compliance H(1-7) | | | 10 | Adequate supervision throughout facility A(1-2) | 2 | | |
| raining hours up-to-date K(5)(b-c) | | | 8 | Facility following tracking of children procedures A(3) | 18 | | |
| t least 1 person with CPR & 1 St Aid on the premises K(5)(h) | 1 | 0 | 0 | Ratios adequate in all classrooms and on playground B, C | | | 0 |
| HEAL | | | | & SAFETY 114-505 | | | |
| | C | N | N/A | | С | N | N/ |
| hildren's faces/hands are clean B(1) | 12 | | | Proper diaper changing practices were observed F(1-16) | | | 8 |
| ledicine and harmful items labeled and stored properly D(2) | 0 | D | VO | Proper handwashing practices were observed G(4) | | 0 | ١ |
| irst Aid kit in facility and in vehicle if transport E(1), I(1)(g) | 0 | | Y | No smoking/consumption of alcoholic beverage A(3) | | | 1 |
| urrent Emergency Preparedness Plan H(3) | 10 | | | Emergency Medical Plan C(1) | 12 | D | |
| PHYSICAI | SITE | 114 | 507 | | 118 | | |
| BUILDING | С | N | N/A | PLAYGROUND | С | N | N |
| entilation and lighting & sufficient A(2)(a-d), (4) | W | | | Playground equip. safe & firmly anchored B(7) | | D | 1 |
| o strangulation/choking/suffocation hazards A(5)(g) | 12 | | 0 | Adequate cushioning material; at least 6ft fall zone B(9) | | а | (|
| eiling, floors, windows, doors free from hazards A(5)(d) | ष्ट | 0 | ם | Fencing/safety barriers 4ft. in height, in good repair B(4) | | | 1 |
| uilding(s) temp between 68-80°F A(7) If no, close in 4 hrs. | V | 0 | ם | Outdoor space free from hazards and litter B(2) | | | |
| acility free from pest problems (Insects, rodents) A(8)(b-c) | 40 | | 0 | RESTING | C | N | N |
| Il potentially harmful items including cleaning supplies, flammable | | | | Play Pens observed C(4) | | | Г |
| roducts, poisonous, toxic, hazardous and materials are labeled and | 1 | | | | | | ١, |
| tored in locked area out of children's reach. Bio-contaminants are | - | | | | | _ | ' |
| sposed of properly. A(5)(c) (e), A(8); E(1),(4) | | - | | | | | ┼ |
| lectrical outlets are securely covered A(11)(c) | 10 | 0 | 0 | Cribs meet federal standards (reviewed certificate) D(1) | 18 | | |
| ink area has running water A(12)(d) | 4 | 0 | 0 | Cots, mats, cribs labeled or charted for each child D(2) | 12 | 0 | |
| oap and disposable towels available at sink A(12)(i) | D | D | a | PROGRAM 114-506 | C | N | N |
| urniture, toys & equipment are clean and in good repair C(1) | F | | | Written, planned, daily program of activities that is | | | ١, |
| urniture, toys & equipment meets the CPSC standards C(2) | 12 | | 0 | developmentally & age appropriate observed A(1-3) | | | L' |
| ealthy animals, not permitted if allergic E(4) | D | | 2 | Positive, non-abusive discipline practice B(1) | 5 | 0 | |
| ther environmental allergies (Policy #120) | 2 | | | | | | |
| MEAL REQ | | | | 30 | | 1 4 | |
| | C | N | N/A | | C | N | N |
| leals & snacks in compliance with USDA A(1)(b) | D | | 100 | Round, firm foods are not offered to children under 4 yrs. old, | 0 | <u> </u> | - |
| lean, wholesome, unspoiled, properly labeled food A(4) | | <u> </u> | 8 | unless properly cut to prevent choking risk A(3) | | | ' |
| ood preparers have proper hair restraints B(5) defrigerators have thermometers, temp under 45°F D(2-3) | <u> </u> | | | Food stored & handled properly D(1) All cleaning & poisonous items stored away from food D(8) | - | | - |
| revention and response to food allergies A(9-10) | 0 | | 10 | All cleaning & poisonous items stored away from food D(0) | | 0 | + |
| INFANT CARE 114-509 | Lü | U | | TRANSPORTATION 114-505 I | | | |
| | С | N | N/A | TO ME STORY OF THE | C | N | N |
| nfants are placed on their back to sleep A(5)(a) | 8 | | 0 | Vehicle has proper safety restraints & in good repair I(1) | 0 | 0 | <u> </u> |
| lo bottles propped or given in cribs or on mats A(3)(c) | 8 | | | Checklist for loading/unloading children reviewed (2)(d) | 0 | 0 | |
| ood for toddlers cut in pieces ½ inch or less A(3)(k) | 19 | - | 0 | Driver's (valid) driver's license reviewed (1)(f) | 10 | | |
| ood for infants cut in pieces ¼ inch or less A(3)(j) | 9 | <u> </u> | 0 | and a final and a | التبا | | |
| rock pots, bottle warmers, are inaccessible to children, No | | | | C-Compliant with Regulation | | /a.e. | |
| nicrowaving of beverages observed A(3)(d) | A | | <u> </u> | N-Noncompliant with Regulation | | | |
| cups and bottles labeled with child's name & used only by that child | | 1_ | | Violations noted at the time of visit □ Yes ► No | | - | |
| (3)(a) | | | | Arry violations corrected onsite - Yese No DSS Form 2910 m | eeded | D Yes | i 🗹 |