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

Date of Inspection: 9-15-25
Time of Inspection: 9:20-11:15 am
Type of Inspection: ☑ **Annual** ☐ **Complaint**
☐ **Follow Up (Original Inspection Date:___/___/____)**
Reason for Follow up:
☐ **Pending Deficiencies**
☐ **Self-Reported Incident**

Facility Name: CTR of Fort Mill LLC DBA The Goddard School
Permit #: 25997
Address: 1028 Gold Hill Road FORT MILL, SC 29708

Telephone #: 803-802-2112 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No
Center Director/Designee: Kisa Alexander
Change in Ownership or Director? ☐ Yes ☑ No If yes, Name: _____
Maximum number of children: 291 Building 1: ✓ Building 2: ____ Building 3: ____
Maximum number of infants: 103 ☐ 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 No **Head Start** ☐ Yes ☑ No **Public Schools** ☐ Yes ☑ No **Overnight Care?** ☐ Yes ☑ No
Hours of Operation: M- 7:00AM- 6:00PM T- 7:00AM- 6:00PM W- 7:00AM- 6:00PM Th- 7:00AM- 6:00PM F- 7:00AM- 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: [signature] Date: 9/15/2025 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: Elizabeth Pruett Date: 9-15-25