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

Facility Name: Skipper Learning Center

Signature of Child Care Licensing Specialist: _

Permit #: 14859

Address: 112 West Thomas Street LAKE CITY, SC 29560

Date of Inspection: Time of Inspection: 4

Type of Inspection:
Annual & Complaint
Follow Up (Original Inspection
Date: 6 126125)

Reason for Follow up:

Telephone #: 843-699-9185 Any changes in contact info (Phone/Email/Fax)? Center Director/Designee: Alberta Skipper	No Pending Deficiencies Self-Reported Incident
Change in Ownership or Director? Yes No If yes, Name:	
Maximum number of children: 41 Building 1: Building 2:	Building 3:
Maximum number of infants: 13	Infants are in designated rooms? Nes No NA
Items posted in public view: \(\overline{\text{License}}\) \(\overline{\text{Menu}}\) \(\overline{\text{Ratio Chart (All classrooms)}}\)	Does facility transport children? Yes No IN/A
ABC Quality Yes Head Start Yes No Public Schools Yes No	Overnight Care? p. Ves. p. Mo.
Hours of Operation: M-7:00AM-5:00PM T-7:00AM-5:00PM W-7:00AM-5:00PM Th-7:00AM-5:00PM	PM F- 7:00AM- 5:00PM

MANAGEMENT, ADMINISTRATION & STAFFING 114-503 SUPERVISION 114-504							10000
Staff files are in compliance H(1-7)	С	_	N/A		С	N	N
Training hours up-to-date K(5)(b-c)	10	_	_	Adequate supervision throughout facility A(1-2)	0	_	1
	- 12	7		Facility following tracking of children procedures A(3)	0		+
At least 1 person with CPR & 1 st Aid on the premises K(5)(h)	10		TATIO	Ratios adequate in all classrooms and on playground B, C	10/	0	
TIL.	C		N/A	V& SAFE(1 114-505	С	N	IA
Children's faces/hands are clean B(1)	-	0	0	Proper diaper changing practices were observed F(1-16)	0	-	+
Medicine and harmful items labeled and stored properly D(2)	_	0	0	Proper handwashing practices were observed G(4)	0	ö	+
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)	0	0	8	No smoking/consumption of alcoholic beverage A(3)	0	-	t
Current Emergency Preparedness Plan H(3)	0	0	1	Emergency Medical Plan C(1)		_	1
PHYSIC	AL SIT	E 114	-507	and got indicating the			-
BUILDING	C	N	N/A	PLAYGROUND	С	N	N
/entilation and lighting & sufficient A(2)(a-d), (4)	0		1	Playground equip. safe & firmly anchored B(7)		0	1
lo strangulation/choking/suffocation hazards A(5)(g)	0	0	0/	Adequate cushioning material; at least 6ft fall zone B(9)	П	Ö	
ciling, floors, windows, doors free from hazards A(5)(d)	0	0	8	Fencing/safety barriers 4ft. in height, in good repair B(4)	0	0	1
suilding(s) temp between 68-80°F A(7) If no, close in 4 hrs.		0	0	Outdoor space free from hazards and litter B(2)	0	0	
acility free from pest problems (Insects, rodents) A(8)(b-c)	0	0	0	RESTING	c	N	IN
all potentially harmful items including cleaning supplies, flammable				Play Pens observed C(4)			1
roducts, poisonous, toxic, hazardous and materials are labeled and lored in locked area out of children's reach. Bio-contaminants are	0	0	₉ /				
sposed of properly. A(5)(c) (e), A(8); E(1),(4)	-	-	_		"	Ц	
lectrical outlets are securely covered A(11)(c)	10	-	0	Cribs most fodoral steadered (as issued as 415 asta 1944)	_		-
ink area has running water A(12)(d)	1	0	10/	Cribs meet federal standards (reviewed certificate) D(1) Cots, mats, cribs labeled or charted for each child D(2)	-	0	4
oap and disposable towels available at sink A(12)(i)	6	0	V	The second of th	무	0	1
urniture, toys & equipment are clean and in good repair C(1)	-	0	0/	Written, planned, daily program of activities that is	С	N	N
urniture, toys & equipment meets the CPSC standards C(2)	1	i.	S	developmentally & age appropriate observed A(1-3)	0	0	ı.
ealthy animals, not permitted if allergic E(4)	6	0	- B	Positive, non-abusive discipline practice B(1)	_	_	
ther environmental allergies (Policy #120)	-	ō	0	, and the second	-		5
MEAL REQ		A to a contract of	\$ 114.5	98		0	Ü
	С	N	N/A		C	N	N/
eals & snacks in compliance with USDA A(1)(b)	0	0	U/	Round, firm foods are not offered to children under 4 yrs. old,	<u>. </u>	0	5
lean, wholesome, unspoiled, properly labeled food A(4)		0	0/	unless properly cut to prevent choking risk A(3)	0	0	×
ood preparers have proper hair restraints B(5)	0	0	2	Food stored & handled properly D(1)	0	0	-
efrigerators have thermometers, temp under 45°F D(2-3)	0		0/,	All cleaning & poisonous items stored away from food D(8)		0	10
evention and response to food allergies A(9-10)		0	19		0	0	
INFANT CARE 114-509	9		MILL	TRANSPORTATION 114-505 (
fants are placed on their back to sleep A(5)(a)	C	N	N/A		С	N	N/
	-	0	0/	Vehicle has proper safety restraints & in good repair I(1)	0		4
b bottles propped or given in cribs or on mats A(3)(c) od for toddlers cut in pieces ½ inch or less A(3)(k)	0	_	Ø'	Checklist for loading/unloading children reviewed (2)(d)		0	C
od for infants cut in pieces 1/2 inch or less A(3)(i)	0	<u> </u>	0/	Driver's (valid) driver's license reviewed (1)(f)			. 0
ock pots, bottle warmers, are inaccessible to children, No	-	-		C-Compliant with Regulation	Greca		STREET
crowaving of beverages observed A(3)(d)	0	0		N-Noncompliant with Regulation			
ips and bottles labeled with child's name & used only by that child		-	_/	Violations noted at the time of visit □ Yes → No	COLUMN TO SERVICE STREET, STRE	- Carrier	8860
3)(a)	12		o/	Any violations corrected onsite - Yes No DSS Form 2910 need	ded o	Yes	M