

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

Facility Name: Kids LTD  
Permit #: 16154  
Address: 713 West Calhoun Street DILLON, SC 29536

Telephone #: 843-774-3555 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Freida Ford

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

Maximum number of children: 130

Building 1: ☒ Building 2: ☒ Building 3: \_\_\_\_\_

Maximum number of infants: 24

☒ 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 Yes

Head Start ☐ Yes ☒ No Public Schools ☐ Yes ☒ No

Overnight Care? ☐ Yes ☒ No

Hours of Operation: M- 6:00AM- 5:30PM T- 6:00AM- 5:30PM W- 6:00AM- 5:30PM Th- 6:00AM- 5:30PM F- 6:00AM- 5:30PM

Date of Inspection: 9-4-25  
Time of Inspection: 2:24PM  
Type of Inspection: ☒ Annual ☐ Complaint  
☐ Follow Up (Original Inspection)  
Date:     /    /      
Reason for Follow up:  
☐ Pending Deficiencies  
☐ Self-Reported Incident

**MANAGEMENT, ADMINISTRATION & STAFFING 114-503**

**SUPERVISION 114-504**

|                                                                                 | C                                   | N                        | N/A                      |                                                                 | C                                   | N                        | N/A                      |
|---------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Staff files are in compliance <b>H(1-7)</b>                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate supervision throughout facility <b>A(1-2)</b>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training hours up-to-date <b>K(5)(b-c)</b>                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Facility following tracking of children procedures <b>A(3)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises <b>K(5)(h)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ratios adequate in all classrooms and on playground <b>B, C</b> | <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>B(1)</b>                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper diaper changing practices were observed <b>F(1-16)</b> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Medicine and harmful items labeled and stored properly <b>D(2)</b>         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper handwashing practices were observed <b>G(4)</b>        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| First Aid kit in facility and in vehicle if transport <b>E(1), I(1)(g)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No smoking/consumption of alcoholic beverage <b>A(3)</b>      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Current Emergency Preparedness Plan <b>H(3)</b>                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Medical Plan <b>C(1)</b>                            | <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 <b>A(2)(a-d), (4)</b>                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Playground equip. safe & firmly anchored <b>B(7)</b>                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No strangulation/choking/suffocation hazards <b>A(5)(g)</b>                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate cushioning material; at least 6ft fall zone <b>B(9)</b>                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceiling, floors, windows, doors free from hazards <b>A(5)(d)</b>                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Fencing/safety barriers 4ft. in height, in good repair <b>B(4)</b>                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building(s) temp between 68-80°F <b>A(7)</b> If no, close in 4 hrs.                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Outdoor space free from hazards and litter <b>B(2)</b>                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facility free from pest problems (Insects, rodents) <b>A(8)(b-c)</b>                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>RESTING</b>                                                                                                 | 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. <b>A(5)(c) (e), A(8); E(1), (4)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Play Pens observed <b>C(4)</b>                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical outlets are securely covered <b>A(11)(c)</b>                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Cribs meet federal standards (reviewed certificate) <b>D(1)</b>                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sink area has running water <b>A(12)(d)</b>                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Cots, mats, cribs labeled or charted for each child <b>D(2)</b>                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soap and disposable towels available at sink <b>A(12)(i)</b>                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>PROGRAM 114-508</b>                                                                                         | C                                   | N                        | N/A                      |
| Furniture, toys & equipment are clean and in good repair <b>C(1)</b>                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Written, planned, daily program of activities that is developmentally & age appropriate observed <b>A(1-3)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furniture, toys & equipment meets the CPSC standards <b>C(2)</b>                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Positive, non-abusive discipline practice <b>B(1)</b>                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Healthy animals, not permitted if allergic <b>E(4)</b>                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Other environmental allergies ( <b>Policy #120</b> )                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

**MEAL REQUIREMENTS 114-508**

|                                                                | C                                   | N                        | N/A                      |                                                                                                                         | C                                   | N                        | N/A                      |
|----------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Meals & snacks in compliance with USDA <b>A(1)(b)</b>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk <b>A(3)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food <b>A(4)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food stored & handled properly <b>D(1)</b>                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food preparers have proper hair restraints <b>B(5)</b>         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All cleaning & poisonous items stored away from food <b>D(8)</b>                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F <b>D(2-3)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention and response to food allergies <b>A(9-10)</b>       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

**INFANT CARE 114-509**

**TRANSPORTATION 114-505 I**

|                                                                                                               | C                                   | N                                   | N/A                      |                                                                                                                                                                                              | C                                   | N                        | N/A                      |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Infants are placed on their back to sleep <b>A(5)(a)</b>                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Vehicle has proper safety restraints & in good repair <b>I(1)</b>                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No bottles propped or given in cribs or on mats <b>A(3)(c)</b>                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Checklist for loading/unloading children reviewed <b>(2)(d)</b>                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food for toddlers cut in pieces ½ inch or less <b>A(3)(k)</b>                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Driver's (valid) driver's license reviewed <b>(1)(f)</b>                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food for infants cut in pieces ¼ inch or less <b>A(3)(j)</b>                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                                                                                                                                                                              |                                     |                          |                          |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed <b>A(3)(d)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>C-Compliant with Regulation</b>                                                                                                                                                           |                                     |                          |                          |
| Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>N-Noncompliant with Regulation</b>                                                                                                                                                        |                                     |                          |                          |
|                                                                                                               |                                     |                                     |                          | Violations noted at the time of visit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                    |                                     |                          |                          |
|                                                                                                               |                                     |                                     |                          | Any violations corrected onsite <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DSS Form 2910 needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                          |                          |

Signature of Director/Operator/Designee: [Signature] Date: 9/4/25 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: Bevera J. Britt Date: 9-4-25