

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

Facility Name: The Children's Courtyard  
Permit #: 26227  
Address: 851 Double Bridge Road BOILING SPRINGS, SC 29316

Date of Inspection: 10-20-25  
Time of Inspection: 12:00pm  
Type of Inspection: ☐ Annual ☒ Complaint  
☐ Follow Up (Original Inspection)  
Date:    /    /     
Reason for Follow up:  
☐ Pending Deficiencies  
☒ Self-Reported Incident

Telephone #: 864-216-7073 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Alexis Dorton

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

Maximum number of children: 229

Building 1: 229/99 Building 2:                      Building 3:                     

Maximum number of infants: 99

☐ 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- 6:30AM- 6:30PM T- 6:30AM- 6:30PM W- 6:30AM- 6:30PM Th- 6:30AM- 6:30PM F- 6:30AM- 6:30PM

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503  |                                     |                          |                                     | 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 <sup>st</sup> 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Medicine and harmful items labeled and stored properly D(2)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Playground equip. safe & firmly anchored B(7)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| No strangulation/choking/suffocation hazards A(5)(g)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate cushioning material, at least 6ft fall zone B(9)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ceiling, floors, windows, doors free from hazards A(5)(d)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Fencing/safety barriers 4ft. in height, in good repair B(4)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Outdoor space free from hazards and litter B(2)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Facility free from pest problems (Insects, rodents) A(8)(b-c)  | <input checked="" type="checkbox"/> | <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) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Play Pens observed C(4)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Electrical outlets are securely covered A(11)(c)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Cribs meet federal standards (reviewed certificate) D(1)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sink area has running water A(12)(d)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Cots, mats, cribs labeled or charted for each child D(2)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Soap and disposable towels available at sink A(12)(i)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | PROGRAM 114-506  | C                                   | N                        | N/A                                 |
| Furniture, toys & equipment are clean and in good repair C(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3)          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Furniture, toys & equipment meets the CPSC standards C(2)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Positive, non-abusive discipline practice B(1)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Healthy animals, not permitted if allergic E(4)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other environmental allergies (Policy #120)  | <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 A(1)(b)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk A(3) | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food A(4)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food stored & handled properly D(1)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food preparers have proper hair restraints B(5)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All cleaning & poisonous items stored away from food D(8)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F D(2-3)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Prevention and response to food allergies A(9-10)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 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 (valid) 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"/>            | <b>C-Compliant with Regulation</b>   |                                     |                          |                                     |
| 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"/>            | <b>N-Noncompliant with Regulation</b>  |                                     |                          |                                     |
|  |                                     |                          |                                     | 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                         |                                     |                          |                                     |

Signature of Director/Operator/Designee: Kathryn Ford Date: 10/20/25 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: Alexis Dorton Date: 10/20/25