

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

Facility Name: **Toddlers Academy & Preschool**
Permit #: **22724**

Date of Inspection: **12/18/19** Time of Inspection: **2:45pm**
Type of Inspection: Annual Complaint Follow Up (original inspection date _____)
Reason for Follow up: clear up pending deficiency Self-Report

Address: **4146 Rivers Avenue North Charleston, SC 29405** Hours of Operation: **M-F, 6:30a-5:30p**
Telephone #: **(843) 529-3373** Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No
Center Director/Designee: **Sheila Aliyah Green, Director**
Change in Ownership or Director? Yes No If yes, Name: _____
Maximum number of children: **94** Building 1: Building 2: _____ Building 3: _____ CDEP
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

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 type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Adequate supervision throughout facility A(1-2) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A
Training hours up-to-date K(5)(b-c) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Facility following tracking of children procedures A(3) <input type="checkbox"/> C <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
At least 1 person with CPR & 1 st Aid on the premises K(5)(h) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Ratios adequate in all classrooms and on playground B, C <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A
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"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Proper diaper changing practices were observed F(1-16) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Medicine and harmful items labeled and stored properly D(2) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Proper handwashing practices were observed G(4) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
First Aid kit in facility and in vehicle if transport E(1), I(1)(g) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	No smoking/consumption of alcoholic beverage A(3) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
PHYSICAL SITE 114-507	
BUILDING C N N/A	PLAYGROUND C N N/A
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Playground equip. safe & firmly anchored B(7) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
No strangulation/choking/suffocation hazards A(5)(g)(i-iii) <input type="checkbox"/> C <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Adequate cushioning material; at least 6ft fall zone B(9) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Ceiling, floors, windows, doors free from hazards A(5)(d) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Fencing/safety barriers 4ft. in height, in good repair B(4) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Building(s) temp between 68-80°F A(7) If no, close in 4 hrs. <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Outdoor space free from hazards and litter B(2) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Facility free from pest problems (Insects, rodents) A(8)(b-c) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	RESTING C N N/A
Garbage kept properly in plastic lined receptacles A(8) (d-i) <input type="checkbox"/> C <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Play Pens observed C(4) <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
Electrical outlets are securely covered A(11)(c) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Cribs meet federal standards (reviewed certificate) D(1) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A
Sink area has running water A(12)(d) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Cots, mats, cribs labeled or charted for each child D(2) <input type="checkbox"/> C <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A
Soap and disposable towels available at sink A(12)(i) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	PROGRAM 114-506 C N N/A
Furniture, toys & equipment are clean and in good repair C(1) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A
Furniture, toys & equipment meets the CPSC standards C(2) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Positive, non-abusive discipline practice B(1) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A
Healthy pets/animals (Vaccination record up-to-date) E(4) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	
MEAL REQUIREMENTS 114-508	
C N N/A	C N N/A
Meals & snacks in compliance with USDA A(1)(b) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Round, firm foods are not offered to children under 4 yrs. Old, unless properly cut to prevent choking risk A(3) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Clean, wholesome, unspoiled, properly labeled food A(4) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	Food stored & handled properly D(1) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Food preparers have proper hair restraints B(5) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	All cleaning & poisonous items stored away from food D <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Refrigerators have thermometers, temp under 45°F D(2-3) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	
INFANT CARE 114-509	
C N N/A	C N N/A
Infants are placed on their back to sleep A(5)(a) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Vehicle has proper safety restraints & in good repair I(1) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
No bottles propped or given in cribs or on mats A(3)(c) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	Checklist for loading/unloading children reviewed (2)(d) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Food for toddlers cut in pieces 1/2 inch or less A(3)(k) <input type="checkbox"/> C <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	Driver's (valid) driver's license reviewed (1)(f) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Food for infants cut in pieces 1/4 inch or less A(3)(j) <input type="checkbox"/> C <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A	
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	C-Compliant with Regulation N-Noncompliant with Regulation
Cups and bottles labeled with child's name & used only by that child A(3)(a) <input checked="" type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> N/A	No violations noted at the time of visit <input type="checkbox"/>

Signature of Director/Operator/Designee: *Galena Kent*

Date: 12/18/19 Refused to sign

Signature of Child Care Licensing Specialist: *Jessie*

Date: 12/18/19