

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

Date of Inspection: 5/14/26  
Time of Inspection: 8:50-16:30

Type of Inspection:  Annual  Complaint  
 Follow Up (Original Inspection)  
Date: \_\_\_/\_\_\_/\_\_\_  
Reason for Follow up:  
 Pending Deficiencies  
 Self-Reported Incident

Facility Name: Lexington Medical Center Child Development Center  
Permit #: 18242  
Address: 430 Hulon Lane WEST COLUMBIA, SC 29169

Telephone #: 803-791-2339 Any changes in contact info (Phone/Email/Fax)?  Yes  No

Center Director/Designee: Cynthia Moore, Sandra Jo Haywood

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

Maximum number of children: 302

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

Maximum number of infants: 108

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- 7:30PM T- 6:00AM- 7:30PM W- 6:00AM- 7:30PM Th- 6:00AM- 7:30PM F- 6:00AM- 7:30PM

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503                            | C                                   | N                        | N/A                      | SUPERVISION 114-504                                      | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Facility free from pest problems (Insects, rodents) A(8)(b-c)  | <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. 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"/>            | <b>PROGRAM 114-506</b>  | 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other environmental allergies (Policy #120)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   | <input checked="" 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 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 A(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Clean, wholesome, unspoiled, properly labeled food A(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food stored & handled properly D(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food preparers have proper hair restraints B(5)         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All cleaning & poisonous items stored away from food D(8)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Refrigerators have thermometers, temp under 45°F D(2-3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Prevention and response to food allergies A(9-10)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| 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)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vehicle has proper safety restraints & in good repair I(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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: Sandy Haywood Date: 5-14-26  Refused to sign.

Signature of Child Care Licensing Specialist: A. Maxwell Date: 5-14-26 Revised February 2025