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

Facility Name: Children's Place, Inc. Date of Inspection: 10/29/19 Time of Inspection: 10:16 – 10:44
Permit #: 10967 **Type of Inspection:** ☑ **Annual** ☐ **Complaint** ☐ **Follow Up (original inspection date_____)**
**Reason for Follow up:** ☐ **clear up pending deficiency** ☐ **Self-Report**

Address: 310 Barnwell Avenue NE Aiken, SC 29801 Hours of Operation: M-F,6:30a-5:30p
Telephone #: (803) 641-4144 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No Overnight Care? ☐ Yes ☑ No
Center Director/Designee: Margaret Stillman Ford, Director
Change in Ownership or Director? ☐ Yes ☑ No If yes, Name: _____
Maximum number of children: 70 Building 1: ✓ Building 2: ✓ Building 3: ____ ☐ CDEP
Maximum number of infants: 3 ☐ 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 | C | N | N/A | SUPERVISION 114-504 | C | N | N/A |
|---|---|---|---|---|---|---|---|
| Staff files are in compliance **H(1-7)** | ☑ | ☐ | ☐ | Adequate supervision throughout facility **A(1-2)** | ☑ | ☐ | ☐ |
| Training hours up-to-date **K(5)(b-c)** | ☑ | ☐ | ☐ | Facility following tracking of children procedures **A(3)** | ☑ | ☐ | ☐ |
| At least 1 person with CPR & 1st Aid on the premises **K(5)(h)** | ☑ | ☐ | ☐ | Ratios adequate in all classrooms and on playground **B, C** | ☑ | ☐ | ☐ |

| HEALTH, SANITATION & SAFETY 114-505 | C | N | N/A | | C | N | N/A |
|---|---|---|---|---|---|---|---|
| Children's faces/hands are clean **B(1)** | ☑ | ☐ | ☐ | Proper diaper changing practices were observed **F(1-16)** | ☑ | ☐ | ☐ |
| Medicine and harmful items labeled and stored properly **D(2)** | ☑ | ☐ | ☐ | Proper handwashing practices were observed **G(4)** | ☑ | ☐ | ☐ |
| First Aid kit in facility and in vehicle if transport **E(1), I(1)(g)** | ☑ | ☐ | ☐ | No smoking/consumption of alcoholic beverage **A(3)** | ☐ | ☐ | ☑ |

| 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)** | ☑ | ☐ | ☐ | Playground equip. safe & firmly anchored **B(7)** | ☑ | ☐ | ☐ |
| No strangulation/choking/suffocation hazards **A(5)(g)(i-iii)** | ☑ | ☐ | ☐ | Adequate cushioning material; at least 6ft fall zone **B(9)** | ☑ | ☐ | ☐ |
| Ceiling, floors, windows, doors free from hazards **A(5)(d)** | ☑ | ☐ | ☐ | Fencing/safety barriers 4ft. in height, in good repair **B(4)** | ☑ | ☐ | ☐ |
| Building(s) temp between 68-80°F **A(7)** If no, close in 4 hrs. | ☑ | ☐ | ☐ | Outdoor space free from hazards and litter **B(2)** | ☑ | ☐ | ☐ |
| Facility free from pest problems (Insects, rodents) **A(8)(b-c)** | ☑ | ☐ | ☐ | **RESTING** | C | N | N/A |
| Garbage kept properly in plastic lined receptacles **A(8) (d-i)** | ☑ | ☐ | ☐ | Play Pens observed **C(4)** | ☐ | ☐ | ☑ |
| Electrical outlets are securely covered **A(11)(c)** | ☑ | ☐ | ☐ | Cribs meet federal standards (reviewed certificate) **D(1)** | ☐ | ☐ | ☑ |
| Sink area has running water **A(12)(d)** | ☑ | ☐ | ☐ | Cots, mats, cribs labeled or charted for each child **D(2)** | ☑ | ☐ | ☐ |
| Soap and disposable towels available at sink **A(12)(i)** | ☑ | ☐ | ☐ | **PROGRAM 114-506** | C | N | N/A |
| Furniture, toys & equipment are clean and in good repair **C(1)** | ☑ | ☐ | ☐ | Written, planned, daily program of activities that is developmentally & age appropriate observed **A(1-3)** | ☑ | ☐ | ☐ |
| Furniture, toys & equipment meets the CPSC standards **C(2)** | ☑ | ☐ | ☐ | | | | |
| Healthy pets/animals (Vaccination record up-to-date) **E(4)** | ☐ | ☐ | ☑ | Positive, non-abusive discipline practice **B(1)** | ☑ | ☐ | ☐ |

| MEAL REQUIREMENTS 114-508 | C | N | N/A | | C | N | N/A |
|---|---|---|---|---|---|---|---|
| Meals & snacks in compliance with USDA **A(1)(b)** | ☑ | ☐ | ☐ | Round, firm foods are not offered to children under 4 yrs. Old, unless properly cut to prevent choking risk **A(3)** | ☑ | ☐ | ☐ |
| Clean, wholesome, unspoiled, properly labeled food **A(4)** | ☑ | ☐ | ☐ | | ☑ | ☐ | ☐ |
| Food preparers have proper hair restraints **B(5)** | ☑ | ☐ | ☐ | Food stored & handled properly **D(1)** | ☑ | ☐ | ☐ |
| Refrigerators have thermometers, temp under 45°F **D(2-3)** | ☑ | ☐ | ☐ | All cleaning & poisonous items stored away from food **D** | ☑ | ☐ | ☐ |

| 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)** | ☐ | ☐ | ☑ | Vehicle has proper safety restraints & in good repair **I(1)** | ☑ | ☐ | ☐ |
| No bottles propped or given in cribs or on mats **A(3)(c)** | ☐ | ☐ | ☑ | Checklist for loading/unloading children reviewed **(2)(d)** | ☑ | ☐ | ☐ |
| Food for toddlers cut in pieces ½ inch or less **A(3)(k)** | ☐ | ☐ | ☑ | Driver's (valid) driver's license reviewed **(1)(f)** | ☑ | ☐ | ☐ |
| Food for infants cut in pieces ¼ inch or less **A(3)(j)** | ☐ | ☐ | ☑ | | | | |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed **A(3)(d)** | ☐ | ☐ | ☑ | **C-Compliant with Regulation**<br>**N-Noncompliant with Regulation** | | | |
| Cups and bottles labeled with child's name & used only by that child **A(3)(a)** | ☐ | ☐ | ☑ | **No violations noted at the time of visit** ☑ | | | |

Signature of Director/Operator/Designee: Dorothy Heagher Date: 10/29/19 ☐ Refused to sign
Signature of Child Care Licensing Specialist: [illegible] Date: 10/29/19