

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

Facility Name: Carousel of Learning

Date of Inspection: 1-7-20 Time of Inspection: 8:57

Facility #: 15992

Type of Inspection: Annual Complaint Follow Up

Address: 301 Secona Road Pickens, SC 29671

Hours of Operation: M-F, 6:00a-12:00a

Telephone #: (864) 878-1338

Any changes in contact info (Phone/Email/Fax)? Yes No

Overnight Care? Yes No

Center Director/Designee: Kimberly Nicole Scruggs and Alicia Sue Shock, Codirectors

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

Maximum number of children: 81

Building 1: Building 2: _____ Building 3: _____ CDEP

Maximum number of infants: 12

24 months 30 months I-4 facility Infants are in designated rooms? Yes No N/A

Menus 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate supervision throughout facility A(1-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Operating hours up-to-date K(5)(b-c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 & 1st Aid on the premises K(5)(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper diaper changing practices were observed F(1-16)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Medicine and harmful items labeled and stored properly D(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper handwashing practices were observed G(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No smoking/consumption of alcoholic beverage A(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)(a-c)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)(i-iii)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RESTING				
Waste kept properly in plastic lined receptacles A(8) (d-i)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cribs meet federal standards (reviewed certificate) D(1)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sink area has running water A(12)(d)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cots, mats, cribs labeled or charted for each child D(2)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Soap and disposable towels available at sink A(12)(i)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PROGRAM 114-506				
Furniture, toys & equipment are clean and in good repair C(1)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Furniture, toys & equipment meets the CPSC standards C(2)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive, non-abusive discipline practice B(1)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Healthy pets/animals (Vaccination record up-to-date) E(4)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<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"/>						
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
Rock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C-Compliant with Regulation					
Cups and bottles labeled with child's name & used only by that child A(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N-Noncompliant with Regulation					
				No violations noted at the time of visit <input type="checkbox"/>					

Signature of Director/Operator/Designee: *Kim Watkins* Date: 1-7-2020 Refused to sign

Signature of Child Care Licensing Specialist: *Leslie Lewis* Date: 1-7-2020