

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

Facility Name: Foundations Early Learning Center #214 Date of Inspection: 2/5/2020 Time of Inspection: 10:30
 Permit #: 24912 Type of Inspection: Annual Complaint Follow Up (original inspection date _____) Reason for Follow up: clear up pending deficiency Self-Report

Address: 126 Foxbank Plantation Blvd Moncks Corner, SC 29461 Hours of Operation: M-F: 6:30a-6:00p
 Telephone #: (843) 203-8349 Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No
 Center Director/Designer: Kashauna Simmons, Director
 Change in Ownership or Director? Yes No If yes, Name: _____ Building 2: _____ Building 3: _____
 Maximum number of children: 240 Building 1: _____ Building 2: _____ Building 3: _____ CDEP
 Maximum number of infants: 117 24 months 30 months 1-4 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	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate supervision throughout facility A(1-2) <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility following tracking of children procedures A(3) <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ratios adequate in all classrooms and on playground B, C <input checked="" type="checkbox"/>
HEALTH, SANITATION & SAFETY 114-505			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper diaper changing practices were observed F(1-16) <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper handwashing practices were observed G(4) <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No smoking/consumption of alcoholic beverage A(3) <input checked="" type="checkbox"/>
PHYSICAL SITE 114-507			
BUILDING			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playground equip. safe & firmly anchored B(7) <input checked="" type="checkbox"/>
<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor space free from hazards and litter B(2) <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play Pens observed C(4) <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed certificate) D(1) <input checked="" type="checkbox"/>
<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive, non-abusive discipline practice B(1) <input checked="" type="checkbox"/>
MEAL REQUIREMENTS 114-508			
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food stored & handled properly D(1) <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All cleaning & poisonous items stored away from food D <input checked="" type="checkbox"/>
INFANT CARE 114-509			
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checklist for loading/unloading children reviewed (2)(d) <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver's (valid) driver's license reviewed (1)(f) <input checked="" type="checkbox"/>
TRANSPORTATION 114-505 I			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-Compliant with Regulation <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N-Noncompliant with Regulation <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No violations noted at the time of visit <input type="checkbox"/>

Signature of Director/Operator/Designer: _____ Date: _____ Refused to sign
 Signature of Child Care Licensing Specialist: Nutshell Simmon Date: 2/5/2020