

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

Facility Name: Reach for the Stars  
Permit #: 24197

Date of Inspection: 4/16/19 Time of Inspection: 1:30 pm

Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)  
Reason for Follow up:  clear up pending deficiency  Self-Report

Address: 407 Tom Hall Street Fort Mill, SC 29715

Hours of Operation: M-F, 6:30a-6:00p

Telephone #: (803) 547-7118

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

Overnight Care?  Yes  No

Center Director/Designee: Bridget Monet Adams, Director

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

Maximum number of children: 38

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

Maximum number of infants: 17

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 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 & 1st 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 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"/>            |
| 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"/> | <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)(i-iii)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate cushioning material; at least 6ft fall zone B(9)  | <input type="checkbox"/>            | <input checked="" 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 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"/>            | RESTING  | C                                   | N                                   | N/A                                 |
| Garbage kept properly in plastic lined receptacles A(8) (d-i)  | <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"/>            | PROGRAM 114-506  | 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 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                                 |  | 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   | <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"/>            | INFANT CARE 114-509  | C                                   | N                                   | N/A                                 |
|  | 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces ¼ inch or less A(3)(l)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>C-Compliant with Regulation<br/>N-Noncompliant with Regulation</b>  |                                     |                                     |                                     |
| 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"/>            |  |                                     |                                     |                                     |
| 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>No violations noted at the time of visit <input type="checkbox"/></b>   |                                     |                                     |                                     |

Signature of Director/Operator/Designee: \_\_\_\_\_

Date: \_\_\_\_\_  Refused to sign

Signature of Child Care Licensing Specialist: *Bridget Adams*

Date: \_\_\_\_\_