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

acility Name: Loving & Learning Education Center ermit #: 24837 Type of Inspection: KAnnu	ıal 🕝	(Cor	Date of	Inspection: 1321 Time of Inspection: 1.30	A.		
STITILE 24007 Type of mapeedion. Examin	uai L	, 001	пріаніс	Reason for Follow up: Clear up pending deficiency	, · □ Se	lf-Re	port
idress: 958 Folly Rd, CHARLESTON, SC 29412				Hours of Operation: Single Shift			
	conta	ct inf	o (Phoi	ne/Email/Fax)? □ Yes ☆ No	/ac \	4 Na	
enter Director/Designee: Tara Denise Simmons	oonta	Ot 11 11	0 (1 1101	overnight Care:	63 /	Ø 140	,
nange in Ownership or Director? Yes No If yes, Name:							
aximum number of children: 133 Building 1:	\overline{x}		Buile	ding 2: Building 3: □	CDE	P	
			hs □ I-	4 facility Infants are in designated rooms & Yes			
ems posted in public view: K License & Menu Ratio Cl							
MANAGEMENT, ADMINISTRATION & STAFFING 114-503				SUPERVISION 114-504			
Otal Character and Character a	Ç	N	N/A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C	N	N/A
Staff files are in compliance H(1-7)	X			Adequate supervision throughout facility A(1-2)	X		
Training hours up-to-date K(5)(b-c)	+-		24	Facility following tracking of children procedures A(3)		X	
At least 1 person with CPR & 1 ^{SI} Aid on the premises K(5)(h)	N CA		TION	Ratios adequate in all classrooms and on playground B, C	X		
TEAL!	_	1		& SAFETY 114-505		N.I	
	C.	N	N/A		Ç	N	N/A
Children's faces/hands are clean B(1)	X			Proper diaper changing practices were observed F(1-16)	A		0
Medicine and harmful items labeled and stored properly D(2)	-4			Proper handwashing practices were observed G(4)	X		
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)	X		Ò	No smoking/consumption of alcoholic beverage A(3)	N/		
The state of the s			E 114-				
BUILDING	C	N	N/A	PLAYGROUND	С	N	N/A
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)	X			Playground equip. safe & firmly anchored B(7)	1		
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	* Ø			Adequate cushioning material; at least 6ft fall zone B(9)	æ	0	
Ceiling, floors, windows, doors free from hazards A(5)(d)	X				ואל		
Building(s) temp between 68-80°F A(7) If no, close in 4 hrs.	×	₽	0	Outdoor space free from hazards and litter B(2)	<u>₹</u>		
Facility free from pest problems (Insects, rodents) A(8)(b-c)	X			RESTING	C	N	N/A
Garbage kept properly in plastic lined receptacles A(8) (d-i)	8			Play Pens observed C(4)			K
Electrical outlets are securely covered A(11)(c)				Cribs meet federal standards (reviewed certificate) D(1)	X		
Sink area has running water A(12)(d)	X			Cots, mats, cribs labeled or charted for each child D(2)	×		0
Soap and disposable towels available at sink A(12)(i)	X			PROGRAM 114-506	C	. N	N/A
Furniture, toys & equipment are clean and in good repair C(1)	X			Written, planned, daily program of activities that is	X		
Furniture, toys & equipment meets the CPSC standards C(2)	X			developmentally & age appropriate observed A(1-3)	\rightarrow		
Healthy pets/animals (Vaccination record up-to-date) E(4)	050		NG NE	Positive, non-abusive discipline practice B(1)	X		
WEAL	C	_		S 114-508	0	NI.	NI/A
Meals & snacks in compliance with USDA A(1)(b)		N	N/A	Round, firm foods are not offered to children under 4	C	N	N/A
Clean, wholesome, unspoiled, properly labeled food A(4)	X	<u> </u>		1	P	-	0
Food preparers have proper hair restraints B(5)	X	<u> </u>		Food stored & handled properly D(1)	X	-	0
Refrigerators have thermometers, temp under 45°F D(2-3)	Y Y	0		+ · · · · · · · · · · · · · · · · · · ·	X	<u> </u>	
INFANT CARE 114-509				TRANSPORTATION 114-505 I	-40		
	С	N	N/A		С	N	N/A
Infants are placed on their back to sleep A(5)(a)			×		X		0
No bottles propped or given in cribs or on mats A(3)(c)	ছ		0		X	_	0
Food for toddlers cut in pieces 1/2 inch or less A(3)(k)			×		X	$\overline{}$	0
Food for infants cut in pieces 1/4 inch or less A(3)(j)	0		X				
Crock pots, bottle warmers, are inaccessible to children, No				C-Compliant with Regulation			
microwaving of beverages observed A(3)(d)			%	N-Noncompliant with Regulation			
Cups and bottles labeled with child's name & used only by that	1	_					
child A(3)(a)	又			No violations noted at the time of visit □			

Date: 9/13/2021 Refused to sign

Min 1944 Date: 9/13/2021 Signature of Director/Operator/Designee: __ Signature of Child Care Licensing Specialist: He Hardinan