

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

Facility Name: Above and Beyond Child Development Center      Date of Inspection: 9/19/22      Time of Inspection: 3:15pm  
 Permit #: 24652      Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)  
 Reason for Follow up:  clear up pending deficiency  Self-Report

Address: 7951 Dorchester Rd, North Charleston, SC 29418      Hours of Operation: Single Shift  
 Telephone #: 843-974-4277      Any changes in contact info (Phone/Email/Fax)?  Yes  No      Overnight Care?  Yes  No  
 Center Director/Designee: Bridget Rollings Jones  
 Change in Ownership or Director?  Yes  No If yes, Name: \_\_\_\_\_  
 Maximum number of children: 80      Building 1: \_\_\_\_\_      Building 2: \_\_\_\_\_      Building 3: \_\_\_\_\_       CDEP  
 Maximum number of infants: 27       24 months  30 months  I-4 facility      Infants are in designated rooms?  Yes  No  N/A  
 Forms posted in public view:  License  Menu  Ratio Chart (All classrooms)      Does facility transport children?  Yes  No  N/A

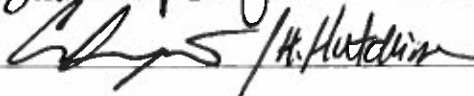
MANAGEMENT, ADMINISTRATION & STAFFING 114-503	SUPERVISION 114-504				
C	N	N/A	C	N	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff files are in compliance H(1-7)			Adequate supervision throughout facility A(1-2)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Training hours up-to-date K(5)(b-c)			Facility following tracking of children procedures A(3)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Children's faces/hands are clean B(1)				Proper diaper changing practices were observed F(1-16)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicine and harmful items labeled and stored properly D(2)				Proper handwashing practices were observed G(4)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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)				No smoking/consumption of alcoholic beverage A(3)		

PHYSICAL SITE 114-507							
BUILDING	C	N	N/A	PLAYGROUND	C	N	N/A
<input type="checkbox"/>	<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"/>
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)				Adequate cushioning material; at least 6ft fall zone B(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<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"/>
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)				Outdoor space free from hazards and litter B(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>RESTING</b>	C	N	N/A
Ceiling, floors, windows, doors free from hazards A(5)(d)				Play Pens observed C(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.				Cribs meet federal standards (reviewed certificate) D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Facility free from pest problems (Insects, rodents) A(8)(b-c)				Cots, mats, cribs labeled or charted for each child D(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Garbage kept properly in plastic lined receptacles A(8) (d-i)				<b>PROGRAM 114-506</b>	C	N	N/A
Electrical outlets are securely covered A(11)(c)				Written, planned, daily program of activities that is	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sink area has running water A(12)(d)				developmentally & age appropriate observed A(1-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Soap and disposable towels available at sink A(12)(i)				Positive, non-abusive discipline practice B(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Furniture, toys & equipment are clean and in good repair C(1)							
Furniture, toys & equipment meets the CPSC standards C(2)							
Healthy pets/animals (Vaccination record up-to-date) E(4)							

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

INFANT CARE 114-509	TRANSPORTATION 114-505 I				
C	N	N/A	C	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infants are placed on their back to sleep A(5)(a)			Vehicle has proper safety restraints & in good repair I(1)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No bottles propped or given in cribs or on mats A(3)(c)			Checklist for loading/unloading children reviewed (2)(d)		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food for toddlers cut in pieces ½ inch or less A(3)(k)			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"/>	<b>C-Compliant with Regulation</b>		
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d)			<b>N-Noncompliant with Regulation</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No violations noted at the time of visit <input type="checkbox"/>		
Cups and bottles labeled with child's name & used only by that child A(3)(a)					

Signature of Director/Operator/Designee:       Date: 9/19/22  Refused to sign  
 Signature of Child Care Licensing Specialist:       Date: 9/19/22