

South Carolina Department of Social Services  
Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS

Facility Name: Wee Care Child Development Center  
Permit #: 515

Date of Inspection: 8/18/23 Time of Inspection: 11:50-12:30

Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)

Reason for Follow up:  pending deficiencies  self-report

Address: 641 Parris Island Gateway, Beaufort, SC 29906

Hours of Operation: Single Shift

Telephone #: 843-525-9344

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

Overnight Care?  Yes  No

Center Director/Designee: Edith Blocker

Change in Ownership or Director?  Yes  No

If yes, Name: \_\_\_\_\_

Maximum number of children: 157

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

Maximum number of infants: 15

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

Menus posted in public view:  Registration  Menu  Ratio Chart (All classroom) Does facility transport children?  Yes  No

MANAGEMENT 114-523

APPLICATION OF STAFF:CHILD RATIOS 114-524

	C	N	N/A		C	N	N/A
Staff files are in compliance F(1-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate supervision throughout the facility A(1) (a-b)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are training hours up-to-date? F(3)(a-b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility following tracking of children procedures A(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 1 person with CPR & 1st Aid on the premises H(5)(f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ratios adequate in all classrooms and on playground B & C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

HEALTH, SANITATION & SAFETY 114-525

	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 diapering practices were observed F(1-16)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine & harmful items labeled and stored properly D(2)	<input checked="" 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"/>	Smoking permitted only in designated area A(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PHYSICAL SITE 114-527

	C	N	N/A		C	N	N/A
<b>BUILDING</b>				<b>PLAYGROUND</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ventilation and lighting sufficient A(2)(a-d),(4)(a-c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor space free of glass, paper & other litter B(2)	<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"/>
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playground equipment safe & firmly anchored C (6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Building(s) temp between 68-80 °F A(7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate cushioning material; at least 6ft. fall zone C(8)	<input checked="" 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"/>	<b>RESTING</b>	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"/>	Cribs meet federal standards (reviewed certificate) D(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets are securely covered A(11)(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cots, beds, mats, & cribs labeled for each child D(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink area has hot & cold water A(12)(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pack & plays not used for sleeping D(1-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Soap and towels in restrooms A(12)(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>TRANSPORTATION 114-525 I</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment are clean and in good repair C(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vehicle has proper safety restraints and in good repair I(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Furniture, toys & equipment meets CPSC standards C(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checklist for loading/unloading children reviewed. I(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

MEAL REQUIREMENTS 114-528

	C	N	N/A		C	N	N/A
Meals and snacks in compliance with USDA A(1)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Round, firm foods are not given to children under 4y/o, 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 labeled, stored and 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"/>	Cleaning & poisonous items stored away from food D(8)	<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 114-529

	C	N	N/A
Cups and bottles labeled with child's name & used only by that child A(1)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bottles propped or given in cribs or on mats A(1)(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(1)(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for toddlers cut in pieces 1/2 inch or less. A(1)(k)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for infants cut in pieces 1/4 inch or less. A(1)(j)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit

Signature of Director/Operator/Designee: Edith Blocker

Date: Aug 18 2023  Refused to sign

Signature of Child Care Licensing Specialist: Marilyn Rice

Date: 8/18/23

**Division of Early Care and Education**

**Deficiency Correction**

NAME OF PROVIDER/OPERATOR Wee Care Child Development Center

PERMIT # 515

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
The 2 year old classroom improperly supervised due to it being over ratio	Provider will make sure all classrooms are within ratio	Corrected on site.
Upon specialist arrival, the yr old and up class over ratio during naptime 1:26.	Provider will make sure all classes are within ratio	Corrected on site.
On the playground, the grass needs to be cut.	Provider will have the grass cut.	COB
On the playground, play equipment needs to be repainted or replaced.	Provider will replace playground equipment.	30 days.

**Providers/Operators are required by regulations and statutes to be in compliance at all time.**

Licensing Specialist Marielyn Rice Date 8/21/23