

South Carolina Department of Social Services  
Office of Child Care Licensing

**INSPECTION VISIT FORM FOR REGISTERED FAITH BASED CHILD CARE CENTERS**

Facility Name: Hickory Grove Child Development Center  
Permit #: 24059

Date of Inspection: 3/20/24 Time of Inspection: 9:15 AM  
Type of Inspection:  Annual  Complaint  Follow Up (original inspection date 11/17/21) A

Address: 2710 Hwy 905, CONWAY, SC 29526  
Telephone #: 843-365-1620

Reason for Follow up:  pending deficiencies  self-report  
Hours of Operation: Single Shift 7 AM - 6 PM

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

Center Director/Designee: Kendra McDowell

Change in Ownership or Director?  Yes  No

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

Maximum number of children: 133

Building 1: 113 Building 2: 20 Building 3: \_\_\_\_\_

Maximum number of infants: 21

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

Items 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate supervision throughout the facility A(1) (a-b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are training hours up-to-date? F(3)(a-b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facility following tracking of children procedures A(2)	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH, SANITATION & SAFETY 114-525				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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicine & harmful items labeled and stored properly D(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper handwashing practices were observed G(4)	<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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	
<b>BUILDING</b>	C	N	N/A	<b>PLAYGROUND</b>	C	N	N/A
Ventilation and lighting sufficient A(2)(a-d),(4)(a-c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor space free of glass, paper & other litter B(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ceiling, floors, windows, doors free from hazards A(5)(d)	<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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Playground equipment safe & firmly anchored C (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Building(s) temp between 68-80 °F A(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate cushioning material; at least 6ft. fall zone C(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Facility free from pest problems (Insects, rodents)A(8)(b-c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>RESTING</b>	C	N	N/A
Garbage kept properly in plastic lined receptacles A(8)(d-i)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cribs meet federal standards (reviewed certificate) D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical outlets are securely covered A(11)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cots, beds, mats, & cribs labeled for each child D(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sink area has hot & cold water A(12)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>TRANSPORTATION 114-525 I</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Furniture, toys & equipment are clean and in good repair C(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	
Meals and snacks in compliance with USDA A(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Round, firm foods are not given to children under 4y/o, unless properly cut to prevent choking risk. A(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clean, wholesome, unspoiled properly labeled food A(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food labeled, stored and handled properly D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food preparers have proper hair restraints B(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cleaning & poisonous items stored away from food D(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Refrigerators have thermometers(Temp under 45°F)D(2-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
No bottles propped or given in cribs or on mats A(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Food for toddlers cut in pieces ½ inch or less. A(1)(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Food for infants cut in pieces ¼ inch or less. A(1)(j)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Infants are placed on their backs to sleep, unless Doctor's note is provided. A(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit

Signature of Director/Operator/Designee: K. McDowell Date: 3/20/24  Refused to sign

Signature of Child Care Licensing Specialist: CMJ Date: 3/20/24

**Division of Early Care and Education**  
**Deficiency Correction**

**NAME OF PROVIDER/OPERATOR** Hickory Grove Child Development Center  
**PERMIT #** 24059

<b>Deficiency Cited</b>	<b>Corrective Action Needed</b>	<b>Expected Date of Correction</b>
A Staff Health Assessment (DSS Form 2926) needed to be completed for 2 staff.	Have staff get completed by health care provider; place in files.	Before 4/20/24
TB test results (DHEC Form 1420) was needed on file for 1 staff.	Have staff get TB test completed; place results in file.	Before 4/20/24
One unqualified caregiver needed a CR clearance letter on file prior to hire.	A Central Registry needs to be submitted; place clearance letter in file.	3/20/24
One unqualified caregiver needed a SLED/FBI check prior to hire.	A SLED/FBI background check was needed; place clearance letter in file.	3/20/24
An investigation that required immediate reporting was not reported within the required time frame.	Future reports need to be made within the required time frame.	3/20/24

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

Licensing Specialist  Date 3/20/24