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

Staff files are in compliance H(1-7) Training hours up-to-date K(5)(b-c) At least 1 person with CPR & 1st Aid on the premises K(5)(h) HEALTH, SANITATION & SAFETY 114-505 C N N/A Children's faces/hands are clean B(1) Medicine and harmful items labeled and stored properly D(2) First Aid kit in facility and in vehicle if transport E(1), I(1)(g) PHYSICAL SITE 114-507 Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c) No strangulation/choking/suffocation hazards A(5)(g)(i-iii) Ceiling, floors, windows, doors free from hazards A(5)(d) Building(s) temp between 68-80°F A(7) If no, close in 4 hrs. Garbage kept properly in plastic lined receptacles A(8) (d-i) Electrical outlets are securely covered A(11)(c) Sink area has running water A(12)(d) Adequate supervision throughout facility A(1-2) Facility flollowing tracking of children procedures A(3) Ratios adequate in all classrooms and on playground B, C C N N/A Ratios adequate in all classrooms and on playground B, C C N N/A Proper diaper changing practices were observed F(1-16) Ratios adequate in all classrooms and on playground B, C C N N/A C N N/A Proper diaper changing practices were observed F(1-16) Ratios adequate in all classrooms and on playground B, C C N N/A C N N/A Proper diaper changing practices were observed F(1-16) Proper handwashing practices were observed G(4) Proper diaper changing of changing have observed G(4) Playground equip. safe & firmly anchored B(7) Adequate cushioning material; at least 6ft fall zone B(9) Proper handwashing practices were obs	acility Name: Child Enrichment Center ermit #: 22169 Type of Inspection App Ann	ual			f Inspection: 3 20 Time of Inspection: 2		<u> </u>	
Any changes in contact info (Phone/Email/Fax)?	î, î			·	Reason for Follow up: clear up pending deficien	cy 🗆 S	elf-R	eport
anter Director/Designee: Yvonne Vicuna ange in Ownership or Director?					Hours of Operation: Single Shift			
nange in Ownership or Director?	, ,	conta	ict in	fo (Pho	one/Email/Fax)? □ Yes ⊌No Overnight Care? □	Yes.	e N	0
aximum number of children: 127 aximum number of infants: 54 by 24 months 30 months 1-4 facility Infants are in designated rooms 20. Yes No N/A MANAGEMENT, ADMINISTRATION & STAFFING 114-503 SUPERVISION 114-504 C N N/A Staff files are in compliance H(1-7) Training hours up-to-date K(5)(b-c) At least 1 person with CPR & 1st Aid on the premises K(5)(h) HEALTH, SANITATION & SAFETY 114-505 C N N/A Children's faces/hands are clean B(1) Medicine and harmful items labeled and stored properly D(2) Physical Site 114-507 Building 1:								
aximum number of infants: 54								
MANAGEMENT, ADMINISTRATION & STAFFING 114-503 SUPERVISION 114-504 C N N/A Staff files are in compliance H(1-7) Training hours up-to-date K(5)(b-c) At least 1 person with CPR & 1st Aid on the premises K(5)(h) HEALTH, SANITATION & SAFETY 114-505 C N N/A Children's faces/hands are clean B(1) Medicine and harmful items labeled and stored properly D(2) First Aid kit in facility and in vehicle if transport E(1), I(1)(g) PHYSICAL SITE 114-507 BUILDING C N N/A Ventiliation and lighting & sufficient A(2)(a-d), (4)(a-c) No strangulation/choking/suffocation hazards A(5)(g)(I-iii) Ceiling, floors, windows, doors free from hazards A(5)(d) Building(s) temp between 68-80°F A(7) if no, close in 4 hrs. Electrical outlets are securely covered A(11)(c) C N N/A C N N/A Supervision 114-504 C N N/A Adequate supervision throughout facility A(1-2) Facility federal standards (reviewed certificate) D(1) Adequate supervision throughout facility A(1-2) Adequate supervision throughout facility A(1-2) Facility free from pest problems (Insects, rodents) A(8)(b-c) Physical site 114-507 Playground equip. safe & firmly anchored B(7) Adequate cushioning material; at least 6ft fall zone B(9) Celling, floors, windows, doors free from hazards A(5)(d) Celling, floors, windows, doors free from hazards A(5)(d) Celling floors, windows, doors free from hazards A(5)(d) Celling floors, windows, doors free from hazards A(5)(d) Pencing/safety barriers 4ft. in height, in good repair B(4) C N N/A C N N				Bui	lding 2: Building 3:			
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Electrical outlets are securely covered A(11)(c)		+	-	+		1		
			_	 		+ +		R
Soap and disposable towels available at sink A(12)(i) Cots, mats) cribs labeled or charted for each child D(2)		+	-	+		+ +		
Soap and disposable towels available at sink A(12)(i)			— —	t —	AND ADDRESS AND AD	<u> </u>	_	
		-	-			C	N	N/A
Furniture, toys & equipment are clean and in good repair C(1) Written, planned, daily program of activities that is Eurniture, toys & equipment meets the CRSC standards C(2) Applications of the control of the cont		1						-
		1						- 4
		_		7				K
MEAL REQUIREMENTS 114-508	MEAL				S 114-508			
	Moole & anacke in compliance with LISDA AMMA	-			Down for foods are not offered to abilde a wall of		_	N/A
Clean wholesome uponelled properly labeled food A(A)	4	 K	_		4	_	_	
Clean, wholesome, unspoiled, properly labeled food A(4)		13			+ · · · · · · · · · · · · · · · · · · ·		$\overline{}$	
Pofrigorators have thermometers term under 4505 D(2.2)		-				8	_	
Refrigerators have thermometers, temp under 45°F D(2-3) W a All cleaning & poisonous items stored away from food D		-0						0
	IN AN CARE 114-303	2	N	NI/A	TRANSPORTATION 114-3031			NI/A
infants are alread on their heat to also a APNA	nfants are placed on their back to sleep A(5)(a)	_			Vahicle has proper eafaby restraints & in good repair (/4)			N/A
						-	_	K
							-	K
Total for infants out in a local 1/ in the out on A (OVI)					Driver's (valid) driver's license reviewed (1)(t)			4
	7			LEC.	C. Compliant with Degulation		2000	
Crock pots, bottle warmers, are inaccessible to children, No	• • • • • • • • • • • • • • • • • • • •	DA	-					1000
nicrowaving of beverages observed A(3)(d) N-Noncompliant with Regulation	Compared broken to be about 100 abou	\vdash			N-Noncompliant with Regulation	Control of	Ministra	Attition
Cups and bottles labeled with child's name & used only by that		Ø _□			No violations noted at the time of violated			
child A(3)(a) No violations noted at the time of visits	AIIIC A(O)(a)				NO VIOLATIONS HOTEG AT THE TIME OF VISITE			

Signature of Child Care Licensing Specialist

Signature of Director/Operator/Designee:

__ Refused to sign