

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

Facility Name: Prosperity Child Care, Inc.  
Permit #: 17426

Date of Inspection: 8/2/24 Time of Inspection: 11:17am  
Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)  
Reason for Follow up:  clear up pending efficiency  Self-Report

Address: 528 Cartersville Hwy., LAMAR, SC 29069 Telephone #: 843-326-8842  
Any changes in contact info (Phone/Email/Fax)?  Yes  No  
Center Director/Designee: THOMASENA DAVIS  
Change in Ownership or Director?  Yes  No If yes, Name: \_\_\_\_\_  
Hours of Operation: Monday-Friday 6:30am-5pm  
Overnight Care?  Yes  No  
Maximum number of children: 116 Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  CDEP  
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:  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		
Staff files are in compliance H(1-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate supervision throughout facility A(1-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Training hours up-to-date K(5)(b-c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Facility following tracking of children procedures A(3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises K(5)(h)	<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 114-505									
	C	N	N/A		C	N	N/A		
Children's faces/hands are clean B(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper diaper changing practices were observed F(1-16)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Medicine and 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"/>	No smoking/consumption of alcoholic beverage A(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
PHYSICAL SITE 114-507									
BUILDING	C	N	N/A	PLAYGROUND	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"/>	Playground equip. safe & firmly anchored B(7)	<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"/>	Adequate cushioning material; at least 6ft fall zone B(9)	<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"/>		
Building(s) temp between 68-80°F A(7) If no, close in 4 hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor space free from hazards and litter B(2)	<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"/>	RESTING			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"/>	Play Pens observed C(4)	<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"/>	Cribs meet federal standards (reviewed certificate) D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Sink area has running water A(12)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cots, mats, cribs labeled or charted for each child D(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Soap and disposable towels available at sink A(12)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PROGRAM 114-506			C	N	N/A
Furniture, toys & equipment are clean and in good repair C(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Furniture, toys & equipment meets the CPSC standards C(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive, non-abusive discipline practice B(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Healthy pets/animals (Vaccination record up-to-date) E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
MEAL REQUIREMENTS 114-508									
	C	N	N/A		C	N	N/A		
Meals & snacks in compliance with USDA A(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Round, firm foods are not offered to children under 4 yrs. Old, 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 stored & 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"/>	All cleaning & poisonous items stored away from food D	<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 114-509				TRANSPORTATION 114-505 I					
	C	N	N/A		C	N	N/A		
Infants are placed on their back to sleep A(5)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vehicle has proper safety restraints & in good repair I(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
No bottles propped or given in cribs or on mats A(3)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Checklist for loading/unloading children reviewed (2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Food for toddlers cut in pieces ½ inch or less A(3)(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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"/>						
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>C-Compliant with Regulation N-Noncompliant with Regulation</b>					
Cups and bottles labeled with child's name & used only by that child A(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>No violations noted at the time of visit <input type="checkbox"/></b>					

Signature of Director/Operator/Designee: Sharon Glenn Date: 8/2/24  Refused to sign

Signature of Child Care Licensing Specialist: Emily Branch Date: 8/2/24

**Division of Early Care and Education**

**Deficiency Correction**

NAME OF PROVIDER/OPERATOR Prosperity Child Care, Inc.

PERMIT # 17426

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Failure to report an incident to The Department	Ensure all reports are made as required by regulations moving forward	Same day 8/2/24
Inaccurate tracking	Ensure proper tracking procedures are followed at all times	Same day 8/2/24
Unqualified caregiver began working without central registry clearance	Ensure all staff receive needed background check clearance before working	Same day 8/2/24
Missing staff Medical Statements on file	Ensure all staff have Medical Statement on file upon hire	8/6/24

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

Licensing Specialist Emily Broad Date 08/02/2024