

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

Facility Name: Kiddie University
Permit # 15382

Date of Inspection 2/5/25 Time of Inspection 11:15 AM
Type of Inspection: ☒ Annual ☐ Complaint ☐ Follow Up (original inspection date _____)
Reason for Follow up: ☐ clear up pending deficiency ☐ Self-Report

Address: 1700 South Main Street, ANDERSON, SC 29624

Telephone # 864-224-2064

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

Hours of Operation: Single Shift

Overnight Care? ☐ Yes ☒ No

Center Director/Designee: Sherry Adger, Rosemary Berry

Change in Ownership or Director? ☐ Yes ☒ No If yes, Name _____

Maximum number of children: 97

Building 1 _____

Building 2 _____

Building 3 _____

CDEP

Maximum number of infants: 24

☒ 24 months ☐ 30 months ☐ 1-1 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

| | C | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| Staff files are in compliance H(1-7) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training hours up-to-date K(5)(b-c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At least 1 person with CPR & 1 st Aid on the premises K(5)(h) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | C | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| Adequate supervision throughout facility A(1-2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facility following tracking of children procedures A(3) | <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 114-505

| | C | N | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Children's faces/hands are clean B(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicine and harmful items labeled and stored properly D(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid kit in facility and in vehicle if transport E(1), K(1)(g) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | C | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| Proper diaper changing practices were observed F(1-16) | <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"/> |
| No smoking/consumption of alcoholic beverage A(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PHYSICAL SITE 114-507

| | C | N | N/A |
|---|-------------------------------------|--------------------------|-------------------------------------|
| BUILDING | | | |
| Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c) | <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"/> |
| Ceiling, floors, windows, doors free from hazards A(5)(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building(s) temp between 68-80°F A(7) If no, close in 4 hrs. | <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"/> |
| Garbage kept properly in plastic lined receptacles A(8)(d-i) | <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"/> |
| Sink area has running water A(12)(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soap and disposable towels available at sink A(12)(i) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furniture, toys & equipment are clean and in good repair C(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Furniture, toys & equipment meets the CPSC standards C(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Healthy pets/animals (Vaccination record up-to-date) E(4) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| | C | N | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| PLAYGROUND | | | |
| Playground equip. safe & firmly anchored B(7) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate cushioning material; at least 6ft fall zone B(9) | <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"/> |
| Outdoor space free from hazards and litter B(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RESTING

| | C | N | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|
| Play Pens observed C(4) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cribs meet federal standards (reviewed certificate) D(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cots, mats, cribs labeled or charted for each child D(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROGRAM 114-506

| | C | N | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positive, non-abusive discipline practice B(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

MEAL REQUIREMENTS 114-508

| | C | N | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Meals & snacks in compliance with USDA A(1)(b) | <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 preparers have proper hair restraints B(5) | <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"/> |

| | C | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| Round, firm foods are not offered to children under 4 yrs. Old, unless properly cut to prevent choking risk A(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food stored & handled properly D(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All cleaning & poisonous items stored away from food D | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INFANT CARE 114-509

| | C | N | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| Infants are placed on their back to sleep A(5)(a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No bottles propped or given in cribs or on mats A(3)(c) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food for toddlers cut in pieces 1/2 inch or less A(3)(k) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food for infants cut in pieces 1/4 inch or less A(3)(l) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cups and bottles labeled with child's name & used only by that child A(3)(a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TRANSPORTATION 114-505.1

| | C | N | N/A |
|--|--------------------------|--------------------------|-------------------------------------|
| Vehicle has proper safety restraints & in good repair I(1) | <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"/> |
| Driver's (valid) driver's license reviewed (1)(f) | <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: Sherry C Adger

Date: 2-5-25 ☐ Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 2/5/25