

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

Date of Inspection: 9-3-25  
Time of Inspection: 09:30 am

Facility Name: The Preschool of the Arts at The Center for Jewish Life  
Permit #: 24395  
Address: 477 Mathis Ferry Road MOUNT PLEASANT, SC 29464

Type of Inspection: ☒ Annual ☐ Complaint  
☐ Follow Up (Original Inspection)  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)  
 Reason for Follow up:  
☐ Pending Deficiencies  
☐ Self-Reported Incident

Telephone #: 843-884-2323      Any changes in contact info (Phone/Email/Fax)? ☐ Yes   ☒ No

Center Director/Designee: Shterna Sarah Refson

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

Maximum number of children: 99

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

### Building 3:

Maximum number of infants: 54

☐ 24 months ☒ 30 months ☐ I-4 facility

Infants are in designated rooms? ☐ Yes ☐ No ☒ N/A

Items posted in public view: 0

~~Ratio Chart~~ (All classrooms)

Does facility transport children? ☐ Yes ☒ No ☐ N/A

ABC Quality No

Head Start ☐ Yes ☒ No      Public Schools ☐ Yes ☒ No

Overnight Care? ☐ Yes ☒ No

Hours of Operation: M- 8:00AM- 3:00PM T- 8:00AM- 3:00PM W- 8:00AM- 3:00PM Th- 8:00AM- 3:00PM F- 8:00AM- 3:00PM

## MANAGEMENT, ADMINISTRATION &amp; STAFFING 114-503

## SUPERVISION 114-504

|   | C                                   | N                                   | N/A                      |   | C                                   | N                                   | N/A                      |
|---|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|-------------------------------------|--------------------------|
| Staff files are in compliance <b>H(1-7)</b>                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Adequate supervision throughout facility <b>A(1-2)</b>          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Training hours up-to-date <b>K(5)(b-c)</b>                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Facility following tracking of children procedures <b>A(3)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises <b>K(5)(h)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Ratios adequate in all classrooms and on playground <b>B, C</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## HEALTH, SANITATION &amp; SAFETY 114-505

|  | C                                   | N                        | N/A                      |   | C                                   | N                        | N/A                                 |
|--|-------------------------------------|--------------------------|--------------------------|---|-------------------------------------|--------------------------|-------------------------------------|
| Children's faces/hands are clean <b>B(1)</b>                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper diaper changing practices were observed <b>F(1-16)</b> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Medicine and harmful items labeled and stored properly <b>D(2)</b>         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper handwashing practices were observed <b>G(4)</b>        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| First Aid kit in facility and in vehicle if transport <b>E(1), I(1)(g)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No smoking/consumption of alcoholic beverage <b>A(3)</b>      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Current Emergency Preparedness Plan <b>H(3)</b>                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Medical Plan <b>C(1)</b>                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Playground equip. safe & firmly anchored B(7)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No strangulation/choking/suffocation hazards A(5)(g)   | <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"/> |
| 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"/> |
| 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"/> | Outdoor space free from hazards and litter B(2)   | <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"/> | RESTING   | C                                   | N                        | N/A                      |
| All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly. A(5)(c) (e), A(8); E(1),(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Play Pens observed C(4)   | <input type="checkbox"/>            | <input type="checkbox"/> | 6                        |
| Electrical outlets are securely covered A(11)(c)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cribs meet federal standards (reviewed certificate) D(1)  | <input type="checkbox"/>            | <input type="checkbox"/> | 6                        |
| Sink area has running water A(12)(d)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cots, mats, cribs labeled or charted for each child D(2)  | <input type="checkbox"/>            | <input type="checkbox"/> | 6                        |
| Soap and disposable towels available at sink A(12)(i)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PROGRAM 114-506   | C                                   | N                        | N/A                      |
| Furniture, toys & equipment are clean and in good repair C(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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"/> |
| Furniture, toys & equipment meets the CPSC standards C(2)  | <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"/> |
| Healthy animals, not permitted if allergic E(4)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other environmental allergies (Policy #120)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

## MEAL REQUIREMENTS 114-508

|  | C                                   | N                        | N/A                                 |   | C                        | N                        | N/A                                 |
|--|-------------------------------------|--------------------------|-------------------------------------|---|--------------------------|--------------------------|-------------------------------------|
| Meals & snacks in compliance with USDA <b>A(1)(b)</b>          | <input checked="" 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 <b>A(3)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food <b>A(4)</b> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food preparers have proper hair restraints <b>B(5)</b>         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F <b>D(2-3)</b> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Prevention and response to food allergies <b>A(9-10)</b>       | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All cleaning & poisonous items stored away from food <b>D(8)</b>  | <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 <b>A(5)(a)</b>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Vehicle has proper safety restraints & in good repair <b>I(1)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| No bottles propped or given in cribs or on mats <b>A(3)(c)</b>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Checklist for loading/unloading children reviewed <b>(2)(d)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces ½ inch or less <b>A(3)(k)</b>   | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Driver's (valid) driver's license reviewed <b>(1)(f)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces ¼ inch or less <b>A(3)(j)</b>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |                          |                          |                                     |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed <b>A(3)(d)</b> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>C-Compliant with Regulation</b>   |                          |                          |                                     |
|   |                          |                                     |                                     | <b>N-Noncompliant with Regulation</b>  |                          |                          |                                     |
| Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Violations noted at the time of visit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                          |                          |                                     |
|   |                          |                                     |                                     | Any violations corrected onsite <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DSS Form 2910 needed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          |                          |                                     |

Signature of Director/Operator/Designee:

Date: 8-3-2025 ☐ Refused to sign.

**Signature of Child Care Licensing Specialist:**

Date: 9/3/23

**Division of Early Care and Education****Deficiency Correction**NAME OF PROVIDER/OPERATOR The Preschool of the Arts at The Center for Jewish LifePERMIT # 24395

| Deficiency Cited                      | Corrective Action Needed   | Expected Date of Correction |
|---------------------------------------|----------------------------|-----------------------------|
| Training should be completed annually | Complete required training | 12/3/2025                   |
|                                       |                            |                             |
|                                       |                            |                             |
|                                       |                            |                             |
|                                       |                            |                             |
|                                       |                            |                             |

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

Licensing Specialist  Date 10/2/2025