

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

Facility Name: Especially Children CDC Too  
Permit #: 26047  
Address: 6900 White Horse Road GREENVILLE, SC 29611

Date of Inspection: 9-15-25  
Time of Inspection: 10:56a-12:30p  
Type of Inspection: ☐ Annual ☒ Complaint  
☒ Follow Up (Original Inspection)  
Date: 6/16/25  
Reason for Follow up:  
☒ Pending Deficiencies  
☐ Self-Reported Incident

Telephone #: 864-360-4767 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Vernon Keenon

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

Maximum number of children: 207

Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  
☐ 24 months ☒ 30 months ☐ 1-4 facility

Maximum number of infants: 66

Items posted in public view: ☒ License ☒ Menu ☒ Ratio Chart (All classrooms)

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

ABC Quality Yes

Head Start ☐ Yes ☒ No

Public Schools ☐ Yes ☐ No

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

Overnight Care? ☐ Yes ☒ No

Hours of Operation: M- 7:00AM- 5:30PM T- 7:00AM- 5:30PM W- 7:00AM- 5:30PM Th- 7:00AM- 5:30PM F- 7:00AM- 5:30PM

**MANAGEMENT, ADMINISTRATION & STAFFING 114-503**

|   | C                                   | N                        | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| Staff files are in compliance <b>H(1-7)</b>                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training hours up-to-date <b>K(5)(b-c)</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"/> |

**SUPERVISION 114-504**

|   | C                                   | N                        | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| Adequate supervision throughout facility <b>A(1-2)</b>          | <input checked="" type="checkbox"/> | <input 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"/> |
| Ratios adequate in all classrooms and on playground <b>B, C</b> | <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>B(1)</b>                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicine and harmful items labeled and stored properly <b>D(2)</b>         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |
| Current Emergency Preparedness Plan <b>H(3)</b>                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | C                                   | N                        | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| Proper diaper changing practices were observed <b>F(1-16)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper handwashing practices were observed <b>G(4)</b>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No smoking/consumption of alcoholic beverage <b>A(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                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
| Ventilation and lighting & sufficient <b>A(2)(a-d), (4)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No strangulation/choking/suffocation hazards <b>A(5)(g)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Ceiling, floors, windows, doors free from hazards <b>A(5)(d)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Building(s) temp between 68-80°F <b>A(7)</b> If no, close in 4 hrs.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Facility free from pest problems (Insects, rodents) <b>A(8)(b-c)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 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. <b>A(5)(c), (e), A(8); E(1), (4)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Electrical outlets are securely covered <b>A(11)(c)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sink area has running water <b>A(12)(d)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Soap and disposable towels available at sink <b>A(12)(i)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Furniture, toys & equipment are clean and in good repair <b>C(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Furniture, toys & equipment meets the CPSC standards <b>C(2)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Healthy animals, not permitted if allergic <b>E(4)</b>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other environmental allergies ( <b>Policy #120</b> )  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

| PLAYGROUND   | C                                   | N                        | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| Playground equip. safe & firmly anchored <b>B(7)</b>               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate cushioning material; at least 6ft fall zone <b>B(9)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fencing/safety barriers 4ft. in height, in good repair <b>B(4)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outdoor space free from hazards and litter <b>B(2)</b>             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**RESTING**

|                                | C                        | N                        | N/A                                 |
|--------------------------------|--------------------------|--------------------------|-------------------------------------|
| Play Pens observed <b>C(4)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|   | C                                   | N                        | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| Cribs meet federal standards (reviewed certificate) <b>D(1)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cots, mats, cribs labeled or charted for each child <b>D(2)</b> | <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 <b>A(1-3)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positive, non-abusive discipline practice <b>B(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**MEAL REQUIREMENTS 114-508**

|  | C                                   | N                        | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| Meals & snacks in compliance with USDA <b>A(1)(b)</b>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food <b>A(4)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food preparers have proper hair restraints <b>B(5)</b>         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F <b>D(2-3)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention and response to food allergies <b>A(9-10)</b>       | <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 <b>A(3)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food stored & handled properly <b>D(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All cleaning & poisonous items stored away from food <b>D(8)</b>  | <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 <b>A(5)(a)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No bottles propped or given in cribs or on mats <b>A(3)(c)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food for toddlers cut in pieces ½ inch or less <b>A(3)(k)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food for infants cut in pieces ¼ inch or less <b>A(3)(j)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed <b>A(3)(d)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**TRANSPORTATION 114-505 I**

|   | C                                   | N                        | N/A                      |
|---|-------------------------------------|--------------------------|--------------------------|
| Vehicle has proper safety restraints & in good repair <b>I(1)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checklist for loading/unloading children reviewed <b>(2)(d)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver's (valid) driver's license reviewed <b>(1)(f)</b>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C-Compliant with Regulation**  
**N-Noncompliant with Regulation**

Violations noted at the time of visit ☐ Yes ☒ No  
Any violations corrected onsite ☐ Yes ☒ No DSS Form 2910 needed ☐ Yes ☒ No

Signature of Director/Operator/Designee: \_\_\_\_\_ Date: 9/15/25 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: Christy Addis Date: 9.15.25