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

Date of Inspection: 9/17/26
Time of Inspection: 11:00AM
**Type of Inspection:** ☐ **Annual** ☑ **Complaint**
☐ **Follow Up (Original Inspection**
**Date:** __/__/____)
**Reason for Follow up:**
☐ **Pending Deficiencies**
☐ **Self-Reported Incident**

Facility Name: Buckle-My-Shoe
Permit #: 15920
Address: 2315 Duffy Street NORTH MYRTLE BEACH, SC 29582

Telephone #: 843-280-6738 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No
Center Director/Designee: Sherrilyn Costello
Change in Ownership or Director? ☐ Yes ☑ No If yes, Name: _____
Maximum number of children: 58 Building 1: _____ Building 2: _____ Building 3: _____
Maximum number of infants: 12 ☑ 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
**ABC Quality** Yes **Head Start** ☐ Yes ☐ No **Public Schools** ☐ Yes ☑ No **Overnight Care?** ☐ Yes ☑ No
Hours of Operation: M- 7:00AM- 6:00PM T- 7:00AM- 6:00PM W- 7:00AM- 6:00PM Th- 7:00AM- 6:00PM F- 7:00AM- 6:00PM

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503 | 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)** | ☑ | ☐ | ☐ |

| SUPERVISION 114-504 | C | N | N/A |
|---|---|---|---|
| Adequate supervision throughout facility **A(1-2)** | ☐ | ☐ | ☐ |
| Facility following tracking of children procedures **A(3)** | ☑ | ☐ | ☐ |
| Ratios adequate in all classrooms and on playground **B, C** | ☐ | ☐ | ☐ |

| 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)** | ☐ | ☐ | ☑ |
| Current Emergency Preparedness Plan **H(3)** | ☐ | ☐ | ☑ |

| | C | N | N/A |
|---|---|---|---|
| Proper diaper changing practices were observed **F(1-16)** | ☑ | ☐ | ☐ |
| Proper handwashing practices were observed **G(4)** | ☐ | ☐ | ☑ |
| No smoking/consumption of alcoholic beverage **A(3)** | ☐ | ☐ | ☑ |
| Emergency Medical Plan **C(1)** | ☐ | ☐ | ☑ |

| PHYSICAL SITE 114-507 — BUILDING | C | N | N/A |
|---|---|---|---|
| Ventilation and lighting & sufficient **A(2)(a-d), (4)** | ☐ | ☐ | ☑ |
| No strangulation/choking/suffocation hazards **A(5)(g)** | ☐ | ☐ | ☑ |
| 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. | ☐ | ☐ | ☑ |
| Facility free from pest problems (Insects, rodents) **A(8)(b-c)** | ☑ | ☐ | ☐ |
| 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)** | ☐ | ☐ | ☑ |
| Electrical outlets are securely covered **A(11)(c)** | ☐ | ☐ | ☑ |
| Sink area has running water **A(12)(d)** | ☐ | ☐ | ☑ |
| Soap and disposable towels available at sink **A(12)(i)** | ☐ | ☐ | ☑ |
| Furniture, toys & equipment are clean and in good repair **C(1)** | ☐ | ☐ | ☑ |
| Furniture, toys & equipment meets the CPSC standards **C(2)** | ☐ | ☐ | ☑ |
| Healthy animals, not permitted if allergic **E(4)** | ☐ | ☐ | ☑ |
| Other environmental allergies **(Policy #120)** | ☐ | ☐ | ☑ |

| PLAYGROUND | C | N | N/A |
|---|---|---|---|
| Playground equip. safe & firmly anchored **B(7)** | ☐ | ☐ | ☑ |
| Adequate cushioning material; at least 6ft fall zone **B(9)** | ☐ | ☐ | ☑ |
| Fencing/safety barriers 4ft. in height, in good repair **B(4)** | ☐ | ☐ | ☑ |
| Outdoor space free from hazards and litter **B(2)** | ☑ | ☐ | ☐ |

| RESTING | C | N | N/A |
|---|---|---|---|
| Play Pens observed **C(4)** | ☐ | ☐ | ☑ |

| PROGRAM 114-506 | C | N | N/A |
|---|---|---|---|
| Written, planned, daily program of activities that is developmentally & age appropriate observed **A(1-3)** | ☐ | ☐ | ☑ |
| Positive, non-abusive discipline practice **B(1)** | ☐ | ☐ | ☑ |
| | ☐ | ☐ | ☐ |

| MEAL REQUIREMENTS 114-508 | C | N | N/A |
|---|---|---|---|
| Meals & snacks in compliance with USDA **A(1)(b)** | ☐ | ☐ | ☐ |
| Clean, wholesome, unspoiled, properly labeled food **A(4)** | ☐ | ☐ | ☑ |
| Food preparers have proper hair restraints **B(5)** | ☐ | ☐ | ☑ |
| Refrigerators have thermometers, temp under 45°F **D(2-3)** | ☐ | ☐ | ☑ |
| Prevention and response to food allergies **A(9-10)** | ☐ | ☐ | ☐ |

| | 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)** | ☐ | ☐ | ☐ |
| Food stored & handled properly **D(1)** | ☐ | ☐ | ☑ |
| All cleaning & poisonous items stored away from food **D(8)** | ☐ | ☐ | ☑ |
| | ☐ | ☐ | ☐ |

| INFANT CARE 114-509 | C | N | N/A |
|---|---|---|---|
| Infants are placed on their back to sleep **A(5)(a)** | ☐ | ☐ | ☑ |
| No bottles propped or given in cribs or on mats **A(3)(c)** | ☑ | ☐ | ☐ |
| Food for toddlers cut in pieces ½ inch or less **A(3)(k)** | ☐ | ☐ | ☑ |
| Food for infants cut in pieces ¼ inch or less **A(3)(j)** | ☐ | ☐ | ☑ |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed **A(3)(d)** | ☐ | ☐ | ☑ |
| Cups and bottles labeled with child's name & used only by that child **A(3)(a)** | ☑ | ☐ | ☐ |

| TRANSPORTATION 114-505 I | C | N | N/A |
|---|---|---|---|
| Vehicle has proper safety restraints & in good repair **I(1)** | ☐ | ☐ | ☑ |
| Checklist for loading/unloading children reviewed **(2)(d)** | ☐ | ☐ | ☑ |
| Driver's (valid) driver's license reviewed **(1)(f)** | ☐ | ☐ | ☑ |

**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: Sherri Costello Date: 9-17-26 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: [signature] Date: 9-17-26