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

Date of Inspection: 9/4/26
Time of Inspection: 8:10AM
Type of Inspection: ☐ **Annual** ☑ **Complaint**
☐ **Follow Up (Original Inspection Date:** ___/___/___)
Reason for Follow up:
☐ **Pending Deficiencies**
☐ **Self-Reported Incident**

Facility Name: Springview Academy at Summerville
Permit #: 25555
Address: 112 Springview Lane SUMMERVILLE, SC 29485

Telephone #: 843-873-7100 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No
Center Director/Designee: Robin Anne Lane
Change in Ownership or Director? ☐ Yes ☑ No If yes, Name: _____
Maximum number of children: 127 Building 1: ✓ Building 2: _____ Building 3: _____
Maximum number of infants: 99 ☐ 24 months ☑ 30 months ☐ I-4 facility
Items posted in public view: ☑ License ☑ Menu ☑ Ratio Chart (All classrooms)
ABC Quality No **Head Start** ☐ Yes ☑ No **Public Schools** ☐ Yes ☑ No
Infants are in designated rooms? ☑ Yes ☐ No ☐ N/A
Does facility transport children? ☐ Yes ☑ No ☐ N/A
Overnight Care? ☐ Yes ☑ No
Hours of Operation: M- 6:30AM- 6:00PM T- 6:30AM- 6:00PM W- 6:30AM- 6:00PM Th- 6:30AM- 6:00PM F- 6:30AM- 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: Robin Lane Date: 9/4/26 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: Agreant Date: 9/4/2026

Division of Early Care and Education

Deficiency Correction

NAME OF PROVIDER/OPERATOR Springview Academy at Summerville

PERMIT # 25555

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Tracking	Ensure all movement entering, exiting, and moving around the center is documented by tracking	COS
Ratio	Ensure the proper ratio during all hours of operation.	30 Days
Supervision	Ensure proper ratio is implemented to ensure proper recommended ratio.	30 Days

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

Licensing Specialist Alexia Grant Digitally signed by Alexia Grant Date: 2026.09.15 16:38:15 -04'00' **Date** 09/15/2026