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

Date of Inspection: 9/25/26
Time of Inspection: 8:45am
Type of Inspection: ☐ **Annual** ☑ **Complaint**
☐ **Follow Up (Original Inspection Date:** ___/___/___)
Reason for Follow up:
☐ **Pending Deficiencies**
☐ **Self-Reported Incident**

Facility Name: Oakbrook Child Development Center
Permit #: 12405
Address: 901 Travelers Blvd. Summerville, SC 29485

Telephone #: 843-871-3053 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No
Center Director/Designee: Tracey Culver
Change in Ownership or Director? ☐ Yes ☑ No If yes, Name: _____
Maximum number of children: 223 Building 1: ☑ Building 2: _____ Building 3: _____
Maximum number of infants: 100 ☐ 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- 6:00AM- 6:00PM T- 6:00AM- 6:00PM W- 6:00AM- 6:00PM Th- 6:00AM- 6:00PM F- 6:00AM- 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)**	☐	☐	☑

	C	N	N/A
Cribs meet federal standards (reviewed certificate) **D(1)**	☐	☐	☑
Cots, mats, cribs labeled or charted for each child **D(2)**	☐	☐	☑

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: Tracey S. Culver Date: 9/25/26 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: _____ Date: 9/25/2026

Division of Early Care and Education

Deficiency Correction

NAME OF PROVIDER/OPERATOR Oakbrook Child Development Center

PERMIT # 12405

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Ratio	Ensure only authorized caregivers are caring for children individually.	COS
Supervision	Ensure all caregivers are authorized to provide direct care, ensuring adequate supervision.	COS
Central Registry Check	Ensure all employees have central registry checks completed.	COB
Health Assessment	Ensure all employees complete health assessments within 30 days of employment.	30 days
TB Test	Ensure all employees complete TB testing.	30 days
Educational Requirements	Ensure proof of education is available for licensing review to verify educational requirements are met	COB

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

Licensing Specialist S. Thomas for A. Grant **Date** 10/07/2026