

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

Facility Name: Fosters Day Care
Permit #: 14606

Date of Inspection: 4/28/21 Time of Inspection: 11:48
Type of Inspection: ☐ Annual ☒ Complaint ☐ Follow Up (original inspection date _____)
Reason for Follow up: ☐ clear up pending deficiency ☐ Self-Report

Address: 2260 Otranto Road, NORTH CHARLESTON, SC 29406

Hours of Operation: Single Shift

Telephone #: 843-569-3914

Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Overnight Care? ☐ Yes ☒ No

Center Director/Designee: Emily Foster

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

Maximum number of children: 72

Building 1: _____ Building 2: _____ Building 3: _____ ☐ CDEP

Maximum number of infants: 60

☒ 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

MANAGEMENT, ADMINISTRATION & STAFFING 114-503

SUPERVISION 114-504

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

HEALTH, SANITATION & SAFETY 114-505

	C	N	N/A		C	N	N/A
Children's faces/hands are clean B(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper diaper changing practices were observed F(1-16)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine and harmful items labeled and stored properly D(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper handwashing practices were observed G(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No smoking/consumption of alcoholic beverage A(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)(a-c)	<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)(i-iii)	<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
Garbage kept properly in plastic lined receptacles A(8) (d-i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Play Pens observed C(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 pets/animals (Vaccination record up-to-date) E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

MEAL REQUIREMENTS 114-508

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

Signature of Director/Operator/Designee: Deanne Williams

Date: 4/28/21 ☐ Refused to sign

Signature of Child Care Licensing Specialist: John Hurd

Date: 4/28/21

DSS SOUTH CAROLINA DEPARTMENT of SOCIAL SERVICES

HENRY McMASTER, GOVERNOR
MICHAEL LEACH, STATE DIRECTOR



5/16/2021

Emily Foster
Fosters Day Care
2260 Otranto Road
NORTH CHARLESTON, SC, 29406

Dear: Emily Foster

The South Carolina Department of Social Services Office of Child Care Licensing has been notified by, Tina Studer, Child Care Licensing Specialist, that one or more deficiencies were cited during a **Complaint visit** to your facility. All cited deficiencies must be corrected within the stated time frame or frames.

Date of visit: 04/28/2021

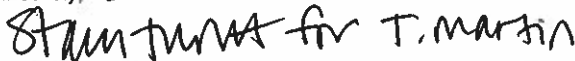
Deficiency/Deficiencies

See attached documentation of the deficiency/deficiencies and time frame(s) for correction.

In accordance with Section 63-13-20 et seq., Code of Laws of South Carolina (1976), (Child Care Licensing Law), within two weeks of the receipt of this letter you may file a written request with the Department for administrative reconsideration of the time frames cited.

Department of Social Services staff will visit your facility to verify that requirements are being met and maintained. Failure to correct these deficiencies within the time period specified may result in revocation/withdrawal of your License. Enclosed is a brochure explaining your appeal rights in the event you do not correct these deficiencies and further action is necessary.

Sincerely, -



Tomeika Martin, Low Country Region Regional Supervisor

cc: Tina Studer, Child Care Licensing Specialist
Sherry Smith, ABC Program Monitoring
Mary Abney-Young, Child and Adult Care Food Program

Attachments

Facility Name: Fosters Day Care

Director Name: Emily Foster

Permit Number: 14606

The following deficiencies was corrected on site

- 1 In the 2 year old and 4 year old room, the tracking of children was inaccurate when all of the children in attendance were not marked present on their tracking sheet.- "Resolved On Site" - Resolved On 04/28/2021

DSS Regulation 114-504 A(3):

Children shall be directly supervised at all times by qualified staff persons: The center shall have a written procedure to account for the presence of each child as the child enters and exits the premise, enters and exits a vehicle or moves to a new location in or around the center;

Facility Name: Fosters Day Care

Director Name: Emily Foster

Permit Number: 14606

**South Carolina Department of Social Services
Child Care Licensing**

VERIFICATION OF CORRECTION OF DEFICIENCY/DEFICIENCIES

The deficiency/deficiencies noted at the time of inspection has/have been cited on the enclosed correspondence. Please complete this form to verify that the deficiency/deficiencies has/have been corrected. **Submit this form along with accompanying documentation to the Regional Child Care Licensing Office.** Where applicable, attach copies of the documentation to be included in your file. (Example: Copies of health reports, education and training hours, receipts documenting repairs, etc.) This plan must be submitted to the Regional Office no later than 6/15/2021

Name of Facility: Fosters Day Care

Permit No : 14606

County : CHARLESTON

Physical Address : 2260 Otranto Road

City/State/Zip : NORTH CHARLESTON, SC, 29406

Mailing Address : 2260 Otranto Road

City/State/Zip : NORTH CHARLESTON, SC, 29406

The following deficiency/deficiencies has/have been corrected. Documentation is enclosed.
(You may attach additional pages if more space is needed.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Director's Signature:

Date: