

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

Facility Name: Cutie Pies Inc.  
Permit #: 22258

Date of Inspection: 10/27/21 Time of Inspection: 1:55 PM

Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)

Reason for Follow up:  clear up pending  deficiency  Self-Report

Address: 712 S. Poplar Drive, MYRTLE BEACH, SC 29575

Hours of Operation: 10:45 AM - 5:30 PM

Telephone #: 843-839-9882

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

Overnight Care?  Yes  No

Center Director/Designee: Danielle Buckley

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

Maximum number of children: 84

Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  CDEP

Maximum number of infants: 31

24 months  30 months  I-4 facility **Infants are in designated rooms?**  Yes  No  N/A

Forms 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 <b>H(1-7)</b>                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Adequate supervision throughout facility <b>A(1-2)</b>          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Training hours up-to-date <b>K(5)(b-c)</b>                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Facility following tracking of children procedures <b>A(3)</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| At least 1 person with CPR & 1st Aid on the premises <b>K(5)(h)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | Ratios adequate in all classrooms and on playground <b>B, C</b> | <input type="checkbox"/> | <input checked="" 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>B(1)</b>                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proper diaper changing practices were observed <b>F(1-16)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Medicine and harmful items labeled and stored properly <b>D(2)</b>         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proper handwashing practices were observed <b>G(4)</b>        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| First Aid kit in facility and in vehicle if transport <b>E(1), I(1)(g)</b> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | No smoking/consumption of alcoholic beverage <b>A(3)</b>      | <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 <b>A(2)(a-d), (4)(a-c)</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Playground equip. safe & firmly anchored <b>B(7)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| No strangulation/choking/suffocation hazards <b>A(5)(g)(i-iii)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Adequate cushioning material; at least 6ft fall zone <b>B(9)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ceiling, floors, windows, doors free from hazards <b>A(5)(d)</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fencing/safety barriers 4ft. in height, in good repair <b>B(4)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Building(s) temp between 68-80°F <b>A(7)</b> If no, close in 4 hrs.  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outdoor space free from hazards and litter <b>B(2)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Facility free from pest problems (Insects, rodents) <b>A(8)(b-c)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>RESTING</b>   | <b>C</b>                 | <b>N</b>                 | <b>N/A</b>                          |
| Garbage kept properly in plastic lined receptacles <b>A(8)(d-i)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Play Pens observed <b>C(4)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Electrical outlets are securely covered <b>A(11)(c)</b>              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cribs meet federal standards (reviewed certificate) <b>D(1)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sink area has running water <b>A(12)(d)</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cots, mats, cribs labeled or charted for each child <b>D(2)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Soap and disposable towels available at sink <b>A(12)(i)</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>PROGRAM 114-506</b>   | <b>C</b>                 | <b>N</b>                 | <b>N/A</b>                          |
| Furniture, toys & equipment are clean and in good repair <b>C(1)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Written, planned, daily program of activities that is developmentally & age appropriate observed <b>A(1-3)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Furniture, toys & equipment meets the CPSC standards <b>C(2)</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Positive, non-abusive discipline practice <b>B(1)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Healthy pets/animals (Vaccination record up-to-date) <b>E(4)</b>     | <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 <b>A(1)(b)</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 <b>A(3)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Clean, wholesome, unspoiled, properly labeled food <b>A(4)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food stored & handled properly <b>D(1)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food preparers have proper hair restraints <b>B(5)</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All cleaning & poisonous items stored away from food <b>D</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F <b>D(2-3)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 <b>A(5)(a)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vehicle has proper safety restraints & in good repair <b>I(1)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| No bottles propped or given in cribs or on mats <b>A(3)(c)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Checklist for loading/unloading children reviewed <b>(2)(d)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces 1/2 inch or less <b>A(3)(k)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Driver's (valid) driver's license reviewed <b>(1)(f)</b>          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces 1/4 inch or less <b>A(3)(j)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |                          |                          |                                     |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed <b>A(3)(d)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>C-Compliant with Regulation</b>                                |                          |                          |                                     |
| Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>N-Noncompliant with Regulation</b>                             |                          |                          |                                     |
| <b>No violations noted at the time of visit <input type="checkbox"/></b>                                      |                          |                          |                                     |   |                          |                          |                                     |

Signature of Director/Operator/Designee: D Buckley

Date: 10/27/21  Refused to sign

Signature of Child Care Licensing Specialist: cmh

Date: 10/27/21