

South Carolina Department of Social Services  
Office of Child Care Licensing  
**INSPECTION VISIT FORM FOR LICENSED GROUP CHILD CARE HOMES**

Operator Name: Carrie F Gandy  
Permit #: 15938

Date of Inspection: 3-30-23 Time of Inspection: 4:00pm  
Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)

Address: 1708 Williamsburg Circle, FLORENCE, SC 29506

Reason for Follow up:  pending deficiencies  self-report

Telephone #: 843-662-0067

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

Hours of Operation: Single Shift 6:30 to 5:00pm

Change in location?  Yes  No

If yes, Address: \_\_\_\_\_

Overnight Care?  Yes  No

Maximum number of children: 12

Is the GCCH over - capacity?  Yes  No If yes, Number of children over \_\_\_\_\_

Number of infants: 3

Additional staff is required when attendance reaches 9 children or when 4 or more children are younger than 2 yrs. old

Items posted in public view:  License  Menu

Does facility transport children? 114-515.1

Yes  No  N/A

MANAGEMENT, ADMINISTRATION & STAFFING 114-513		C	N	N/A	SUPERVISION 114-514		C	N	N/A
Staff files are in compliance H(1-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Adequate supervision throughout facility A(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training hours up-to-date K(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Adequate number staff in home or outside during play A(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
At least 1 person with CPR & 1st Aid on the premises K(5)(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

HEALTH, SANITATION & SAFETY 114-515									
		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(1-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicine & harmful items are labeled and stored properly D(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper handwashing practices were observed G(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
First Aid kit in facility and in vehicle if transport E(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Smoking permitted only in designated area A(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PHYSICAL SITE 114-517										
BUILDING		C	N	N/A	OUTDOOR PLAY AREA		C	N	N/A	
Ventilation and lighting sufficient A(2), A(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fencing/safety barriers 4ft. in height, in good repair B(3)	<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"/>		Outdoor space free from hazards and litter B(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No strangulation/choking/suffocation hazards A(5)(h)(i-iii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Stationary equipment safe & firmly anchored C(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Building(s) temp between 68-80°F A(7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Adequate cushioning material; at least 6ft fall zone C(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
Trash kept properly in plastic lined receptacles A(8) (d-i)	<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"/>		
Electrical outlets are securely covered A(11)(c)	<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"/>		
Sink area has hot & cold water A(12)(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pack & plays not used for sleeping D(1-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Soap and disposable towels available at sink A(12)(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PROGRAM 114-516			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 114-518									
		C	N	N/A			C	N	N/A
Meals & snacks in compliance with USDA A(1)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Round, firm foods are not offered to children under 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean, wholesome, unspoiled, properly labeled food A(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yrs. Old, unless properly cut to prevent choking risk A(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food preparers & staff outer clothing must be clean B(5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Refrigerators have thermometers, temp under 45°F D(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food stored & handled properly D(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		All cleaning & poisonous items stored away from food E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INFANT CARE 114-519									
		C	N	N/A					
Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(3)(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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"/>						
No bottles propped or given in cribs or on mats A(3)(c)	<input checked="" 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"/>						
Food for toddlers cut in pieces ½ inch or less A(3)(k)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Infants are placed on their backs to sleep, unless Doctor's note is provided. A(5)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

**C = Compliant with Regulation - N = Noncompliant with Regulation**      No violations noted at the time of visit

Signature of Director/Operator/Designee: Carrie F Gandy Date: 3/30/23  Refused to sign  
Signature of Child Care Licensing Specialist: Laura J. [unclear] Date: 3-30-23