

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

Operator Name: Betty Carol Davis  
Permit #: 16628

Date of Inspection: 8-16-23 Time of Inspection: 2:27pm  
Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)

Address: 405 Pine Street, DARLINGTON, SC 29532

Reason for Follow up:  pending deficiencies  self-report

Telephone #: 843-393-1660

Hours of Operation: Monday-Friday 7am-4:30pm

Change in location?  Yes  No

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

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**

**SUPERVISION 114-514**

|  | 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)             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training hours up-to-date K(5)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 & 1 <sup>st</sup> 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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)    | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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"/>            | <b>RESTING</b>  |                                     |                          |                          |
| 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"/>            | <b>PROGRAM 114-516</b>  |                                     |                          |                          |
| 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 yrs. Old, unless properly cut to prevent choking risk A(3) | <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"/> | Refrigerators have thermometers, temp under 45°F D(3)  | <input checked="" 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"/> | All cleaning & poisonous items stored away from food E   | <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"/> |  |                                     |                          |                          |

**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 1/4 inch or less A(3)(j)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food for toddlers cut in pieces 1/2 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: Betty M. Davis Date: 8/16/23  Refused to sign  
Signature of Child Care Licensing Specialist: Lakesha Reed Date: 8/16/23