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

Building 2:

Facility Name: Sunshine House-Site 14

Permit #: 15151

Address: 1895 West Main Street ROCK HILL, SC 29732

Telephone #: 803-329-4175 Any changes in contact info (Phone/Email/Fax)? ☐ Yes No Center Director/Designee: Freddie Stroud Jr.

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

Maximum number of children: 147

Building 1: _____ Vaximum number of infants: 45 24 months = 30 months = I-4 facility

Items posted in public view: License Menu Ratio Chart (All classrooms)

ABC Quality Yes Public Schools - Yes No Head Start □ Yes No

Building 3:

Infants are in designated rooms? The Yes - No - N/A Does facility transport children? → Yes □ No □ N/A

Date:___/__/

Reason for Follow up: □ Pending Deficiencies

Self-Reported Incident

Date of Inspection:

Type of Inspection: □ Annual Complaint

□ Follow Up (Original Inspection

Time of Inspection: 7:48 - 8:00

Overnight Care? Tyes > No

lours of Operation: M- 6:30AM- 6:00PM T- 6:30AM- 6:00PM W- 6:30AM- 6:00PM Th- 6:30AM- 6:00PM F- 6:30AM- 6:00PM

MANAGEMENT, ADMINISTRATION & STAFFING 114-503		15 8		SUPERVISION 114-504	1515	1	15 7
	С	N	N/A		С	N	N/A
Staff files are in compliance H(1-7)	■ d			Adequate supervision throughout facility A(1-2)	5/		
Training hours up-to-date K(5)(b-c)	ď			Facility following tracking of children procedures A(3)	N.	0	0
At least 1 person with CPR & 1 St Aid on the premises K(5)(h)	04			Ratios adequate in all classrooms and on playground B, C	l av∕	0	0
	LTH, S	SANIT	ATION	& SAFETY 114-505	1000		
	С	N	N/A		С	N	N/A
Children's faces/hands are clean B(1)			5/	Proper diaper changing practices were observed F(1-16)		0	4
Medicine and harmful items labeled and stored properly D(2)			N/	Proper handwashing practices were observed G(4)			d
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)	\$			No smoking/consumption of alcoholic beverage A(3)	4		0
Current Emergency Preparedness Plan H(3)	M			Emergency Medical Plan C(1)	M		0
PHYSICA	LSITI	E 114	-507		H 22/	THE STATE OF THE S	
BUILDING	С	N	N/A	PLAYGROUND	С	N	N/A
Ventilation and lighting & sufficient A(2)(a-d), (4)	S			Playground equip. safe & firmly anchored B(7)	Ø		0
No strangulation/choking/suffocation hazards A(5)(g)	0/		0	Adequate cushioning material; at least 6ft fall zone B(9)	101/		0
Ceiling, floors, windows, doors free from hazards A(5)(d)	00/			Fencing/safety barriers 4ft. in height, in good repair B(4)	αV		
Building(s) temp between 68-80°F A(7) If no, close in 4 hrs.	10/		0	Outdoor space free from hazards and litter B(2)	0/	0	0
Facility free from pest problems (Insects, rodents) A(8)(b-c)	U			RESTING	С	N	N/A
All potentially harmful items including cleaning supplies, flammable				Play Pens observed C(4)			100-1-73
products, poisonous, toxic, hazardous and materials are labeled and	av					_	0
stored in locked area out of children's reach. Bio-contaminants are							
disposed of properly. A(5)(c) (e), A(8); E(1),(4)		-	_		1		-
Electrical outlets are securely covered A(11)(c)		0		Cribs meet federal standards (reviewed certificate) D(1)	Us		0
Sink area has running water A(12)(d)	V	0		Cots, mats, cribs labeled or charted for each child D(2)	12/		. 0
Soap and disposable towels available at sink A(12)(i)	U			PROGRAM 114-506	С	N	N/A
Furniture, toys & equipment are clean and in good repair C(1)			Π.	Written, planned, daily program of activities that is		0	
Furniture, toys & equipment meets the CPSC standards C(2)	ID/			developmentally & age appropriate observed A(1-3)	ļ,		
Healthy animals, not permitted if allergic E(4)	100/			Positive, non-abusive discipline practice B(1)	M		
Other environmental allergies (Policy #120)	OV.				M		9
MEAL REQ			_	08		Red C	NIA
Magle & anacks in compliance with LISDA A/4V/h	C	N	N/A M	Round, firm foods are not offered to children under 4 yrs. old,	С	N	N/A
Meals & snacks in compliance with USDA A(1)(b) Clean, wholesome, unspoiled, properly labeled food A(4)	0			unless properly cut to prevent choking risk A(3)		0	4
Food preparers have proper hair restraints B(5)	0		O	Food stored & handled properly D(1)			0
Refrigerators have thermometers, temp under 45°F D(2-3)	W			All cleaning & poisonous items stored away from food D(8)	₩.		0
Prevention and response to food allergies A(9-10)			5/	, statum g a postonou a maj man roca a (c)	M		0
INFANT CARE 114-509		Hall.	14 2 5	TRANSPORTATION 114-505 I	N. Par	201	200
	С	N	N/A		С	N	N/A
Infants are placed on their back to sleep A(5)(a)			₩/	Vehicle has proper safety restraints & in good repair I(1)	4		0
No bottles propped or given in cribs or on mats A(3)(c)			■/	Checklist for loading/unloading children reviewed (2)(d)	N/		
Food for toddlers cut in pieces ½ inch or less A(3)(k)				Driver's (valid) driver's license reviewed (1)(f)	d		
Food for infants cut in pieces ¼ inch or less A(3)(j)			e/				
Crock pots, bottle warmers, are inaccessible to children, No	W.			C-Compliant with Regulation			
microwaving of beverages observed A(3)(d)	 	ļ_		N-Noncompliant with Regulation		180	
Cups and bottles labeled with child's name & used only by that child A(3)(a)		0	₫/	Violations noted at the time of visit per per No Any violations corrected onsite per per No DSS Form 2910 ne	odod	Va-	w/No
	1	71	101			⊔ 1es	NO ME
Signature of Director/Operator/Designee:	N	UU		Date: 6 (13)25 Refused to sign	٦.		
Signature of Child Care Licensing Specialist	(4	O CA		Date: (0) 3 /25			
SIGNATURE OF CHIID CARE LICENSING SDECIALIST:				Date: 1// 113 109			