

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

Facility Name: Linda's Learning Lab  
Permit #: 25872  
Address: 113 Tanyard Street TIMMONSVILLE, SC 29161

Date of Inspection: 8.5.25  
Time of Inspection: 2:14 pm  
Type of Inspection: ☐ Annual ☒ Complaint  
☐ Follow Up (Original Inspection)  
Date:     /    /      
Reason for Follow up:  
☐ Pending Deficiencies  
☐ Self-Reported Incident

Telephone #: 843-346-0499 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Lashaunda Jefferson

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

Maximum number of children: 206

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

Maximum number of infants: 27

☐ 24 months ☒ 30 months ☐ I-4 facility

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

Infants are in designated rooms? ☒ Yes ☐ No ☐ N/A

ABC Quality Yes

Head Start ☐ Yes ☒ No

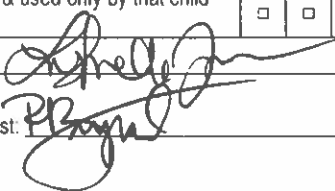
Public Schools ☐ Yes ☒ No

Does facility transport children? ☐ Yes ☒ No ☐ N/A

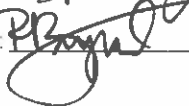
Overnight Care? ☐ Yes ☒ No

Hours of Operation: M- 6:30AM- 5:00PM T- 6:30AM- 5:00PM W- 6:30AM- 5:00PM Th- 6:30AM- 5:00PM F- 6:30AM- 5:00PM

| 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Adequate supervision throughout facility A(1-2)                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Training hours up-to-date K(5)(b-c)                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Facility following tracking of children procedures A(3)                                                                                                                                      | <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)(h)                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Ratios adequate in all classrooms and on playground B, C                                                                                                                                     | <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(1)                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 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), I(1)(g)                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | No smoking/consumption of alcoholic beverage A(3)                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Current Emergency Preparedness Plan H(3)                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Emergency Medical Plan C(1)                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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)                                                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Playground equip. safe & firmly anchored B(7)                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| No strangulation/choking/suffocation hazards A(5)(g)                                                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Adequate cushioning material; at least 6ft fall zone B(9)                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Ceiling, floors, windows, doors free from hazards A(5)(d)                                                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outdoor space free from hazards and litter B(2)                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Facility free from pest problems (Insects, rodents) A(8)(b-c)                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | RESTING                                                                                                                                                                                      | C                                   | N                                   | N/A                                 |
| All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly. A(5)(c) (e), A(8); E(1),(4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Play Pens observed C(4)                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Electrical outlets are securely covered A(11)(c)                                                                                                                                                                                                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cribs meet federal standards (reviewed certificate) D(1)                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Sink area has running water A(12)(d)                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | PROGRAM 114-508                                                                                                                                                                              | C                                   | N                                   | N/A                                 |
| Furniture, toys & equipment are clean and in good repair C(1)                                                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Positive, non-abusive discipline practice B(1)                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Healthy animals, not permitted if allergic E(4)                                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other environmental allergies (Policy #120)                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| MEAL REQUIREMENTS 114-508                                                                                                                                                                                                                                      |                                     |                          |                                     |                                                                                                                                                                                              |                                     |                                     |                                     |
|                                                                                                                                                                                                                                                                | 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 checked="" 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(8)                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Refrigerators have thermometers, temp under 45°F D(2-3)                                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Prevention and response to food allergies A(9-10)                                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                                                                                              | <input 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Vehicle has proper safety restraints & in good repair I(1)                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| No bottles propped or given in cribs or on mats A(3)(c)                                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Checklist for loading/unloading children reviewed (2)(d)                                                                                                                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Food for toddlers cut in pieces ½ inch or less A(3)(k)                                                                                                                                                                                                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Driver's (valid) driver's license reviewed (1)(f)                                                                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Food for infants cut in pieces ¼ inch or less A(3)(j)                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                                                                                              |                                     |                                     |                                     |
| Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d)                                                                                                                                                         | <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 A(3)(a)                                                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>N-Noncompliant with Regulation</b>                                                                                                                                                        |                                     |                                     |                                     |
|                                                                                                                                                                                                                                                                |                                     |                          |                                     | Violations noted at the time of visit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                    |                                     |                                     |                                     |
|                                                                                                                                                                                                                                                                |                                     |                          |                                     | Any violations corrected onsite <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DSS Form 2910 needed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                     |                                     |                                     |

Signature of Director/Operator/Designee: 

Date: 8.5.25 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: 

Date: 8.5.25

**Division of Early Care and Education**  
**Deficiency Correction**

**NAME OF PROVIDER/OPERATOR:** Linda's Learning Lab

**PERMIT #**25872

| <b>Deficiency Cited</b>                                | <b>Corrective Action Needed</b>                                                                     | <b>Expected Date of Correction</b> |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------|
| Staff did not comply with Facilities discipline policy | Staff will review center's discipline policy and be able to identify appropriate discipline methods | 08.05.25                           |
|                                                        |                                                                                                     |                                    |
|                                                        |                                                                                                     |                                    |
|                                                        |                                                                                                     |                                    |
|                                                        |                                                                                                     |                                    |
|                                                        |                                                                                                     |                                    |

**Providers/Operators are required by regulations and statutes to be in compliance at all time.**

**Licensing Specialist** RoseAnna Bryant

**Date** 8.5.2025