

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

Facility Name: Bright Horizon at USC  
Permit #: 18159  
Address: 1530 Wheat Street COLUMBIA, SC 29201

Date of Inspection: 11-4-25  
Time of Inspection: 9:12-10:01  
Type of Inspection: ☒ Annual ☐ Complaint  
☐ Follow Up (Original Inspection)  
Date:      /      /       
Reason for Follow up:  
☐ Pending Deficiencies  
☐ Self-Reported Incident

Telephone #: 803-777-9202 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Center Director/Designee: Tasha M. Harrison

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

Maximum number of children: 285

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

Maximum number of infants: 58

☒ 24 months ☐ 30 months ☐ I-4 facility

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

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

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

ABC Quality Yes

Head Start ☐ Yes ☒ No

Public Schools ☐ Yes ☒ No

Overnight Care? ☐ Yes ☒ No

Hours of Operation: M- 7:00AM- 6:00PM T- 7:00AM- 6:00PM W- 7:00AM- 6:00PM Th- 7:00AM- 6:00PM F- 7:00AM- 6:00PM

| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate supervision throughout facility <b>A(1-2)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Training hours up-to-date <b>K(5)(b-c)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Facility following tracking of children procedures <b>A(3)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| At least 1 person with CPR & 1 <sup>st</sup> 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Medicine and harmful items labeled and stored properly <b>D(2)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Proper handwashing practices were observed <b>G(4)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| First Aid kit in facility and in vehicle if transport <b>E(1), I(1)(g)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | No smoking/consumption of alcoholic beverage <b>A(3)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Current Emergency Preparedness Plan <b>H(3)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Emergency Medical Plan <b>C(1)</b>  | <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 <b>A(2)(a-d), (4)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Playground equip. safe & firmly anchored <b>B(7)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No strangulation/choking/suffocation hazards <b>A(5)(g)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate cushioning material; at least 6ft fall zone <b>B(9)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Ceiling, floors, windows, doors free from hazards <b>A(5)(d)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Fencing/safety barriers 4ft. in height, in good repair <b>B(4)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Building(s) temp between 68-80°F <b>A(7)</b> If no, close in 4 hrs.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Outdoor space free from hazards and litter <b>B(2)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Facility free from pest problems (Insects, rodents) <b>A(8)(b-c)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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. <b>A(5)(c) (e), A(8); E(1), (4)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Cribs meet federal standards (reviewed certificate) <b>D(1)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sink area has running water <b>A(12)(d)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Cots, mats, cribs labeled or charted for each child <b>D(2)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Soap and disposable towels available at sink <b>A(12)(i)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | PROGRAM 114-506   | C                                   | N                        | N/A                                 |
| Furniture, toys & equipment are clean and in good repair <b>C(1)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Written, planned, daily program of activities that is developmentally & age appropriate observed <b>A(1-3)</b>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Furniture, toys & equipment meets the CPSC standards <b>C(2)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Positive, non-abusive discipline practice <b>B(1)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Healthy animals, not permitted if allergic <b>E(4)</b>   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other environmental allergies ( <b>Policy #120</b> )  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other environmental allergies ( <b>Policy #120</b> )   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   | <input checked="" 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 <b>A(1)(b)</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 <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Food stored & handled properly <b>D(1)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food preparers have proper hair restraints <b>B(5)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | All cleaning & poisonous items stored away from food <b>D(8)</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Refrigerators have thermometers, temp under 45°F <b>D(2-3)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Prevention and response to food allergies <b>A(9-10)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |   | <input checked="" 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 <b>A(5)(a)</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 ½ 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 ¼ 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>N-Noncompliant with Regulation</b>   |                                     |                          |                                     |
|  |                                     |                          |                                     | Violations noted at the time of visit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No               |                                     |                          |                                     |
|  |                                     |                          |                                     | Any violations corrected onsite <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |                                     |                          |                                     |
|  |                                     |                          |                                     | DSS Form 2910 needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                |                                     |                          |                                     |

Signature of Director/Operator/Designee: Tasha M. Harrison Date: 11/4/25 ☐ Refused to sign.

Signature of Child Care Licensing Specialist: Alexia Maxwell

Date: 11/4/25