

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

Date of Inspection: 03/17/26
Time of Inspection: 9:40/10:34
Type of Inspection: Annual Complaint
 Follow Up (Original Inspection)
Date: / /
Reason for Follow up:
 Pending Deficiencies
 Self-Reported Incident

Facility Name: 5 Star Academy Learning Center
Permit #: 23601
Address: 725 Raleigh Street WEST COLUMBIA, SC 29169

Telephone #: 803-939-0950 Any changes in contact info (Phone/Email/Fax)? Yes No
Center Director/Designee: Shantell Pitts Belgrave
Change in Ownership or Director? Yes No If yes, Name: _____
Maximum number of children: 125 Building 1: _____ Building 2: Building 3: _____
Maximum number of infants: 26 24 months 30 months I-4 facility
Items posted in public view: License Menu Ratio Chart (All classrooms)
ABC Quality Yes Head Start Yes No Public Schools Yes No
Hours of Operation: M- 7:00AM- 5:30PM T- 7:00AM- 5:30PM W- 7:00AM- 5:30PM Th- 7:00AM- 5:30PM F- 7:00AM- 5:30PM

Infants are in designated rooms? Yes No N/A
Does facility transport children? Yes No N/A
Overnight Care? Yes No

MANAGEMENT, ADMINISTRATION & STAFFING 114-503		C	N	N/A	SUPERVISION 114-504		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(1-2)	<input checked="" type="checkbox"/>	<input 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 st 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 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(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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									
		C	N	N/A			C	N	N/A
BUILDING					PLAYGROUND				
Ventilation and lighting & sufficient A(2)(a-d), (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Playground equip. safe & firmly anchored B(7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No strangulation/choking/suffocation hazards A(5)(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Adequate cushioning material; at least 6ft fall zone B(9)	<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"/>		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 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"/>	
Facility free from pest problems (Insects, rodents) A(8)(b-c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		RESTING				
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 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"/>	
Sink area has running water A(12)(d)	<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"/>	
Soap and disposable towels available at sink A(12)(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PROGRAM 114-506				
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 animals, not permitted if allergic E(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other environmental allergies (Policy #120)	<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 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"/>		Food stored & handled properly D(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food preparers have proper hair restraints B(5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		All cleaning & poisonous items stored away from food D(8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerators have thermometers, temp under 45°F D(2-3)	<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 A(9-10)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		C	N	N/A			C	N	N/A
INFANT CARE 114-509					TRANSPORTATION 114-505 I				
Infants are placed on their back to sleep A(5)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Vehicle has proper safety restraints & in good repair I(1)	<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"/>		Checklist for loading/unloading children reviewed (2)(d)	<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"/>		Driver's (valid) driver's license reviewed (1)(f)	<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"/>						
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C-Compliant with Regulation				
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"/>		N-Noncompliant with Regulation				
					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: Shantell Pitts Belgrave Date: 3/17/24 Refused to sign.
Signature of Child Care Licensing Specialist: [Signature] Date: 03/17/2026 Revised February 2025