

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

Date of Inspection: 10/20/25
Time of Inspection: 12:20 p
Type of Inspection: Annual Complaint
 Follow Up (Original Inspection)
Date: / /
Reason for Follow up:
 Pending Deficiencies
 Self-Reported Incident

Operator Name: Melonie Quimbley
Permit #: 17566
Address: 48 Harding Street BEAUFORT, SC 29906

Telephone #: 843-524-1779
Change in location? Yes No
Maximum number of children: 12
Number of infants: 3
Additional staff is required when attendance reaches 9 Children or when 4 or more children are younger 2 yrs. Old.
Forms posted in public view: License Menu
BC Quality: Yes
Hours of Operation: M- 7:30AM- 5:00PM T- 7:30AM- 5:00PM W- 7:30AM- 5:00PM Th- 7:30AM- 5:00PM F- 7:30AM- 5:00PM

Any changes in contact info (Phone/Email/Fax)? Yes No
If yes, Address: _____

Is the GCCH over-capacity? Yes No If yes, Number of children over _____

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 & 1st Aid on the premises K(5)(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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)	<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"/>
Current Emergency Preparedness Plan H(2)	<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 114-517									
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"/>
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"/>	RESTING		C	N	N/A
Trash kept properly in plastic lined receptacles A(8)(d-i)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<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"/>	Cribs meet federal standards (reviewed certificate) D(1)		<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"/>	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)(g)		<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"/>
Furniture, toys & equipment are clean and in good repair C(1)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROGRAM 114-506		C	N	N/A
Furniture, toys & equipment meets the CPSC standards C(2)		<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"/>
Healthy animals, not permitted if allergic E(4)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive, non-abusive discipline practice B(1)		<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"/>					<input checked="" type="checkbox"/>
Water Hazards E(2)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>
Other environmental allergies (Policy #17)		<input checked="" type="checkbox"/>	<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 D(8)	<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"/>	Safe pick up and drop off I(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and response to food allergies A(6-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

INFANT CARE 114-519				TRANSPORTATION 114-515 I			
	C	N	N/A		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"/>	Precautious in transporting children I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Hazards for vehicular traffic I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	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 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"/>	C-Compliant with Regulation N-Noncompliant with Regulation			
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"/>	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: Melonie Quimbley Date: 10/20/25 Refused to sign
Signature of Child Care Licensing Specialist: [Signature] Date: 10/20/25