

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

Date of inspection: 1-16-25 2:00
Time of inspection: 2:00
Type of inspection: Annual Complaint
Reason for Follow up: Follow Up (Original Inspection)
Date: 1/16/25
 Pending Deficiencies
 Self-Reported Incident

Telephone #: 803-463-7667
Address: 2601 River Drive COLUMBIA, SC 29201
Permit #: 24105
Facility Name: Nana's Little Elephant CDC/Phase II
Center Director/Designee: Carolyn Dianne Murray
Change in Ownership or Director? Yes No If Yes Name: _____
Maximum number of children: 79
Maximum number of infants: 31
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-6:30AM-5:30PM T-6:30AM-5:30PM W-6:30AM-5:30PM Th-6:30AM-5:30PM F-6:30AM-5:30PM
Overnight Care? Yes No
Does facility transport children? Yes No
Infants are in designated rooms? Yes No N/A
Building 1: _____
Building 2: _____
Building 3: _____

MANAGEMENT, ADMINISTRATION & STAFFING 114-503

Staff files are in compliance H(1-7)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
All staff 1 person with CPR & 1st Aid on the premises K(5)(h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's faces/hands are clean B(1)	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>
Current Emergency Preparedness Plan H(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL SITE 114-507	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Plan C(1)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Proper handwashing practices were observed G(4)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>

BUILDING 114-506

Ventilation and lighting & sufficient A(2)(a-d), (4)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Ceiling, floors, windows, doors free from hazards A(5)(d)	<input checked="" type="checkbox"/>	<input 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"/>	<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 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), E(1), (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets are securely covered A(1)(c)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Soap and disposable towels available at sink A(12)(i)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Furniture, toys & equipment meets the CPSC standards C(2)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Other environmental allergies (Policy #120)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL REQUIREMENTS 114-508

Meats & snacks in compliance with USDA A(1)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, wholesome, unspiced, properly labeled food A(4)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Refrigerators have thermometers, temp under 45°F D(2-3)	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
INFRANT CARE 114-509	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTATION 114-505	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLAYGROUND 114-506

Playground equip. safe & firmly anchored B(7)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Fencing/safety barriers 4ft. in height, in good repair B(4)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
RESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play Pens observed C(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRIBS MEEL FEDERAL STANDARDS (revised certificate) D(1)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
PROGRAM 114-506	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Positive, non-abusive discipline practice B(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other environmental allergies (Policy #120)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEALS & SNACKS 114-508

Meals & snacks in compliance with USDA A(1)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, wholesome, unspiced, properly labeled food A(4)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Refrigerators have thermometers, temp under 45°F D(2-3)	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>
INFRANT CARE 114-509	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTATION 114-505	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE 114-505

Vehicle has proper safety restraints & in good repair I(1)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
Driver's (valid) driver's license reviewed (1)(f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-COMPLIANT WITH REGULATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violations noted at the time of visit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any violations corrected onsite <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Director/Operator/Designee: _____
Signature of Child Care Licensing Specialist: _____

Date: 1-16-25 Refused to sign

Licensing Specialist Sharon White Date 11/16/25

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

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
114-504 A(3)	Center shall ensure all staff are properly tracking the children	11/30/2025
114-503 H(1-7)	Center shall ensure staff files are accessible for all DSS investigations and inspections	11/30/2025
114-502 E(1)	Center shall report change of director to the DSS department immediately	11/30/2025
114-504 (B-C)	Center shall ensure all classes are in compliance with Ratios	11/30/2025

PERMIT # 24105
 NAME OF PROVIDER/OPERATOR Nana's Little elephant CDC/Phase II

Deficiency Correction

Division of Early Care and Education