

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

Facility Name: Sunshine House
Permit #: 15819

Type of Inspection: Annual Complaint

Date of Inspection: 9/19/2024 Time of Inspection: 10:28 AM

Follow Up (original inspection date) _____
Reason for Follow up: clear up pending deficiency Self-Report

Address: 3011 Broad River Road, Columbia, SC 29210

Hours of Operation: 6:30AM - 6:00PM

Telephone #: 803-772-0517

Any changes in contact info (Phone/Email/Fax)? Yes No

Overnight Care? Yes No

Center Director/Designee: Sigourney Zacharski

Change in Ownership or Director? Yes No If yes, Name _____

Maximum number of children: 169

Building 1: 167

Building 2: _____

Building 3: _____

CDEP

Maximum number of infants: 42

24 months 30 months I-4 facility

Infants are in designated rooms? Yes No N/A

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

Does facility transport children? Yes No N/A

MANAGEMENT, ADMINISTRATION & STAFFING 114-503				SUPERVISION 114-504				
C	N	N/A		C	N	N/A		
<input checked="" type="checkbox"/>			Staff files are in compliance H(1-7)	<input checked="" type="checkbox"/>			Adequate supervision throughout facility A(1-2)	
<input checked="" type="checkbox"/>			Training hours up-to-date K(5)(b-c)	<input checked="" type="checkbox"/>			Facility following tracking of children procedures A(3)	
<input checked="" type="checkbox"/>			At least 1 person with CPR & 1st Aid on the premises K(5)(h)	<input checked="" type="checkbox"/>			Ratios adequate in all classrooms and on playground B, C	
HEALTH, SANITATION & SAFETY 114-505								
C	N	N/A		C	N	N/A		
<input checked="" type="checkbox"/>			Children's faces/hands are clean B(1)	<input checked="" type="checkbox"/>			Proper diaper changing practices were observed F(1-16)	
<input checked="" type="checkbox"/>			Medicine and harmful items labeled and stored properly D(2)	<input checked="" type="checkbox"/>			Proper handwashing practices were observed G(4)	
<input checked="" type="checkbox"/>			First Aid kit in facility and in vehicle if transport E(1), I(1)(c)	<input checked="" type="checkbox"/>			No smoking consumption of alcoholic beverage A(3)	
PHYSICAL SITE 114-507								
BUILDING				PLAYGROUND				
C	N	N/A		C	N	N/A		
<input checked="" type="checkbox"/>			Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)	<input checked="" type="checkbox"/>			Playground equip. safe & firmly anchored B(7)	
<input checked="" type="checkbox"/>			No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	<input checked="" type="checkbox"/>			Adequate cushioning material; at least 6ft fall zone B(9)	
<input checked="" type="checkbox"/>			Ceiling, floors, windows, doors free from hazards A(5)(d)	<input checked="" type="checkbox"/>			Fencing/safety barriers 4ft. in height, in good repair B(4)	
<input checked="" type="checkbox"/>			Building temp between 68-80°F A(7) If no. close in 4 hrs	<input checked="" type="checkbox"/>			Outdoor space free from hazards and litter B(2)	
<input checked="" type="checkbox"/>			Facility free from pest problems (Insects, rodents; A(8)(b-c)				RESTING	
<input checked="" type="checkbox"/>			Garbage kept properly in plastic lined receptacles A(8)(d-i)	<input checked="" type="checkbox"/>			Play Pens observed C(4)	
<input checked="" type="checkbox"/>			Electrical outlets are securely covered A(11)(c)	<input checked="" type="checkbox"/>			Cribs meet federal standards (reviewed certificate) D(1)	
<input checked="" type="checkbox"/>			Sink area has running water A(12)(d)	<input checked="" type="checkbox"/>			Cots, mats, cribs labeled or charted for each child D(2)	
<input checked="" type="checkbox"/>			Soap and disposable towels available at sink A(12)(i)				PROGRAM 114-508	
<input checked="" type="checkbox"/>			Furniture, toys & equipment are clean and in good repair C(1)	<input checked="" type="checkbox"/>			Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3)	
<input checked="" type="checkbox"/>			Furniture, toys & equipment meets the CPSC standards C(2)	<input checked="" type="checkbox"/>			Positive, non abusive discipline practice B(1)	
<input checked="" type="checkbox"/>			Healthy pets/animals (Vaccination record up-to-date) E(4)					
MEAL REQUIREMENTS 114-508								
C	N	N/A		C	N	N/A		
<input checked="" type="checkbox"/>			Meals & snacks in compliance with USDA A(1)(b)	<input checked="" type="checkbox"/>			Round, firm foods are not offered to children under 4 yrs.	
<input checked="" type="checkbox"/>			Clean, wholesome, unsoiled, properly labeled food A(4)	<input checked="" type="checkbox"/>			Old, unless properly cut to prevent choking risk A(3)	
<input checked="" type="checkbox"/>			Food preparers have proper hair restraints B(5)	<input checked="" type="checkbox"/>			Food stored & handled properly D(1)	
<input checked="" type="checkbox"/>			Refrigerators have thermometers, temp under 45°F D(2-3)	<input type="checkbox"/>	<input type="checkbox"/>		All cleaning & poisonous items stored away from food D	
INFANT CARE 114-509				TRANSPORTATION 114-505 II				
C	N	N/A		C	N	N/A		
<input checked="" type="checkbox"/>			Infants are placed on their back to sleep A(5)(a)	<input checked="" type="checkbox"/>			Vehicle has proper safety restraints & in good repair I(1)	
<input checked="" type="checkbox"/>			No bottles propped or given in cribs or on mats A(3)(c)	<input checked="" type="checkbox"/>			Checklist for loading/unloading children reviewed (2)(d)	
<input checked="" type="checkbox"/>			Food for toddlers cut in pieces 1/2 inch or less A(3)(k)	<input checked="" type="checkbox"/>			Driver's valid driver's license reviewed (1)(f)	
<input checked="" type="checkbox"/>			Food for infants cut in pieces 1/4 inch or less A(3)(j)					
<input checked="" type="checkbox"/>			Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d)					
<input checked="" type="checkbox"/>			Cups and bottles labeled with child's name & used only by that child A(3)(a)					

C-Compliant with Regulation
N-Noncompliant with Regulation
No violations noted at the time of visit (COS)

Signature of Director/Operator/Designee: _____

Date: 9/19/2024 Refused to sign

Signature of Child Care Licensing Specialist: Teresa F. Reford

Date: 9/19/2024