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

Facility Name: House of Joy
Permit #: 24500

Date of Inspection: 12·12·19 Time of Inspection: 10:50am

Type of Inspection: ☐ **Annual** ☐ **Complaint** ☑ **Follow Up (original inspection date** _____)
Reason for Follow up: ☐ **clear up pending deficiency** ☑ **Self-Report**

Address: 1321 Springsteen Road Rock Hill, SC 29730 Hours of Operation: M-F,7:00a-5:30p
Telephone #: (803) 329-0165 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No Overnight Care? ☐ Yes ☑ No
Center Director/Designee: Joy Dickerson, Director
Change in Ownership or Director? ☐ Yes ☑ No If yes, Name: _____
Maximum number of children: 115 Building 1: ✓ Building 2: _____ Building 3: _____ ☐ CDEP
Maximum number of infants: 36 ☐ 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

MANAGEMENT, ADMINISTRATION & STAFFING 114-503	C	N	N/A
Staff files are in compliance H(1-7)	☐	☑	☐
Training hours up-to-date K(5)(b-c)	☐	☐	☑
At least 1 person with CPR & 1st Aid on the premises K(5)(h)	☑	☐	☐

SUPERVISION 114-504	C	N	N/A
Adequate supervision throughout facility A(1-2)	☑	☐	☐
Facility following tracking of children procedures A(3)	☑	☐	☐
Ratios adequate in all classrooms and on playground B, C	☑	☐	☐

HEALTH, SANITATION & SAFETY 114-505	C	N	N/A
Children's faces/hands are clean B(1)	☑	☐	☐
Medicine and harmful items labeled and stored properly D(2)	☐	☐	☑
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)	☑	☐	☐

	C	N	N/A
Proper diaper changing practices were observed F(1-16)	☐	☐	☑
Proper handwashing practices were observed G(4)	☐	☐	☑
No smoking/consumption of alcoholic beverage A(3)	☑	☐	☐

PHYSICAL SITE 114-507 — BUILDING	C	N	N/A
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)	☑	☐	☐
No strangulation/choking/suffocation hazards A(5)(g)(I-III)	☑	☐	☐
Ceiling, floors, windows, doors free from hazards A(5)(d)	☑	☐	☐
Building(s) temp between 68-80ºF A(7) If no, close in 4 hrs.	☑	☐	☐
Facility free from pest problems (Insects, rodents) A(8)(b-c)	☑	☐	☐
Garbage kept properly in plastic lined receptacles A(8) (d-I)	☑	☐	☐
Electrical outlets are securely covered A(11)(c)	☑	☐	☐
Sink area has running water A(12)(d)	☑	☐	☐
Soap and disposable towels available at sink A(12)(I)	☑	☐	☐
Furniture, toys & equipment are clean and in good repair C(1)	☑	☐	☐
Furniture, toys & equipment meets the CPSC standards C(2)	☑	☐	☐
Healthy pets/animals (Vaccination record up-to-date) E(4)	☑	☐	☐

PLAYGROUND	C	N	N/A
Playground equip. safe & firmly anchored B(7)	☐	☐	☑
Adequate cushioning material; at least 6ft fall zone B(9)	☐	☐	☑
Fencing/safety barriers 4ft. in height, in good repair B(4)	☐	☐	☑
Outdoor space free from hazards and litter B(2)	☐	☐	☑

RESTING	C	N	N/A
Play Pens observed C(4)	☑	☐	☐
Cribs meet federal standards (reviewed certificate) D(1)	☑	☐	☐
Cots, mats, cribs labeled or charted for each child D(2)	☑	☐	☐

PROGRAM 114-506	C	N	N/A
Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3)	☑	☐	☐
Positive, non-abusive discipline practice B(1)	☑	☐	☐

MEAL REQUIREMENTS 114-508	C	N	N/A
Meals & snacks in compliance with USDA A(1)(b)	☐	☐	☑
Clean, wholesome, unspoiled, properly labeled food A(4)	☐	☐	☑
Food preparers have proper hair restraints B(5)	☐	☐	☑
Refrigerators have thermometers, temp under 45ºF D(2-3)	☐	☐	☑

	C	N	N/A
Round, firm foods are not offered to children under 4 yrs. Old, unless properly cut to prevent choking risk A(3)	☐	☐	☑
Food stored & handled properly D(1)	☐	☐	☑
All cleaning & poisonous items stored away from food D	☐	☐	☑

INFANT CARE 114-509	C	N	N/A
Infants are placed on their back to sleep A(5)(a)	☑	☐	☐
No bottles propped or given in cribs or on mats A(3)(c)	☑	☐	☐
Food for toddlers cut in pieces ½ inch or less A(3)(k)	☐	☐	☑
Food for infants cut in pieces ¼ inch or less A(3)(l)	☐	☐	☑
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d)	☑	☐	☐
Cups and bottles labeled with child's name & used only by that child A(3)(a)	☑	☐	☐

TRANSPORTATION 114-505 I	C	N	N/A
Vehicle has proper safety restraints & in good repair I(1)	☐	☐	☑
Checklist for loading/unloading children reviewed (2)(d)	☐	☐	☑
Driver's (valid) driver's license reviewed (1)(f)	☐	☐	☑

C-Compliant with Regulation
N-Noncompliant with Regulation

No violations noted at the time of visit ☐

Signature of Director/Operator/Designee: Joy Dickerson Date: 12·12·19 ☐ Refused to sign

Signature of Child Care Licensing Specialist: J. Brent Date: 12·12·19