

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

Facility Name: Sunshine House
Permit #: 15833

Date of Inspection: 2/25/2020 Time of Inspection: 9:35 am
Type of Inspection: Annual Complaint Follow Up (original inspection date _____)
Reason for Follow up: clear up pending deficiency Self-Report

Address: 748 Greenlawn Drive Columbia, SC 29209
Telephone #: (803) 783-3929
Center Director/Designee: Latoya Townsend Director
Change in Ownership or Director? Yes No If yes, Name: _____
Maximum number of children: 100 Building 1: _____ Building 2: _____ Building 3: _____ CDEP
Maximum number of infants: 23 24 months 30 months I-4 facility
Items posted in public view: License Menu Ratio Chart (All classrooms) Does facility transport children? Yes No N/A
Hours of Operation: M-F, 6:30a-6:00p
Any changes in contact info (Phone/Email/Fax)? Yes No
Overnight Care? Yes No

MANAGEMENT, ADMINISTRATION & STAFFING 114-503				SUPERVISION 114-504			
	C	N	N/A		C	N	N/A
Staff files are in compliance H(1-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
PHYSICAL SITE 114-507							
BUILDING	C	N	N/A	PLAYGROUND	C	N	N/A
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playground equip. safe & firmly anchored B(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate cushioning material; at least 6ft fall zone B(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Facility free from pest problems (Insects, rodents) A(8)(b-c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESTING			
Garbage kept properly in plastic lined receptacles A(8) (d-i)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sink area has running water A(12)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cots, mats, cribs labeled or charted for each child D(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Soap and disposable towels available at sink A(12)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PROGRAM 114-506			
Furniture, toys & equipment are clean and in good repair C(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Furniture, toys & equipment meets the CPSC standards C(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive, non-abusive discipline practice B(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Healthy pets/animals (Vaccination record up-to-date) E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
MEAL REQUIREMENTS 114-508							
	C	N	N/A		C	N	N/A
Meals & snacks in compliance with USDA A(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Round, firm foods are not offered to children under 4 yrs. Old, unless properly cut to prevent choking risk A(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clean, wholesome, unspoiled, properly labeled food A(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food stored & handled properly D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food preparers have proper hair restraints B(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All cleaning & poisonous items stored away from food D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Refrigerators have thermometers, temp under 45°F D(2-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
INFANT CARE 114-509				TRANSPORTATION 114-505 I			
	C	N	N/A		C	N	N/A
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 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"/>	Checklist for loading/unloading children reviewed (2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>				
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			
No violations noted at the time of visit <input type="checkbox"/>							

Signature of Director/Operator/Designee: [Signature] Date: 2/25/2020 Refused to sign
Signature of Child Care Licensing Specialist: [Signature] Date: 2/25/2020

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

Facility Name: Global Invest Group LLC @ Spring Valley ELA Date of Inspection: 12/19/19 Time of Inspection: 11:54AM
 Permit #: 22112 Type of Inspection: Annual Complaint Follow Up (original inspection date _____)
 Reason for Follow up: clear up pending deficiency Self-Report

Address: 9161 Two Notch Road Columbia, SC 29223 Hours of Operation: M-F, 6:30a-6:30p
 Telephone #: (803) 736-1501 Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No
 Center Director/Designee: Monica Branton Pearson, Director
 Change in Ownership or Director? Yes No If yes, Name: _____
 Maximum number of children: 154 Building 1: 154 Building 2: _____ Building 3: _____ CDEP
 Maximum number of infants: 56 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				SUPERVISION 114-504			
	C	N	N/A		C	N	N/A
Staff files are in compliance H(1-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 & 1st 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicine and harmful items labeled and stored properly D(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper handwashing practices were observed G(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
PHYSICAL SITE 114-507							
BUILDING				PLAYGROUND			
	C	N	N/A		C	N	N/A
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Playground equip. safe & firmly anchored B(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate cushioning material; at least 6ft fall zone B(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ceiling, floors, windows, doors free from hazards A(5)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fencing/safety barriers 4ft. in height, in good repair B(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Facility free from pest problems (Insects, rodents) A(8)(b-c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESTING			
Garbage kept properly in plastic lined receptacles A(8) (d-i)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Play Pens observed C(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets are securely covered A(11)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PROGRAM 114-506			
Furniture, toys & equipment are clean and in good repair C(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Positive, non-abusive discipline practice B(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Healthy pets/animals (Vaccination record up-to-date) E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MEAL REQUIREMENTS 114-508			
	C	N	N/A		C	N	N/A
Meals & snacks in compliance with USDA A(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Round, firm foods are not offered to children under 4 yrs. Old, unless properly cut to prevent choking risk A(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clean, wholesome, unspoiled, properly labeled food A(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food stored & handled properly D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food preparers have proper hair restraints B(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All cleaning & poisonous items stored away from food D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Refrigerators have thermometers, temp under 45°F D(2-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TRANSPORTATION 114-505 I			
	C	N	N/A		C	N	N/A
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 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"/>	Checklist for loading/unloading children reviewed (2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food for toddlers cut in pieces 1/2 inch or less A(3)(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 1/4 inch or less A(3)(l)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>				
Cups and bottles labeled with child's name & used only by that child A(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
C-Compliant with Regulation							
N-Noncompliant with Regulation							
No violations noted at the time of visit <input type="checkbox"/>							

Signature of Director/Operator/Designee: [Signature] Date: 12/19/19 Refused to sign
 Signature of Child Care Licensing Specialist: [Signature] Date: 12/19/19

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

Facility Name: Progressive Family Life Center
Permit #: 16934

Date of Inspection: 2-5-2020 Time of Inspection: 10:03am

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

Address: 284 Progressive Way Denmark, SC 29042 Hours of Operation: M-F, 7:00a-5:00p
Telephone #: (803) 793-5628 Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No
Center Director/Designee: Sandra Isaac, Director
Change in Ownership or Director? Yes No If yes, Name: _____
Maximum number of children: 137 Building 1: _____ Building 2: _____ Building 3: _____ CDEP
Maximum number of infants: 40 24 months 30 months 1-4 facility Infants are in designated rooms? Yes No N/A
Forms 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
Staff files are in compliance H(1-7)	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 & 1st 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		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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

PHYSICAL SITE 114-507					C	N	N/A		
BUILDING	C	N	N/A	PLAYGROUND	C	N	N/A		
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)	<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)(i-iii)	<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			C	N	N/A
Garbage kept properly in plastic lined receptacles A(8) (d-i)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Play Pens observed C(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical outlets are securely covered A(11)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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			C	N	N/A
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Healthy pets/animals (Vaccination record up-to-date) E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						

MEAL REQUIREMENTS 114-508					C	N	N/A
	C	N	N/A		C	N	N/A
Meals & snacks in compliance with USDA A(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All cleaning & poisonous items stored away from food D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators have thermometers, temp under 45°F D(2-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

INFANT CARE 114-509				TRANSPORTATION 114-505 I			
	C	N	N/A		C	N	N/A
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 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"/>	Checklist for loading/unloading children reviewed (2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food for toddlers cut in pieces 1/2 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food for infants cut in pieces 1/4 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 N-Noncompliant 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"/>	No violations noted at the time of visit <input type="checkbox"/>			

Signature of Director/Operator/Designee: Sandra Isaac Date: 2/5/2020 Refused to sign
Signature of Child Care Licensing Specialist: Pois Davis Date: Feb. 5, 2020

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

Facility Name: Fresh Anointing Child Care
Permit #: 23373

Date of Inspection: 10/24/19 Time of Inspection: 1047
Type of Inspection: Annual Complaint Follow Up (original inspection date _____)
Reason for Follow up: clear up pending deficiency Self-Report

Address: 2376 Airport Road Lancaster, SC 29720 Hours of Operation: M-F, 6:30a-6:00p
Telephone #: (803) 577-1529 Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No
Center Director/Designee: Alisha Garriss, Director
Change in Ownership or Director? Yes No If yes, Name: _____
Maximum number of children: 92 Building 1: Building 2: _____ Building 3: _____ CDEP
Maximum number of infants: 32 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				SUPERVISION 114-504					
	C	N	N/A		C	N	N/A		
Staff files are in compliance H(1-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 & 1st 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"/>		
PHYSICAL SITE 114-507									
BUILDING	C	N	N/A	PLAYGROUND	C	N	N/A		
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)	<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)(i-iii)	<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 type="checkbox"/>	<input checked="" 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			C	N	N/A
Garbage kept properly in plastic lined receptacles A(8) (d-i)	<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)(l)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROGRAM 114-506			C	N	N/A
Furniture, toys & equipment are clean and in good repair C(1)	<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"/>		
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 pets/animals (Vaccination record up-to-date) E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<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"/>						
INFANT CARE 114-509				TRANSPORTATION 114-505 I					
	C	N	N/A		C	N	N/A		
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 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"/>	Checklist for loading/unloading children reviewed (2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>						
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 N-Noncompliant 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"/>	No violations noted at the time of visit <input type="checkbox"/>					

Signature of Director/Operator/Designee: Alisha Garriss Date: 10/24/19 Refused to sign
Signature of Child Care Licensing Specialist: SKay Date: 10/24/19

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

Facility Name: Sunshine House
Permit #: 15822

Date of Inspection: 11/15/2020 Time of Inspection: 1:20 pm

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

Address: 104 Greystone Blvd. Columbia, SC 29210

Hours of Operation: M-F, 6:30a-6:30p

Telephone #: (803) 772-5516

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

Overnight Care? Yes No

Center Director/Designee: Peggy McDaniel, Director

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

Maximum number of children: 157

Building 1: _____ 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

Items 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		
Staff files are in compliance H(1-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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		
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>		
PHYSICAL SITE 114-507					C	N	N/A		
BUILDING	C	N	N/A	PLAYGROUND	C	N	N/A		
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)	<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)(i-iii)	<input type="checkbox"/>	<input checked="" 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			C	N	N/A
Garbage kept properly in plastic lined receptacles A(8) (d-i)	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PROGRAM 114-506			C	N	N/A
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 pets/animals (Vaccination record up-to-date) E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
MEAL REQUIREMENTS 114-508					C	N	N/A		
Meals & snacks in compliance with USDA A(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Round, firm foods are not offered to children under 4 yrs. Old, unless properly cut to prevent choking risk A(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Clean, wholesome, unspoiled, properly labeled food A(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food stored & handled properly D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Food preparers have proper hair restraints B(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All cleaning & poisonous items stored away from food D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Refrigerators have thermometers, temp under 45°F D(2-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
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 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"/>	Checklist for loading/unloading children reviewed (2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Food for toddlers cut in pieces ½ inch or less A(3)(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 N-Noncompliant 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"/>	No violations noted at the time of visit <input type="checkbox"/>					

Signature of Director/Operator/Designee: Peggy McDaniel

Date: 11/15/2020 Refused to sign

Signature of Child Care Licensing Specialist: Jane Lee

Date: 11/15/2020