

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

Operator Name: Patricia Renee Davis

Date of Inspection: 3-6-19 Time of Inspection: 2:37 pm

Permit #: 17284

Type of Inspection:  Annual  Complaint  Follow Up

Address: 1407 Bobby L. Davis Blvd. Marion, SC 29571

Hours of Operation: M-F, 6:00a-6:00p

Telephone #: (843) 423-6093

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

Overnight Care?  Yes  No

Change in location?  Yes  No If yes, Address: \_\_\_\_\_

Maximum number of children: 12 Number of infants: 3

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

Additional staff is required when attendance reaches 9 children or when 4 or more children are younger than 2 yrs. old

Items posted in public view:  License  Menu

Does facility transport children? 114-515.1  Yes  No  N/A

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 & 1 <sup>st</sup> Aid on the premises K(5)(g)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Medicine & harmful items are 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)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smoking permitted only in designated area A(2)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
PHYSICAL SITE 114-517												
BUILDING				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 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"/>	Outdoor space free from hazards and litter B(2)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
No strangulation/choking/suffocation hazards A(5)(h)(i-iii)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stationary equipment safe & firmly anchored C(7)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Building(s) temp between 68-80°F A(7)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate cushioning material; at least 6ft fall zone C(9)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Facility free from pest problems (Insects, rodents) A(8)(b-c)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RESTING				C	N	N/A	
Trash kept properly in plastic lined receptacles A(8)(d-i)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cribs meet federal standards (reviewed certificate) D(1)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Electrical outlets are securely covered A(11)(c)		<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"/>			
Sink area has hot & cold water A(12)(d)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pack & plays not used for sleeping D(1-2)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Soap and disposable towels available at sink A(12)(g)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PROGRAM 114-516				C	N	N/A	
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"/>			<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 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"/>	Refrigerators have thermometers, temp under 45°F D(3)		<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 E		<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"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
INFANT CARE 114-509												
		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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
No bottles propped or given in cribs or on mats A(3)(c)		<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 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"/>								
Infants are placed on their backs to sleep, unless Doctor's note is provided. A(5)(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

Signature of Director/Operator/Designee: Patricia Renee Davis

Date: 3/6/19  Refused to sign

Signature of Child Care Licensing Specialist: Bella J. Britt

Date: 3/6/19