

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

Facility Name: Circle of Friends  
Fertit #: 774

Date of Inspection: 8/13/21 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: 6 Duncan Street, GREENVILLE, SC 29611  
Telephone #: 864-467-3882

Center Director/Designee: Chanell Nicole Shea  
Change in Ownership or Director?  Yes  No If yes, Name: \_\_\_\_\_  
Hours of Operation: Single Shift Overnight Care?  Yes  No

Maximum number of children: 49 Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  CDEP  
Maximum number of infants: 49  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		
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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
Electric 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 type="checkbox"/>	
Choking/suffocation hazards A(5)(g)(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 type="checkbox"/>	
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 type="checkbox"/>	
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 type="checkbox"/>	
Free from pest problems (Insects, rodents) A(8)(b-c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		RESTING				
Waste 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 type="checkbox"/>	
Waste 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 type="checkbox"/>	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Towels available at sink A(12)(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PROGRAM 114-506				
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 type="checkbox"/>	<input type="checkbox"/>	
Animals (Vaccination record up-to-date) E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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"/>	TRANSPORTATION 114-505 I					
	C	N	N/A		C	N	N/A		
Infants are placed on their back to sleep A(5)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<b>C-Compliant with Regulation</b>					
Cups and bottles labeled with child's name & used only by that child A(5)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>N-Noncompliant with Regulation</b>					
<b>No violations noted at the time of visit <input type="checkbox"/></b>									

Signature of Director/Operator/Designee: Chanell Nicole Shea Date: 8/13/21  Refused to sign  
Signature of Child Care Licensing Specialist: [Signature] Date: 8/13/21