

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

Operator Name: Melinda McKissick
Permit #: 18178

Date of Inspection: 7/7/21 Time of Inspection: 11:30
Type of Inspection: Annual Complaint Follow Up (original inspection date _____)
Reason for Follow up: pending deficiencies self-report
Hours of Operation: Single Shift

Address: 311 N. Salem Avenue, SUMTER, SC 29150

Telephone #: 803-775-0628

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

Overnight Care? Yes No

Change in location? Yes No

If yes, Address: _____

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

Maximum number of children: 12

Number of infants: 3

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate supervision throughout facility A(1) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Training hours up-to-date K(5) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate number staff in home or outside during play A(2) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| At least 1 person with CPR & 1 st Aid on the premises K(5)(g) | <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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 | | 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 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"/> | Outdoor space free from hazards and litter B(2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No strangulation/choking/suffocation hazards A(5)(h)(i-iii) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stationary equipment safe & firmly anchored C(7) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building(s) temp between 68-80°F A(7) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate cushioning material; at least 6ft fall zone C(9) | <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 | | | |
| Trash kept properly in plastic lined receptacles A(8) (d-i) | <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"/> |
| Electrical outlets are securely covered A(11)(c) | <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"/> |
| Sink area has hot & cold water A(12)(d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PROGRAM 114-516 | | | |
| 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 114-518 | | | | | | | |
|--|--------------------------|--------------------------|-------------------------------------|--|-------------------------------------|--------------------------|-------------------------------------|
| | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food preparers & staff outer clothing must be clean B(5) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All cleaning & poisonous items stored away from food E | <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"/> | | | | |

| INFANT CARE 114-519 | | | | | | | |
|---|--------------------------|--------------------------|-------------------------------------|--|---|---|-----|
| | C | N | N/A | | 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 ¼ inch or less A(3)(j) | <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"/> | | | | |
| 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: Melinda McKissick Date: 7/7/21 Refused to sign

Signature of Child Care Licensing Specialist: [Signature] Date: 7/7/21