

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

Operator Name: Barbara Ann Bryant  
Permit #: 17419

Address: 625 Shiloh Road, SENECA, SC 29678  
Telephone #: 864-882-9632

Change in location?  Yes  No  
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

Date of Inspection: 4-17-24 Time of Inspection: 1:45PM  
Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)  
Reason for Follow up:  pending deficiencies  self-report

Any changes in contact info (Phone/Email/Fax)?  Yes  No  
If yes, Address: \_\_\_\_\_

Hours of Operation: Single Shift  
Overnight Care?  Yes  No

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

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

**MANAGEMENT, ADMINISTRATION & STAFFING 114-513**

	C	N	N/A
Staff files are in compliance H(1-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training hours up-to-date K(5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 1 person with CPR & 1st Aid on the premises K(5)(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISION 114-514**

	C	N	N/A
Adequate supervision throughout facility A(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate number staff in home or outside during play A(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH, SANITATION & SAFETY 114-515**

	C	N	N/A
Children's faces/hands are clean B(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine & harmful items are labeled and stored properly D(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid kit in facility and in vehicle if transport E(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	C	N	N/A
Proper diaper changing practices were observed F(1-7)	<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"/>
Smoking permitted only in designated area A(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PHYSICAL SITE 114-517**

**BUILDING**

	C	N	N/A
Ventilation and lighting sufficient A(2), A(4)	<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"/>
No strangulation/choking/suffocation hazards A(5)(h)(i-iii)	<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"/>
Facility free from pest problems (Insects, rodents) A(8)(b-c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash kept properly in plastic lined receptacles A(8)(d-i)	<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"/>
Sink area has hot & cold water A(12)(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap and disposable towels available at sink A(12)(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment are clean and in good repair C(1)	<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"/>
Healthy pets/animals (Vaccination record up-to-date) E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**OUTDOOR PLAY AREA**

	C	N	N/A
Fencing/safety barriers 4ft. in height, in good repair B(3)	<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"/>
Stationary equipment safe & firmly anchored C(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"/>

**RESTING**

	C	N	N/A
Cribs meet federal standards (reviewed certificate) D(1)	<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"/>
Pack & plays not used for sleeping D(1-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PROGRAM 114-516**

	C	N	N/A
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"/>
Positive, non-abusive discipline practice B(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEAL REQUIREMENTS 114-518**

	C	N	N/A
Meals & snacks in compliance with USDA A(1)(b)	<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 preparers & staff outer clothing must be clean B(5)	<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"/>

	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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators have thermometers, temp under 45°F D(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All cleaning & poisonous items stored away from food E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INFANT CARE 114-519**

	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C = Compliant with Regulation - N = Noncompliant with Regulation**

No violations noted at the time of visit

Signature of Director/Operator/Designee: Barbara A. Bryant

Date: 4-17-24  Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 4-17-24