

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

Operator Name: **Lesbia Araque**  
Permit #: **21187**

Date of Inspection: **1/24/2024** Time of Inspection: **10:10am - 11:45am**  
Type of Inspection:  Annual  Complaint  Follow Up (original inspection date \_\_\_\_\_)

Address: **205 Woodspur, Rd., Irmo, SC 29063**

Reason for Follow up:  pending deficiencies  self-report

Telephone #: **803-233-9092**

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

Overnight Care?  Yes  No

Change in location?  Yes  No

If yes, Address: \_\_\_\_\_

Hours of Operation: **6:30am - 5:30pm**

Maximum number of children: **12**

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

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

Menus 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | Adequate supervision throughout facility A(1)             | <input type="checkbox"/>            | <input checked="" 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 & 1st 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper diaper changing practices were observed F(1-7) | <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"/> | 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)    | <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 type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |   |                                     |                          |                                     |

**MEAL REQUIREMENTS 114-518**

|  | 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"/> | 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 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"/> |
| Food stored & handled properly D(1)                      | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/>            |
| 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: \_\_\_\_\_

*Lesbia Araque*

Date: 1/24/2024

Refused to sign

Signature of Child Care Licensing Specialist: \_\_\_\_\_

Date: 1/24/2024

**Division of Early Care and Education**

**Deficiency Correction**

**NAME OF PROVIDER/OPERATOR** Lesbia Araque, GCCH provider

**PERMIT #** 21187

| <b>Deficiency Cited</b>  | <b>Corrective Action Needed</b>   | <b>Expected Date of Correction</b> |
|--|---|------------------------------------|
| Caregiver/household person employed prior to child abuse central registry check.                   | Child abuse central registry check must be requested by operator prior to working alone with children.                    | 2/22/2024                          |
| Caregiver/household person employed prior to Background criminal history checks.                   | To be employed or provide services person should first undergo SLED/FBI criminal background checks.                       | 2/22/2024                          |
| Caregiver proof of education unavailable for review.   | Caregiver who began employment must have a diploma or GED.  | 2/22/2024                          |
| Operator failed to provide orientation for new caregiver.  | Caregiver should provide orientation to include job duties, responsibilities as a caregiver, and policies and procedures. | 2/22/2024                          |
| Caregiver/household person medical statement not complete.   | Operator must maintain staff medical statement record.  | 2/22/2024                          |
| Caregiver failed to complete health assessment and TB verification prior to working with children. | Operator must maintain staff health assessment to include tuberculosis.   | 2/22/2024                          |

**Providers/Operators are required by regulations and statutes to be in compliance at all time.**

**Licensing Specialist** \_\_\_\_\_




**Date** 2/15/2024

**Division of Early Care and Education**  
**Deficiency Correction**

NAME OF PROVIDER/OPERATOR Lesbia Araque, GCCH provider  
PERMIT # 21187

| Deficiency Cited   | Corrective Action Needed  | Expected Date of Correction |
|--|---|-----------------------------|
| Caregiver/household member failed to sign and date agreement acknowledging facility policies and procedures. | Caregiver must sign and date an agreement, maintained on file, and acknowledging staff have read and understand all policies. | 2/22/2024                   |
|  |   |                             |
|  |   |                             |
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|  |   |                             |

**Providers/Operators are required by regulations and statutes to be in compliance at all time.**

Licensing Specialist  Date 2/15/2024