

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

Facility Name: Breath of Life Academy for Tots
Permit #: 26039

Date of Inspection: 12/12/24 Time of Inspection: 12:26

Type of Inspection: Annual Complaint Follow Up (original inspection date _____)

Reason for Follow up: clear up pending deficiency Self-Report

Address: 825 Duke Ave, COLUMBIA, SC 29203

Hours of Operation: M – F 6:30 am – 6:00 pm

Telephone #: 803-661-9006

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

Overnight Care? Yes No

Center Director/Designee: Sherry Lenora Davis-Johnson

Change in Ownership or Director? Yes No If yes, Name: _____

Maximum number of children: 40

Building 1: Building 2: _____ Building 3: _____ CDEP

Maximum number of infants: 5

24 months 30 months I-4 facility **Infants are in designated rooms?** Yes No N/A

Items 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
Staff files are in compliance H(1-7)	Adequate supervision throughout facility A(1-2)
Training hours up-to-date K(5)(b-c)	Facility following tracking of children procedures A(3)
At least 1 person with CPR & 1 st Aid on the premises K(5)(h)	Ratios adequate in all classrooms and on playground B, C
HEALTH, SANITATION & SAFETY 114-505	
Children's faces/hands are clean B(1)	Proper diaper changing practices were observed F(1-16)
Medicine and harmful items labeled and stored properly D(2)	Proper handwashing practices were observed G(4)
First Aid kit in facility and in vehicle if transport E(1), I(1)(g)	No smoking/consumption of alcoholic beverage A(3)
PHYSICAL SITE 114-507	
BUILDING	PLAYGROUND
Ventilation and lighting & sufficient A(2)(a-d), (4)(a-c)	Playground equip. safe & firmly anchored B(7)
No strangulation/choking/suffocation hazards A(5)(g)(i-iii)	Adequate cushioning material; at least 6ft fall zone B(9)
Ceiling, floors, windows, doors free from hazards A(5)(d)	Fencing/safety barriers 4ft. in height, in good repair B(4)
Building(s) temp between 68-80°F A(7) If no, close in 4 hrs.	Outdoor space free from hazards and litter B(2)
Facility free from pest problems (Insects, rodents) A(8)(b-c)	RESTING
Garbage kept properly in plastic lined receptacles A(8) (d-i)	Play Pens observed C(4)
Electrical outlets are securely covered A(11)(c)	Cribs meet federal standards (reviewed certificate) D(1)
Sink area has running water A(12)(d)	Cots, mats, cribs labeled or charted for each child D(2)
Soap and disposable towels available at sink A(12)(i)	PROGRAM 114-506
Furniture, toys & equipment are clean and in good repair C(1)	Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3)
Furniture, toys & equipment meets the CPSC standards C(2)	Positive, non-abusive discipline practice B(1)
Healthy pets/animals (Vaccination record up-to-date) E(4)	
MEAL REQUIREMENTS 114-508	
Meals & snacks in compliance with USDA A(1)(b)	Round, firm foods are not offered to children under 4 yrs.
Clean, wholesome, unspoiled, properly labeled food A(4)	Old, unless properly cut to prevent choking risk A(3)
Food preparers have proper hair restraints B(5)	Food stored & handled properly D(1)
Refrigerators have thermometers, temp under 45°F D(2-3)	All cleaning & poisonous items stored away from food D
INFANT CARE 114-509	TRANSPORTATION 114-505 I
Infants are placed on their back to sleep A(5)(a)	Vehicle has proper safety restraints & in good repair I(1)
No bottles propped or given in cribs or on mats A(3)(c)	Checklist for loading/unloading children reviewed (2)(d)
Food for toddlers cut in pieces ½ inch or less A(3)(k)	Driver's (valid) driver's license reviewed (1)(f)
Food for infants cut in pieces ¼ inch or less A(3)(j)	
Crock pots, bottle warmers, are inaccessible to children, No microwaving of beverages observed A(3)(d)	C-Compliant with Regulation
Cups and bottles labeled with child's name & used only by that child A(3)(a)	N-Noncompliant with Regulation
No violations noted at the time of visit <input checked="" type="checkbox"/>	

Signature of Director/Operator/Designee: _____

Date: 12/12/24 Refused to sign

Signature of Child Care Licensing Specialist: Rebecca Woodward

Date: 12/12/24