

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

Operator Name: Donna Jackson  
Permit #: 17860

Date of Inspection: 1/21/25 Time of Inspection: 2:40 - 3:50p  
Type of Inspection: ☒ Annual ☐ Complaint ☐ Follow Up (original inspection date \_\_\_\_\_)

Address: 4901 Monticello Road, Columbia, SC 29203

Reason for Follow up: ☐ pending deficiencies ☐ self-report

Telephone #: 803-714-0269

Hours of Operation: 8:00AM-11:30PM

Change in location? ☐ Yes ☒ No

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

Overnight Care? ☐ Yes ☒ No

Maximum number of children: 12

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

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 <b>H(1-7)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate supervision throughout facility <b>A(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training hours up-to-date <b>K(5)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate number staff in home or outside during play <b>A(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises <b>K(5)(g)</b>	<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>B(1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper diaper changing practices were observed <b>F(1-7)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medicine & harmful items are labeled and stored properly <b>D(2)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper handwashing practices were observed <b>G(4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
First Aid kit in facility and in vehicle if transport <b>E(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking permitted only in designated area <b>A(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PHYSICAL SITE 114-517**

BUILDING	C	N	N/A	OUTDOOR PLAY AREA	C	N	N/A
Ventilation and lighting sufficient <b>A(2), A(4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fencing/safety barriers 4ft. in height, in good repair <b>B(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling, floors, windows, doors free from hazards <b>A(5)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor space free from hazards and litter <b>B(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No strangulation/choking/suffocation hazards <b>A(5)(h)(i-iii)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stationary equipment safe & firmly anchored <b>C(7)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building(s) temp between 68-80°F <b>A(7)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate cushioning material; at least 6ft fall zone <b>C(9)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility free from pest problems (Insects, rodents) <b>A(8)(b-c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>RESTING</b>	C	N	N/A
Trash kept properly in plastic lined receptacles <b>A(8) (d-i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed certificate) <b>D(1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical outlets are securely covered <b>A(11)(c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cots, mats, cribs labeled or charted for each child <b>D(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink area has hot & cold water <b>A(12)(d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pack & plays not used for sleeping <b>D(1-2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap and disposable towels available at sink <b>A(12)(g)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PROGRAM 114-516</b>	C	N	N/A
Furniture, toys & equipment are clean and in good repair <b>C(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written, planned, daily program of activities that is developmentally & age appropriate observed <b>A(1-3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment meets the CPSC standards <b>C(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive, non-abusive discipline practice <b>B(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy pets/animals (Vaccination record up-to-date) <b>E(4)</b>	<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 <b>A(1)(b)</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 <b>A(3)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clean, wholesome, unspoiled, properly labeled food <b>A(4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerators have thermometers, temp under 45°F <b>D(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparers & staff outer clothing must be clean <b>B(5)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All cleaning & poisonous items stored away from food <b>E</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food stored & handled properly <b>D(1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 <b>A(3)(d)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cups and bottles labeled with child's name & used only by that child <b>A(3)(a)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bottles propped or given in cribs or on mats <b>A(3)(c)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food for infants cut in pieces ¼ inch or less <b>A(3)(j)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food for toddlers cut in pieces ½ inch or less <b>A(3)(k)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infants are placed on their backs to sleep, unless Doctor's note is provided. <b>A(5)(a)</b>	<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: Donna Jackson

Date: 1/21/25 ☐ Refused to sign

Signature of Child Care Licensing Specialist: Yessica

Date: 1/21/25