

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

Date of Inspection: 4/7/26  
Time of Inspection: 1008/1110  
Type of Inspection:  Annual  Complaint  
 Follow Up (Original Inspection)  
Date:    /    /     
Reason for Follow up:  
 Pending Deficiencies  
 Self-Reported Incident

Facility Name: Sunshine House '57  
Permit #: 17028  
Address: 1950 South Centennial Avenue AIKEN, SC 29803

Telephone #: 803-642-6804 Any changes in contact info (Phone/Email/Fax)?  Yes  No

Center Director/Designee: Yolanda Denise Dicks  
Change in Ownership or Director?  Yes  No If yes, Name: \_\_\_\_\_

Maximum number of children: 173 Building 1:  Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  
Maximum number of infants: 33  24 months  30 months  I-4 facility

Items posted in public view:  License  Menu  Ratio Chart (All classrooms)

ABC Quality Yes  Head Start  Yes  No Public Schools  Yes  No

Hours of Operation: M- 6:00AM- 5:30PM T- 6:00AM- 5:30PM W- 6:00AM- 5:30PM Th- 6:00AM- 5:30PM F- 6:00AM- 5:30PM  
Does facility transport children?  Yes  No  N/A  
Overnight Care?  Yes  No

| MANAGEMENT, ADMINISTRATION & STAFFING 114-503   |                                     |                          |                                     | SUPERVISION 114-504  |                                     |                          |                                     |
|---|-------------------------------------|--------------------------|-------------------------------------|--|-------------------------------------|--------------------------|-------------------------------------|
|   | 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(1-2)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Training hours up-to-date K(5)(b-c)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Facility following tracking of children procedures A(3)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises K(5)(h)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Ratios adequate in all classrooms and on playground B, C   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| HEALTH, SANITATION & SAFETY 114-505   |                                     |                          |                                     |  |                                     |                          |                                     |
|   | 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(1-16)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Medicine and harmful items 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 (transport E(1), I(1)(g))  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | No smoking/consumption of alcoholic beverage A(3)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Current Emergency Preparedness Plan H(3)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Emergency Medical Plan C(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| PHYSICAL SITE 114-507   |                                     |                          |                                     |  |                                     |                          |                                     |
| BUILDING  |                                     |                          |                                     | PLAYGROUND   |                                     |                          |                                     |
|   | C                                   | N                        | N/A                                 |  | C                                   | N                        | N/A                                 |
| Ventilation and lighting & sufficient A(2)(a-d), (4)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Playground equip. safe & firmly anchored B(7)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No strangulation/choking/suffocation hazards A(5)(g)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate cushioning material at least 6ft fall zone B(9)   | <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"/>            | Fencing/safety barriers 4ft. in height in good repair B(4)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Building(s) temp between 68-80°F A(7) If no close in 4 hrs  | <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"/>            |
| Facility free from pest problems (Insects, rodents) A(8)(b-c)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | RESTING  |                                     |                          |                                     |
| All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly A(5)(c), (e), A(8); E(1), (4) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Play Pens observed C(4)  | <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"/>            | Cribs meet federal standards (reviewed certificate) D(1)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Sink area has running water A(12)(d)  | <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"/>            |
| Soap and disposable towels available at sink A(12)(i)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | PROGRAM 114-506  |                                     |                          |                                     |
| 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 animals not permitted if allergic E(4)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other environmental allergies (Policy #120)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MEAL REQUIREMENTS 114-506   |                                     |                          |                                     |  |                                     |                          |                                     |
|   | 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"/>            | Food stored & handled properly D(1)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food preparers have proper hair restraints B(5)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | All cleaning & poisonous items stored away from food D(8)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Refrigerators have thermometers, temp under 45°F D(2-3)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Prevention and response to food allergies A(9-10)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| INFANT CARE 114-509   |                                     |                          |                                     | TRANSPORTATION 114-505 I   |                                     |                          |                                     |
|   | C                                   | N                        | N/A                                 |  | C                                   | N                        | N/A                                 |
| Infants are placed on the r back to sleep A(5)(a)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Vehicle has proper safety restraints & in good repair I(1)   | <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"/>            | Check list for loading/unloading children reviewed (2)(d)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food for toddlers cut in pieces 1/2 inch or less A(3)(k)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Driver's (valid) driver's license reviewed (1)(f)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Food for infants cut in pieces 1/4 inch or less A(3)(j)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |                                     |                          |                                     |
| Crock pots, bottle warmers, are inaccessible to children. No microwaving of beverages observed A(3)(d)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <b>C-Compliant with Regulation</b>   |                                     |                          |                                     |
| 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"/>            | <b>N-Noncompliant with Regulation</b>  |                                     |                          |                                     |
|   |                                     |                          |                                     | Violations noted at the time of visit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |                          |                                     |
|   |                                     |                          |                                     | Any violations corrected onsite <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No DSS Form 2910 needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                          |                                     |

Signature of Director/Operator/Designee: *[Signature]*

Date: 4/7/26  Refused to sign

Signature of Child Care Licensing Specialist: *[Signature]*

Date: 4/7/26