

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

Date of Inspection: 7-15-26  
Time of Inspection: 11:50

Operator Name: Vanessa Jefferies  
Permit #: 16890  
Address: 601 West Rutledge Avenue GAFFNEY, SC 29340

Type of Inspection: ☒ Annual ☐ Complaint  
☐ Follow Up (Original Inspection)  
Date:        /        /         
Reason for Follow up:  
☐ Pending Deficiencies  
☐ Self-Reported Incident

Telephone #: 864-489-2001  
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 2 yrs. Old.  
Items posted in public view: ☒ License ☒ Menu  
ABC Quality: Yes  
Hours of Operation: M- 7:30AM- 7:30PM T- 7:30AM- 7:30PM W- 7:30AM- 7:30PM Th- 7:30AM- 7:30PM F- 7:30AM- 7:30PM

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

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

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

Overnight Care? ☐ Yes ☒ No

| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate supervision throughout facility A(1)                                                                                                                                                | <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"/>            | 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 & 1 <sup>st</sup> Aid on the premises K(5)(g)                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                                                                                              | <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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 if transport E(1)                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Smoking permitted only in designated area A(2)                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Current Emergency Preparedness Plan H(2)                                                                                                                                                                                                                       | <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 114-517                                                                                                                                                                                                                                          |                                     |                          |                                     |                                                                                                                                                                                              |                                     |                          |                                     |
| BUILDING                                                                                                                                                                                                                                                       | C                                   | N                        | N/A                                 | OUTDOOR PLAY AREA                                                                                                                                                                            | 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 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"/>            |
| 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"/>            |
| 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"/>            | RESTING                                                                                                                                                                                      | C                                   | N                        | N/A                                 |
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 114-506                                                                                                                                                                              | C                                   | N                        | N/A                                 |
| 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 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"/>            |                                                                                                                                                                                              |                                     |                          |                                     |
| Water Hazards E(2)                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                                                                                              |                                     |                          |                                     |
| Other environmental allergies (Policy #17)                                                                                                                                                                                                                     | <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 D(8)                                                                                                                                    | <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"/>            | Safe pick up and drop off I(2)                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Prevention and response to food allergies A(6-7)                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                                                                                              |                                     |                          |                                     |
| INFANT CARE 114-519                                                                                                                                                                                                                                            |                                     |                          |                                     | TRANSPORTATION 114-515 I                                                                                                                                                                     |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                | C                                   | N                        | N/A                                 |                                                                                                                                                                                              | 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"/> | Precautions in transporting children I                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Cups and bottles labeled with child's name & used only by that child A(3)(a)                                                                                                                                                                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Hazards for vehicular traffic I                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| No bottles propped or given in cribs or on mats A(3)(c)                                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 ¼ inch or less A(3)(i)                                                                                                                                                                                                          | <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"/> | C-Compliant with Regulation                                                                                                                                                                  |                                     |                          |                                     |
| Infants are placed on their backs to sleep, unless Doctor's note is provided. A(5)(a)                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N-Noncompliant with Regulation                                                                                                                                                               |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                |                                     |                          |                                     | Violations noted at the time of visit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                    |                                     |                          |                                     |
|                                                                                                                                                                                                                                                                |                                     |                          |                                     | Any violations corrected onsite <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No DSS Form 2910 needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                          |                                     |

Signature of Director/Operator/Designee: Vanessa Jefferies Date: 7-15-26 ☐ Refused to sign

Signature of Child Care Licensing Specialist: Alana Date: 7-15-26 Revised February 2025