

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

Operator Name: Mary Foster
Permit #: 25317

Date of Inspection: 6/16/22 Time of Inspection: 11:20a
Type of Inspection: ☒ Annual ☐ Complaint ☐ Renewal ☐ Follow Up (original inspection date _____)
Reason for Follow up: ☐ clear up pending deficiency ☐ Self-Report

Address: 2507 Fripp St., BEAUFORT, SC 29902

Telephone #: 843-441-1984

Change in address? ☐ Yes ☒ No

Total Capacity: 6

Verify the following: Verified Liability Insurance 63-13-210 ☒ Yes ☐ No If no, verify signed statements from parents. ☐ Yes ☐ No ☐ N/A

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

Zoning restrictions ☐ Yes ☒ No

Items to be posted: ☒ License 114-528 D(2) ☒ Menu III D(1)(c)

Hours of Operation: Single Shift

Overnight Care? ☐ Yes ☒ No

HEALTH, SANITATION & SAFETY - SUGGESTED STANDARDS

	C	N	N/A		C	N	N/A
Did you observe proper diaper changing practices III A(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medicine labeled & stored properly III A(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid supplies in home III A (5-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children's faces/hands clean III A(2)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any pets/animals? IV B(1)(g) Type of animal <u>Dog</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have pets/animals been vaccinated? IV B(1)(g)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Dog, cat, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting & ventilation sufficient IV B(1)(f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor toys & equipment in safe, good condition IV A(3)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet, ceiling, floors, & rugs are clean & secure IV B(1)(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsafe areas fenced/safety barriers in place IV A(2)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap & single service towels in restrooms IV B(3)(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grounds free of glass, paper & other litter IV B(1)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink area has hot & cold water IV B(2)(a-b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infants are placed on their backs (Unless Doctor note is provided) 63-13-830 (e)(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangulation, choking, or suffocation hazards IV A(3)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pack & Plays used for sleeping IV B(5)(a)(1-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Home free from pest problems(insects, rodents) IV B(1)(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cots, beds, mats, & cribs available for each child IV B(5)(a)(1-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Garbage & refuse stored in a durable container IV B(4)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed cert.) IV A(3)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any serious injuries requiring medical attention?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any fatalities?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PROGRAM - SUGGESTED STANDARDS

	C	N	N/A		C	N	N/A
Daily schedule-developmentally appropriate activities for children III C(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency or disaster plan I A(1)(j)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL REQUIREMENTS - SUGGESTED STANDARDS

	C	N	N/A		C	N	N/A
Food stored & handled properly IV B (6)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meals & snacks in compliance III D(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators have thermometers, temp 45°F or below IV B(6)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAFFING / SUPERVISION - SUGGESTED STANDARDS

	C	N			C	N
Staff observed were qualified? 63-13-830 (C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Is provider over capacity? 114-528D(3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proper supervision observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Number of children observed: <u>6</u>		
Training hours up-to-date? 63-13-825	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit ☒

Suggested Standards are mandated requirements for Family Child Care Home operators who elect to be licensed

Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being near and having ready access to children in order to intervene when needed.

Signature of Operator/Emergency Person: Mary Foster

Date: 6/16/22 ☐ Refused to sign

Signature of Child Care Licensing Specialist: B. Johnson

Date: 6/16/22