## South Carolina Department of Social Services Office of Child Care Licensing

Signature of Operator/Emergency Person:

Signature of Child Care Licensing Specialist:

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Type of Inspection: Annual NA ISLAND, SC 29920 Any changes in contact info (P Zoning restrictions Yes No Items to be posted: Registration of the contact info (P Zoning restrictions Yes No Items to be posted: Registration of the contact info (P Zoning restrictions Yes No Items to be posted: Registration of the contact info (P Zoning restrictions Yes No Items inside) Items inside) Items inside) Items inside)	Phone/Email/Fax)? on f no, verify signed s	Reaso Hours ? - Yes statements	n for Follo s of Operat	w up: □pendi ion: M-F6:00 Overnight (	ing deficie a-5:3 Op Care?   Y	ncies	
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Noncompliant with Regulation	No violations r	noted at the	time of vis	it Ca			Barrier.
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o Y s n	Up to date vaccination receivers? If not, TA provided chical attention?  DOCUMENTATE DILECTION OF THE PROPERTY	Up to date vaccination records?  ders? If not, TA provided	Up to date vaccination records?  Up to date vaccination records?  Uers? If not, TA provided	Up to date vaccination records?  Lers? If not, TA provided   Yes   No  Edical attention?  DOCUMENTATION  DILECTION  DILECTION  DILECTION  DISTRIPTION  STAFFING & SUPERVISION  No violations noted at the time of visual child or group of children. Adequate supervision requires awareness of and	Up to date vaccination records?  Vers? If not, TA provided	Documentation  Documentation  Documentation  Documentation  C  Signed and dated?  Ital permissions forms?   Yes   No  STAFFING & SUPERVISION  C  Noncompliant with Regulation  No violations noted at the time of visit   Noncompliant with Regulation  No violations noted at the time of visit   All child or group of children. Adequate supervision requires awareness of and responsibility for the ongoin	Dies in floors or walls, etc.)  Up to date vaccination records?  Destroy: If not, TA provided

☐ Refused to sign