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

SC 29927 Hours of Oper anges in contact info (Phone/Email/Fax)? □ Yes ☑ No	v Up (original inspectio low up: □pending defici ation: M-F6:30a-5:30p		
SC 29927 Hours of Oper anges in contact info (Phone/Email/Fax)? □ Yes ☑ No		encies	⊟self-report
anges in contact info (Phone/Email/Fax)? □ Yes 💮 No	ation: M_E6:30a_5:30n		
anges in contact into (Phone/Email/Fax)? □ Yes ☑No		. 75	1
and water a Van Alla	Overnight Care?	Yes 2	rNo
restrictions Tyes of No  be posted: Registration			
3-13-210 ☐ Yes ☑ No If no, verify signed statements from par	ente Mas a No		
9-19-210 1 163 12 NO 11 110, Verily signed statements from par	citis. W res 1110		
PECTION (HEALTH, SANITATION, & SAFETY)	THE STATE OF		
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Anna an deura a stal		+	-
uns or drugs, etc)	/	+-	
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points, fence if ditches, accessible to street)	6		
		Yes d	≤ No
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	<b>a</b>		
to date vaccination records?		, 🗆	<b>P</b>
f not, TA provided 🔲 Yes 🗎 No		0	
ttention?			
		Yes r	No
DOCUMENTATION			
	C	N	N/A
ildren?	Z.	В	
	6		
No If yes, is the medication expired?		0	
and dated?		В	
missions forms?   Yes   No			8
STAFFING & SUPERVISION			
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		Vas d	No
		Yes 🗸	No
		Yes 🗸	No
mpliant with Regulation No violations noted at the time of v		Yes 🗸	No
	f not, TA provided	cs, etc. inaccessible to children)  cuns or drugs, etc)  cuns or drugs,	c N  Institute of the second o