

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

Operator Name: Lydia Collins
Permit #: 25100

Date of Inspection: 9/12/24 Time of Inspection: 10:35am

Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date _____)
Reason for Follow up: clear up pending deficiency Self-Report

Address: 137 Habitat Way, SPARTANBURG, SC 29301

Telephone #: 864-621-2484
Change in address? Yes No
Total Capacity: 6

Any changes in contact info (Phone/Email/Fax)? Yes No
Zoning restrictions Yes No
Hours of Operation: _____
Overnight Care? Yes No

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

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Any pets/animals? IV B(1)(g) Type of animal <u>dogs</u> (Dog, cat, etc.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | Have pets/animals been vaccinated? IV B(1)(g) | <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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> Yes <input checked="" type="checkbox"/> No | | | Any fatalities? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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"/> | | | | |

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) Number of children observed: <u>0</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Proper supervision observed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| 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: Lydia Collins Date: 9/12/24 Refused to sign
Signature of Child Care Licensing Specialist: Joni Curry Date: 9/12/24