

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

Operator Name: Racheal Shiver
Permit #: 25839

Date of Inspection: 4-25-25 Time of Inspection: 3:50-4:45
Type of Inspection: ☒ Annual ☐ Complaint ☐ Renewal ☐ Follow Up (original inspection date _____)

Reason for Follow up: ☐ pending deficiencies ☐ self-report

Address: 372 Fox Squirrel Circle COLUMBIA, SC 29209

Hours of Operation: M-F 7:00am- 6:00pm

Telephone #: 803-728-9520

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

Change in address? ☐ Yes ☒ No

Zoning restrictions ☒ Yes ☐ No

Total Capacity: 5

Items to be posted: ☒ Registration

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

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)

	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living room (no excessive clutter, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms (no children unsupervised, guns or drugs, etc)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Arrangements (no Pack-N-Plays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cribs meet CPSC requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathrooms (no visible mold, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage/Shed (secured if harmful items inside)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Multiple floor levels?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
No suffocation /Poisonous hazardous materials around the house	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No major structural damages (Holes in floors or walls, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pets/Animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Up to date vaccination records?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Smoke Detectors/Fire Extinguishers? If not, TA provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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		

DOCUMENTATION

	C	N	N/A
DSS 2909 completed for all enrolled children?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness Plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is medication administered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the medication expired?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Permission forms from parents signed and dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

STAFFING & SUPERVISION

	C	N	
Staff observed were qualified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Training hours up-to-date? 63-13-825	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is provider over capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number of children observed:	<u>5</u>		

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit ☐

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: Racheal Shiver

Date: 04/25th/2025 ☐ Refused to sign

Signature of Child Care Licensing Specialist: Aria Maxwell

Date: 4-25-25

Division of Early Care and Education**Deficiency Correction**

NAME OF PROVIDER/OPERATOR Rachael Shiver

PERMIT # 25839

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
114-532-F-1-Child's records	To ensure that each child has a file of their own.	07/27/2025
114-532-F-2a General Records on child	File with child's name, address, date of birth, date of enrollment, date of discharge, if applicable.	07/27/2025
114-532-F-2b Full name of both parents Contact information where parent can be reached.	Ensure parent's information is in each child's file.	07/27/2025
114-532-F-2c Instruction for contacting parents or relatives.	Ensure information is in each child's file.	07/27/2025
114-532-F-2d Emergency contact information for child.	Ensure information is in each child's file.	07/27/2025
114-532-F-2e Contact information of Physician or healthcare resource in an emergency	Ensure information is in each child's file.	07/27/2025

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist Akia Maxwell

Date 04/28/2025

Division of Early Care and Education**Deficiency Correction**NAME OF PROVIDER/OPERATOR Rachael ShiverPERMIT # 25839

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
114-532-F-3a Child's health record	Ensure information is in each child's file.	07/27/2025
114-532-F-3b Copy of Immunizations or exemption from immunizations.	Ensure information is in each child's file.	07/27/2025
114-532-F-3c Written authorization from parent to administer medication.	Ensure information is in each child's file.	07/27/2025
114-532-F-3d Authorization to take child on field trips.	Ensure information is in each child's file.	07/27/2025
114-532-F-3e Authorization for child to participate in swimming.	Ensure information is in each child's file.	07/27/2025
114-532-F-3f Complete 2909 for each child, attesting to days and time child is enrolled.	Ensure information is in each child's file. Signed and dated by parent	07/27/2025

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Division of Early Care and Education**Deficiency Correction**NAME OF PROVIDER/OPERATOR Rachael ShiverPERMIT # 25839

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
114-532-G Staff records- records shall be maintained on the operator, caregivers and all household members.	Create files for each person-caregivers and household	07/27/2025

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Licensing Specialist Akia Maxwell Date 04/28/2025