

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

Operator Name: Michelle Beaufort  
Permit #: 25069

Date of Inspection: 4-16-24 Time of Inspection: 2:00  
Type of Inspection: ☐ Annual ☐ Complaint ☒ Renewal ☐ Follow Up (original inspection date \_\_\_\_\_)  
Reason for Follow up: ☐ pending deficiencies ☐ self-report

Address: 620 East Rambo Road Rock Hill, SC 29730

Telephone #: 803-206-9107

Change in address? ☐ Yes ☒ No

Total Capacity: 5

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

Items to be posted: ☒ Registration

Hours of Operation: M-F 6:30a-5:00p

Overnight Care? ☐ Yes ☒ No

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 checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Multiple floor levels?  | <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> |
| Smoke Detectors/Fire Extinguishers? If not, TA provided <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Emergency Preparedness Plan?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Is medication administered? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/>                                 | <input type="checkbox"/> |  |
| Is provider over capacity?           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |  |
| Number of children observed:         | <u>2</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: Michele Beaufort

Date: 4-16-24 ☐ Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 4-16-24