

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

Date of Inspection: 6-5-25

Time of Inspection: 9:59

Registered FCCH ☒ Licensed FCCH ☐  
Type of Inspection: ☒ Annual ☐ Complaint  
☐ Follow Up Original Inspection date   /  /    
Reason for Follow up:  
☐ Pending deficiencies  
☐ Self-reported incident

Operator Name: Mary Anne Burckhalter

Permit #: 22362

Address: 317 Howlandville Road WARRENVILLE, SC 29851

Telephone #: 803-507-4681 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Change in location? ☐ Yes ☒ No 114-531F(8)

Maximum number of children: 6

Number of infants: 0

Items posted in public view: ☒ Permit 114-531F(5) ☒ Menu Suggested Standards IIID(1)(c)

ABC Quality: No Does the operator transport? ☒ Yes ☐ No Overnight Care ☐ Yes ☒ No

Hours of Operation: M- 6:00AM- 5:00PM T- 6:00AM- 5:00PM W- 6:00AM- 5:00PM Th- 6:00AM- 5:00PM F- 6:00AM- 5:00PM

| 114-532 MANAGEMENT, ADMINISTRATION & STAFFING                                                                                                                                                                                                     |                                                                     |                          |                                     | 114-533 SUPERVISION                                                                                                                       |                                     |                          |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
|                                                                                                                                                                                                                                                   | C                                                                   | N                        | N/A                                 |                                                                                                                                           | C                                   | N                        | N/A                                 |
| At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises <b>A(5)</b><br><b>*Required for Licensed FCCH</b>                                                                                                                                | <input type="checkbox"/>                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Adequate supervision throughout facility <b>A(1-5)</b>                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Reporting Child Abuse &amp; Neglect B(1-2)</b>                                                                                                                                                                                                 | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | Adequate Naptime Supervision <b>B(1-5)</b>                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Reporting of Incidents C(1)(a-i)</b>                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | Number of children in home at time of visit # <u>3</u> <b>C(1)</b>                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Parent Access and Communication D(1-5)</b>                                                                                                                                                                                                     | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | 4 or more in attendance younger than 12 months (additional caregiver required) <b>C(2)</b>                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Liability Insurance verified or statement on file signed by parent D(6)(a-c)</b>                                                                                                                                                               | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                                           |                                     |                          |                                     |
| <b>Administering Medication, stored properly, and labeled. Signed and dated parental consent. E(2)</b>                                                                                                                                            | <input type="checkbox"/>                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Attendance daily on file D(1)</b>                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Immunization(s) present in child's record F(3)(b)</b>                                                                                                                                                                                          | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Daily Schedule E(1-3)</b>                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Staff/Household members files are in compliance G(1)(a-h)</b>                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Overnight care F(1)</b>                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Training hours up-to-date H(1-2)</b>                                                                                                                                                                                                           | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Discipline G(1-9)</b>                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Any serious injuries requiring medical attention? C(1)d</b>                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                                     |                                                                                                                                           |                                     |                          |                                     |
| <b>Any fatalities? C(1)a</b>                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                                     |                                                                                                                                           |                                     |                          |                                     |
| 114-534 HEALTH, SANITATION & SAFETY                                                                                                                                                                                                               |                                                                     |                          |                                     |                                                                                                                                           |                                     |                          |                                     |
|                                                                                                                                                                                                                                                   | C                                                                   | N                        | N/A                                 |                                                                                                                                           | C                                   | N                        | N/A                                 |
| <b>No smoking/consumption of alcoholic beverages or illegal substances A2(a-d)</b>                                                                                                                                                                | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Emergency Preparedness Plan F(1-3)</b>                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Staff Health: Proper handwashing practices were observed and no communicable diseases B(2-3)</b>                                                                                                                                               | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Emergency Medical Plan G(1-2) (Policy 23) First aid supplies available. Other environmental allergies (Policy 23) 63-13-840 (A)(1)</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Clean and sanitary conditions maintained indoors and outdoors C(1-4)</b>                                                                                                                                                                       | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Toilet/Sink available I(1)</b>                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Disposable cups shall be stored to prevent contamination prior to use D(3)</b>                                                                                                                                                                 | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Potty Chairs in bathroom only. Contents disposed in toilet; chairs adapters sanitized with bleach water after each use I(2)</b>        | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Temperature indoors and outdoors E(1)&amp;(2)</b>                                                                                                                                                                                              | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Soap/Disposable towels provided I(3)</b>                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Soiled diapers in a plastic lined cover leak-proof container emptied and cleaned daily H(3)</b>                                                                                                                                                | <input type="checkbox"/>                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Toothbrush stored properly I(4)</b>                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Diapering: hand washing for children H(4)</b>                                                                                                                                                                                                  | <input type="checkbox"/>                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                                           |                                     |                          |                                     |
| 114-535 PHYSICAL SITE                                                                                                                                                                                                                             |                                                                     |                          |                                     |                                                                                                                                           |                                     |                          |                                     |
|                                                                                                                                                                                                                                                   | C                                                                   | N                        | N/A                                 |                                                                                                                                           | C                                   | N                        | N/A                                 |
| <b>Ceiling, floors, windows, doors free from hazards A(1)(a)</b>                                                                                                                                                                                  | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Outdoor space free from hazards and litter C(1)</b>                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Ventilation and Lighting sufficient A(1)(b)</b>                                                                                                                                                                                                | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Fence or barrier, identification of and protection from hazards, bodies of water, and vehicular traffic C(2)</b>                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Safe Space children (stairs protected) (crawl and explore) A(1)(c) (d)</b>                                                                                                                                                                     | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                                                           |                                     |                          |                                     |
| <b>Electrical outlets are securely covered A(1)(e)</b>                                                                                                                                                                                            | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Swimming pool inaccessible C(3)</b>                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Furniture, toys &amp; equipment are clean and in good repair A(2)(a-e) No play pens or Pack N Plays</b>                                                                                                                                        | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Outdoor play equipment in good repair free from hazards C(6)</b>                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>Healthy pets/animals (Vaccination record up to date) A(3)(a-c)</b>                                                                                                                                                                             | <input type="checkbox"/>                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>Environmental Hazards</b>                                                                                                              |                                     |                          |                                     |
| <b>Non-infant sleeping and resting B(1-3)</b>                                                                                                                                                                                                     | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Safety Barriers around heating and cooling sources D(1)</b>                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly D(3) (4)</b> | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <b>Knives, lighters, matches, tobacco products inaccessible D(2)</b>                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                                                                                                                                                   |                                                                     |                          |                                     | <b>Firearms/weapons and ammunition not stored in rooms with children D(5)</b>                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

| 114-536 FOOD                                                                               |                                     |                          |                                     |                                                                                                               |                                     |                          |                                     |  |
|--------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--|
|                                                                                            | C                                   | N                        | N/A                                 |                                                                                                               | C                                   | N                        | N/A                                 |  |
| Meals & snacks in compliance with USDA A(1)(b)                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Clean Wholesome unspoiled food A(4)                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Nutritious meals and snacks provided every 4 hours A(1)                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Milk or Substitution offered at least once a day A(2)                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Overnight dinner and evening snack provided A(3)                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Water accessible to children thru day A(5)                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Prevention and response to food allergies/dietary alternatives (Policy 23) 63-13-840(A)(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Refrigerators have thermometers, temp under 40 degrees B(1)                                                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Proper handwashing practices were observed and no communicable diseases C(1)(a-b)          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Round firm foods not offered to children under 4 years (ex: grapes and hot dogs must be cut properly) C(2)(a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Cleaning and storage of food equipment D(1)                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                                                                                               |                                     |                          |                                     |  |

| 114-537 INFANT CARE                                                                                                                                     |                          |                          |                                     |  |   |   |     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------------------|--|---|---|-----|--|
|                                                                                                                                                         | C                        | N                        | N/A                                 |  | C | N | N/A |  |
| Infants are placed on backs to sleep A(1) in an approved crib A(6)                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| Cribs meet federal standards (reviewed certificate) A(2)                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| Individual sanitary cribs shall be provided A(3)                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| Cribs cleaned and placed properly A(4)&(5)                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| Infant sleep (prevention of sudden infant death syndrome and use of safe sleeping practices) (Visual check every 15 min) A(7); Policy 4C; 63-13-840(A)1 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| No other items/materials in the crib A(8)                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| Crib mobiles not allowed for infants who can sit A(9)                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| No bottles propped or given in cribs or mats B(1)                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| No bottles while sleeping B(2)                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| Crockpots, bottle warmers are inaccessible to children no microwaving of beverages / tested before serving B3(a)&(b)                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| Bottles and baby food shall be labeled and dated B(4)                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| Feeding chairs are cleaned, sanitized, and maintained in good repair C(1)                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| Constantly supervised in feeding chairs and not remain for long periods of time C(2)&(3)                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |
| Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment policy adhered to Policy 4C; 63-13-840(A)1                              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |

| Precautions In Transporting Children 114-532; FCCH Policy                                                                                                                                                                                                                                                                                                                        |                                     |                          |                                     |  |   |   |     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--|---|---|-----|--|
|                                                                                                                                                                                                                                                                                                                                                                                  | C                                   | N                        | N/A                                 |  | C | N | N/A |  |
| Written consent from parents prior to transportation. F(3)(d)                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |   |   |     |  |
| A plan if the child(ren) are to be picked up and dropped off from home. The plan should include times, who will be there with the child(ren) when picked up and who can receive the child(ren) at drop-off. Include the procedure as to what will happen if no one is there to receive the child or the person there is not recognized by the provider. Policy 24; 63-13-840(A)1 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |   |   |     |  |

Smoke Detectors ☒ Yes ☐ No

Fire Extinguishers ☒ Yes ☐ No If not, TA provided ☐ Yes ☐ No

**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.

C-Compliant with Regulations N- Noncompliant with Regulations N/A- Not Applicable

Violations noted at time of visit ☐ Yes ☒ No

Any violations corrected on site ☐ Yes ☒ No

DSS Form 2910 needed ☐ Yes ☒ No

Signature of Operator/Designee: Mary Buckhuth

Signature of Child Care Licensing Specialist: [Signature]

Date: 6-5-25

Date: 6.5.25

Refused to sign ☐