

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

Operator Name: Melissa Wilson  
Permit #: 25823

Date of Inspection: 5/13/2025 Time of Inspection: 11:33am

Type of Inspection: ☐ Annual ☐ Complaint ☒ **Renewal** ☐ Follow Up (original inspection date \_\_\_\_\_)

Reason for Follow up: ☐ clear up pending deficiency ☐ Self-Report

Address: 128 Spindle Way, GOOSE CREEK, SC 29445

Hours of Operation: Single Shift

Telephone #: 404-664-1191

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: 6

Items to be posted: ☒ License 114-528 D(2) ☐ Menu III D(1)(c)

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

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Meals & snacks in compliance III D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Refrigerators have thermometers, temp 45°F or below IV B(6)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proper supervision observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Number of children observed: <u>1</u>		
Training hours up-to-date? 63-13-825	<input type="checkbox"/>	<input checked="" 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: [Signature]

Date: 5/13/25 ☐ Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 5/13/2025

**Division of Early Care and Education****Deficiency Correction**NAME OF PROVIDER/OPERATOR Melissa WilsonPERMIT # 25823

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Training hours not completed	Missing training hours to be completed	06/20/2025

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

Licensing Specialist Holly Hutchins Date 5/28/2025