

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

Operator Name: Madlyn Griffin
Permit #: 26157

Date of Inspection: 2/26/25 Time of Inspection: 1:40pm
Type of Inspection: ☐ Annual ☐ Complaint ☐ Renewal ☒ Follow Up (original inspection date 7/18/24)

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

Address: 121 Cannonsmill Lane, SUMMERVILLE, SC 29485

Hours of Operation: Single Shift

Telephone #: 803-474-0446

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: ☒ 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" 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>3</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: Madlyn Griffin

Date: 2/26/25 ☐ Refused to sign

Signature of Child Care Licensing Specialist: Christine Davis

Date: 2/26/25

Division of Early Care and Education**Deficiency Correction**NAME OF PROVIDER/OPERATOR Madlyn GriffinPERMIT # 26157

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
an emergency evacuation and medical plan is needed	submit an emergency plan	3/1/2025
current vaccination and emergency transportation authorizations needed	all children's file items to be submitted	3/1/2025
new household member needs all background checks completed	complete Central Registry background check	3/1/2025

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

Licensing Specialist S. Turzelle for C. Torres Date 5/7/25