

INSPECTION VISIT FORM FOR LICENSED GROUP CHILD CARE HOMES

Telephone #: 843-857-4499

Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No
If yes, Address: _____

Is the GCCH over- capacity? ☐ Yes ☒ No If yes, Number of children over _____

Additional staff is required when attendance reaches 9

Children or when 4 or more children are younger 2 yrs. Old.

Does facility transport children? 114-515.1 ☐ Yes ☒ No ☐ N/A

Overnight Care? ☐ Yes ☒ No

Date of Inspection: 4/3/25

Time of Inspection: 12:50 pmType of Inspection: ☒ Annual ☐ Complaint☐ **Follow Up (Original Inspection**Date: / /

Reason for Follow up:

☐ Pending Deficiencies

☐ **Self-Reported Incident**

SUPERVISION 114-514

HEALTH, SANITATION & SAFETY 114-515PHYSICAL SITE 114-517

PROGRAM 114-506

TRANSPORTATION 114-515 I

INFANT CARE 114-519

G-Compliant with Regulation
N-Noncompliant with Regulation

Violations noted at the time of visit ☒ Yes ☐ No

Any violations corrected onsite ☒ Yes ☐ No DSS Form 2910 needed ☐ Yes ☒ No

Date: 4-3-25 ☐ Refused to sign

Date: 4/3/25