

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

Operator Name: Martha Bell Matthews
Permit #: 10557

Date of Inspection: 7-14-25 Time of Inspection: 10:00 am
Type of Inspection: ☐ Annual ☐ Complaint ☒ ~~Renewal~~ ☐ Follow Up (original inspection date _____)

Address: 712 Thorne Ave. KINGSTREE, SC 29556

Reason for Follow up: ☐ pending deficiencies ☐ self-report
Hours of Operation: M- 7:00AM- 6:30PM T- 7:00AM- 6:30PM W- 7:00AM- 6:30PM Th- 7:00AM- 6:30PM F- 7:00AM- 6:30PM

Telephone #: 843-355-9068
Change in address? ☐ Yes ☒ No

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

Total Capacity: 6

Items to be posted: ☒ Registration

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Smoke Detectors/Fire Extinguishers? If not, TA provided <input type="checkbox"/> Yes <input 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 type="checkbox"/>
Emergency Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is medication administered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the medication expired?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission forms from parents signed and dated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input 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>A</u>		

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit

Signature of Operator/Emergency Person:

Martha Bell Matthews

Date: 7-14-25

☐ Refused to sign

Signature of Child Care Licensing Specialist:

Renell Jones

Date: 7-14-25

Division of Early Care and Education**Deficiency Correction**NAME OF PROVIDER/OPERATOR Martha Bell MatthewsPERMIT # 10557

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Written policies are needed of Family Child Care Home.	Policies will be written, read, signed, and dated by parents and staff.	9/14/25

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

Licensing Specialist Ronell Jones Date 07/14/25