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

Operator Name: Patricia Ann Hutchinson

Date of Inspection: 11/12/25   Time of Inspection: 2:40pm-3:31pm

Permit #:   26184   **Type of Inspection:** ☒ Annual ☐ Complaint ☐ Renewal ☐ Follow Up (original inspection date _____)

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

Address: 231 Savannah Woods Rd, HOPKINS, SC 29061

Hours of Operation: Monday-Friday 7:15AM-5:30PM

Telephone #: 803-206-9670   Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No   Overnight Care? ☐ Yes ☒ No

Change in address? ☐ Yes ☒ No   Zoning restrictions ☒ Yes ☐ No   limited to 5 children under 30 months of age

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)	☐	☐	☒	Medicine labeled & stored properly III A(4)	☐	☐	☒
First aid supplies in home III A (5-6)	☒	☐	☐	Children's faces/hands clean III A(2)(b)	☒	☐	☐
Any pets/animals? IV B(1)(g) Type of animal _____ (Dog, cat, etc.)	☐ Yes ☒ No			Have pets/animals been vaccinated? IV B(1)(g)	☐	☐	☒
Lighting & ventilation sufficient IV B(1)(f)	☒	☐	☐	Outdoor toys & equipment in safe, good condition IV A(3)(b)	☒	☐	☐
Carpet, ceiling, floors, & rugs are clean & secure IV B(1)(d)	☒	☐	☐	Unsafe areas fenced/safety barriers in place IV A(2)(a)	☐	☐	☒
Soap & single service towels in restrooms IV B(3)(c)	☒	☐	☐	Grounds free of glass, paper & other litter IV B(1)(b)	☒	☐	☐
Sink area has hot & cold water IV B(2)(a-b)	☒	☐	☐	Infants are placed on their backs (Unless Doctor note is provided) 63-13-830 (e)(1)	☐	☐	☒
strangulation, choking, or suffocation hazards IV A(3)(a)	☒	☐	☐	Pack & Plays used for sleeping IV B(5)(a)(1-2)	☐	☐	☒
Home free from pest problems(insects, rodents) IV B(1)(c)	☒	☐	☐	Cots, beds, mats, & cribs available for each child IV B(5)(a)(1-2)	☒	☐	☐
Garbage & refuse stored in a durable container IV B(4)(b)	☒	☐	☐	Cribs meet federal standards (reviewed cert.) IV A(3)(c)	☐	☐	☒
Any serious injuries requiring medical attention?	☐ Yes ☒ No			Any fatalities?	☐ Yes ☒ No		
PROGRAM - SUGGESTED STANDARDS							
	C	N	N/A		C	N	N/A
Daily schedule-developmentally appropriate activities for children III C(1)	☒	☐	☐	Emergency or disaster plan I A(1)(j)	☒	☐	☐
MEAL REQUIREMENTS - SUGGESTED STANDARDS							
	C	N	N/A		C	N	N/A
Food stored & handled properly IV B (6)(a)	☒	☐	☐	Meals & snacks in compliance III D(1)	☒	☐	☐
Refrigerators have thermometers, temp 45°F or below IV B(6)(a)	☒	☐	☐				
STAFFING / SUPERVISION - SUGGESTED STANDARDS							
	C	N			C	N	
Staff observed were qualified? 63-13-830 (C)	☒	☐		Is provider over capacity? 114-528D(3)	☐	☒	
Proper supervision observed?	☒	☐		Number of children observed: 4			
Training hours up-to-date? 63-13-825	☒	☐					

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: _Patricia Hutchinson_   Date: 11/12/25   ☐ Refused to sign
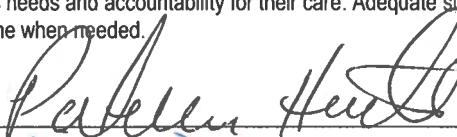
Signature of Child Care Licensing Specialist: _Juan Hill_   Date: 11/12/25