

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

Date of Inspection: 2/17/26  
Time of Inspection: 1142-1220

Registered FCCH  Licensed FCCH   
Type of Inspection:  Annual  Complaint  
 Follow Up Original Inspection date  / /  
Reason for Follow up:  
 Pending deficiencies  
 Self-reported incident

Operator Name: Willene Rogers

Permit #: 25107

Address: 7519 Parkview Drive COLUMBIA, SC 29223

Telephone #: 803-413-3784 Any changes in contact info (Phone/Email/Fax)?  Yes  No

Change in location?  Yes  No 114-531F(8)

Maximum number of children: 5

Number of infants: 0

Items posted in public view:  Permit 114-531F(5)  Menu Suggested Standards IIID(1)(c)

ABC Quality: Yes Does the operator transport  Yes  No Overnight Care  Yes  No

Hours of Operation: M- 7:30AM- 5:00PM T- 7:30AM- 5:00PM W- 7:30AM- 5:00PM Th- 7:30AM- 5:00PM F- 7:30AM- 5:00PM

114-532 MANAGEMENT, ADMINISTRATION & STAFFING				114-533 SUPERVISION					
	C	N	N/A		C	N	N/A		
At least 1 person with CPR & 1 <sup>st</sup> Aid on the premises <b>A(5)</b> <b>*Required for Licensed FCCH</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate supervision throughout facility <b>A(1-5)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Reporting Child Abuse &amp; Neglect B(1-2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Naptime Supervision <b>B(1-5)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reporting of Incidents <b>C(1)(a-i)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of children in home at time of visit # <u>1</u> <b>C(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Parent Access and Communication <b>D(1-5)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 or more in attendance younger than 12 months (additional caregiver required) <b>C(2)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Liability Insurance verified or statement on file signed by parent <b>D(6)(a-c)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Administering Medication, stored properly, and labeled. Signed and dated parental consent. <b>E(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance daily on file <b>D(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Immunization(s) present in child's record <b>F(3)(b)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Schedule <b>E(1-3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Staff/Household members files are in compliance <b>G(1)(a-h)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overnight care <b>F(1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Training hours up-to-date <b>H(1-2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discipline <b>G(1-9)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Any serious injuries requiring medical attention? <b>C(1)d</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Any fatalities? <b>C(1)a</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
114-534 HEALTH, SANITATION & SAFETY									
	C	N	N/A		C	N	N/A		
No smoking/consumption of alcoholic beverages or illegal substances <b>A2(a-d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Preparedness Plan <b>F(1-3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Staff Health: Proper handwashing practices were observed and no communicable diseases <b>B(2-3)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency Medical Plan <b>G(1-2) (Policy 23)</b> First aid supplies available. Other environmental allergies ( <b>Policy 23</b> ) 63-13-840 <b>(A)(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clean and sanitary conditions maintained indoors and outdoors <b>C(1-4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet/Sink available <b>I(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Disposable cups shall be stored to prevent contamination prior to use <b>D(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potty Chairs in bathroom only. Contents disposed in toilet; chairs adapters sanitized with bleach water after each use <b>I(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temperature indoors and outdoors <b>E(1)&amp;(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Soiled diapers in a plastic lined cover leak-proof container emptied and cleaned daily <b>H(3)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soap/Disposable towels provided <b>I(3)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Diapering: hand washing for children <b>H(4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toothbrush stored properly <b>I(4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
114-535 PHYSICAL SITE									
	C	N	N/A		C	N	N/A		
Ceiling, floors, windows, doors free from hazards <b>A(1)(a)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor space free from hazards and litter <b>C(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ventilation and Lighting sufficient <b>A(1)(b)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fence or barrier, identification of and protection from hazards, bodies of water, and vehicular traffic <b>C(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Safe Space children (stairs protected) (crawl and explore) <b>A(1)(c) (d)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Electrical outlets are securely covered <b>A(1)(e)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming pool inaccessible <b>C(3)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Furniture, toys & equipment are clean and in good repair <b>A(2)(a-e)</b> No play pens or Pack N Plays	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor play equipment in good repair free from hazards <b>C(6)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Healthy pets/animals (Vaccination record up to date) <b>A(3)(a-c)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental Hazards			C	N	N/A
Non-infant sleeping and resting <b>B(1-3)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Safety Barriers around heating and cooling sources <b>D(1)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly <b>D(3) (4)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knives, lighters, matches, tobacco products inaccessible <b>D(2)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				Firearms/weapons and ammunition not stored in rooms with children <b>D(5)</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

