

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

Date of Inspection: <u>2/3/26</u>
Time of Inspection: <u>2:10 PM</u>
Registered FCCH <input checked="" type="checkbox"/> Licensed FCCH <input type="checkbox"/>
Type of Inspection: <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Complaint
<input type="checkbox"/> Follow Up Original Inspection date <u> / / </u>
Reason for Follow up:
<input type="checkbox"/> Pending deficiencies
<input type="checkbox"/> Self-reported incident

Operator Name: Joy Gavin

Permit #: 25079

Address: 1010 Annelle Drive FLORENCE, SC 29505

Telephone #: 843-304-3161 Any changes in contact info (Phone/Email/Fax)? Yes No

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

Maximum number of children: 6

Number of infants: 0

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

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

Hours of Operation: M- 7:30AM-11:30PM T- 7:30AM-11:30PM W- 7:30AM-11:30PM Th- 7:30AM-11:30PM F- 7:30AM-11:30PM

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

114-536 FOOD

	C	N	N/A		C	N	N/A
Meals & snacks in compliance with USDA A(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clean Wholesome unspoiled food A(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nutritious meals and snacks provided every 4 hours A(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Milk or Substitution offered at least once a day A(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overnight dinner and evening snack provided A(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water accessible to children thru day A(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prevention and response to food allergies/dietary alternatives (Policy 23) 63-13-840(A)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refrigerators have thermometers, temp under 40 degrees B(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proper handwashing practices were observed and no communicable diseases C(1)(a-b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Round firm foods not offered to children under 4 years (ex: grapes and hot dogs must be cut properly) C(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cleaning and storage of food equipment D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

114-537 INFANT CARE

	C	N	N/A
Infants are placed on backs to sleep A(1) in an approved crib A(6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cribs meet federal standards (reviewed certificate) A(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual sanitary cribs shall be provided A(3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cribs cleaned and placed properly A(4)&(5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant sleep (prevention of sudden infant death syndrome and use of safe sleeping practices) (Visual check every 15 min) A(7); Policy 4C; 63-13-840(A)1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No other items/materials in the crib A(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Crib mobiles not allowed for infants who can sit A(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No bottles propped or given in cribs or mats B(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No bottles while sleeping B(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Crockpots, bottle warmers are inaccessible to children no microwaving of beverages / tested before serving B3(a)&(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bottles and baby food shall be labeled and dated B(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Feeding chairs are cleaned, sanitized, and maintained in good repair C(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Constantly supervised in feeding chairs and not remain for long periods of time C(2)&(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment policy adhered to Policy 4C; 63-13-840(A)1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Precautions In Transporting Children 114-532; FCCH Policy

	C	N	N/A
Written consent from parents prior to transportation. F(3)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A plan if the child(ren) are to be picked up and dropped off from home. The plan should include times, who will be there with the child(ren) when picked up and who can receive the child(ren) at drop-off. Include the procedure as to what will happen if no one is there to receive the child or the person there is not recognized by the provider. Policy 24; 63-13-840(A)1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Smoke Detectors Yes No
 Fire Extinguishers? Yes No If not, TA provided Yes No

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.

C-Compliant with Regulations N- Noncompliant with Regulations N/A- Not Applicable

Violations noted at time of visit Yes No
 Any violations corrected on site Yes No
 DSS Form 2910 needed Yes No

Signature of Operator/Designee: *Jay Sig* Date: 2-3-26 Refused to sign
 Signature of Child Care Licensing Specialist: *Laura* Date: 2-3-26

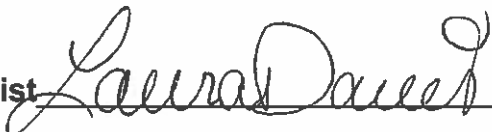
Division of Early Care and Education Deficiency Correction

NAME OF PROVIDER/OPERATOR Joy Gavin

PERMIT # 25079

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Three children under 12 months were present. The FCCH has two cribs and additional crib was needed.	Operator will purchase another crib.	2-27-26

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

Licensing Specialist  Date 02-03-2026