

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

Date of Inspection: 4-23-20

Time of Inspection: 10:30AM

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: Tonia Jackson

Permit #: 21367

Address: 520 Todd Court GREER, SC 29651

Telephone #: 864-877-2631 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: No Does the operator transport  Yes  No Overnight Care  Yes  No

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

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 A(5) <b>*Required for Licensed FCCH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>2</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Schedule E(1-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Staff/Household members files are in compliance G(1)(a-h)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discipline G(1-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Preparedness Plan F(1-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Staff Health: Proper handwashing practices were observed and no communicable diseases B(2-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clean and sanitary conditions maintained indoors and outdoors C(1-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet/Sink available I(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Disposable cups shall be stored to prevent contamination prior to use D(3)	<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 I(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temperature indoors and outdoors E(1)&(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soap/Disposable towels provided I(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Soiled diapers in a plastic lined cover leak-proof container emptied and cleaned daily H(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soap/Disposable towels provided I(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Diapering: hand washing for children H(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor space free from hazards and litter C(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ventilation and Lighting sufficient A(1)(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 C(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Safe Space children (stairs protected) (crawl and explore) A(1)(c)(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Electrical outlets are securely covered A(1)(e)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor play equipment in good repair free from hazards C(6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 D(3) (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knives, lighters, matches, tobacco products inaccessible D(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				Firearms/weapons and ammunition not stored in rooms with children D(5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

