

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

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|---|
| Date of Inspection: <u>4/24/20</u> |
| Time of Inspection: <u>11:15 - 12:15 AM</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: Aujeannette Mitchell
Permit #: 24746
Address: 1380 Hollythorne Drive ROCK HILL, SC 29732
Telephone #: 803-246-1047 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- 7:00AM- 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 | | | | | | | | | |
|---|---|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|---|-----|
| | 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Reporting of Incidents C(1)(a-i) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Number of children in home at time of visit # <u>3</u> C(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Parent Access and Communication D(1-5) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4 or more in attendance younger than 12 months (additional caregiver required) C(2) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Liability Insurance verified or statement on file signed by parent D(6)(a-c) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | | | | | | |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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 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 checked="" type="checkbox"/> | | |
| | | | | Firearms/weapons and ammunition not stored in rooms with children D(5) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

