

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

Operator Name: Barbara G Felder

Date of Inspection: 2-1-19 Time of Inspection: 12:012

Permit #: 24802

Type of Inspection:  Annual  Complaint  Follow Up

Hours of Operation: 7 days, 6:00a-8:30p

Address: 865 Trinity Lane Coward, SC 29530

Any changes in contact info (Phone/Email/Fax)?  Yes  No

Overnight Care?  Yes  No

Telephone #: (843) 389-9343

Zoning restrictions  Yes  No

Change in address?  Yes  No

Items to be posted:  License 114-528 D(2)

Total Capacity: 6

Verify the following: Verified Liability Insurance 63-13-45  Yes  No If no, verify signed statements from parents.  Yes  No

**HOME INSPECTION (HEALTH, SANITATION, & SAFETY)**

	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Living room (no excessive clutter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bedrooms (no children unsupervised, guns or drugs, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sleep Arrangements (no Pack-N-Plays)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cribs meet CPSC requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathrooms (no visible mold, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Garage/Shed (secured if harmful items inside)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Multiple floor levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No suffocation /Poisonous hazardous materials around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No major structural damages (Holes in floors or walls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pets/Animals? If yes, have they been vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Smoke Detectors/Fire Extinguishers? If not, TA provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any serious injuries requiring medical attention?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Any fatalities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**IMPORTANT DOCUMENTATION**

	C	N	N/A
Emergency Preparedness Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is medication administered? If yes, is the medication Expired? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Permission forms from parents signed and dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liability Insurance verified? If no, Signed Parent statement? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Up to date on training for operator and emergency person?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**STAFFING & SUPERVISION**

	C	N	
Staff observed were qualified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is provider over capacity?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Training hours up-to-date? 63-13-825	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Number of children observed:	2		

**C = Compliant with Regulation - N = Noncompliant with Regulation**      No violations noted at the time of visit

**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: Barbara G. Felder      Date: 2-1-19       Refused to sign

Signature of Child Care Licensing Specialist: [Signature]      Date: 2-1-19