

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

Operator Name: Janet Hammett  
Permit #: 24313

Date of Inspection: 9/9/19 Time of Inspection: 1:05 PM

Type of Inspection:  Annual  Complaint  Renewal  Follow Up (original inspection date \_\_\_\_\_)

Reason for Follow up:  clear up pending deficiency  Self-Report

Address: 221 Falls Mill Lane Columbia, SC 29229

Hours of Operation: 7 days, 5:00a-11:30p

Telephone #: (803) 814-2135  
Change in address?  Yes  No

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

Overnight Care?  Yes  No

Total Capacity: 5

Zoning restrictions  Yes  No  
Items to be posted:  License 114-528 D(2)  Menu III D(1)(c)

Verify the following: Verified Liability Insurance 63-13-210  Yes  No If no, verify signed statements from parents.  Yes  No  N/A

**HEALTH, SANITATION & SAFETY - SUGGESTED STANDARDS**

|                                                                       | C                                   | N                                      | N/A                                 |                                                                                     | C                                   | N                           | N/A                                 |
|-----------------------------------------------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|-------------------------------------|
| Did you observe proper diaper changing practices III A(2)(a)          | <input type="checkbox"/>            | <input type="checkbox"/>               | <input checked="" type="checkbox"/> | Medicine labeled & stored properly III A(4)                                         | <input type="checkbox"/>            | <input type="checkbox"/>    | <input checked="" type="checkbox"/> |
| First aid supplies in home III A (5-6)                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/>            | Children's faces/hands clean III A(2)(b)                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            |
| Any pets/animals? IV B(1)(g) Type of animal _____<br>(Dog, cat, etc.) | <input type="checkbox"/> Yes        | <input checked="" type="checkbox"/> No |                                     | Have pets/animals been vaccinated? IV B(1)(g)                                       | <input type="checkbox"/>            | <input type="checkbox"/>    | <input checked="" type="checkbox"/> |
| Lighting & ventilation sufficient IV B(1)(f)                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/>            | Outdoor toys & equipment in safe, good condition IV A(3)(b)                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            |
| Carpet, ceiling, floors, & rugs are clean & secure IV B(1)(d)         | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/>            | Unsafe areas fenced/safety barriers in place IV A(2)(a)                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            |
| Soap & single service towels in restrooms IV B(3)(c)                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/>            | Grounds free of glass, paper & other litter IV B(1)(b)                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            |
| Sink area has hot & cold water IV B(2)(a-b)                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/>            | Infants are placed on their backs (Unless Doctor note is provided) 63-13-830 (e)(1) | <input type="checkbox"/>            | <input type="checkbox"/>    | <input checked="" type="checkbox"/> |
| strangulation, choking, or suffocation hazards IV A(3)(a)             | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/>            | Pack & Plays used for sleeping IV B(5)(a)(1-2)                                      | <input type="checkbox"/>            | <input type="checkbox"/>    | <input checked="" type="checkbox"/> |
| Home free from pest problems(insects, rodents) IV B(1)(c)             | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/>            | Cots, beds, mats, & cribs available for each child IV B(5)(a)(1-2)                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/>            |
| Garbage & refuse stored in a durable container IV B(4)(b)             | <input checked="" type="checkbox"/> | <input type="checkbox"/>               | <input type="checkbox"/>            | Cribs meet federal standards (reviewed cert.) IV A(3)(c)                            | <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 type="checkbox"/> No |                                     |

**PROGRAM - SUGGESTED STANDARDS**

|                                                                             | C                                   | N                        | N/A                      |                                      | C                                   | N                        | N/A                      |
|-----------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Daily schedule-developmentally appropriate activities for children III C(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency or disaster plan I A(1)(j) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**MEAL REQUIREMENTS - SUGGESTED STANDARDS**

|                                                                | C                                   | N                        | N/A                      |                                       | C                                   | N                        | N/A                      |
|----------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Food stored & handled properly IV B (6)(a)                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meals & snacks in compliance III D(1) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refrigerators have thermometers, temp 45°F or below IV B(6)(a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                       |                                     |                          |                          |

**STAFFING / SUPERVISION - SUGGESTED STANDARDS**

|                                              | C                                   | N                        |  |                                        | C                                   | N                        |
|----------------------------------------------|-------------------------------------|--------------------------|--|----------------------------------------|-------------------------------------|--------------------------|
| Staff observed were qualified? 63-13-830 (C) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | Is provider over capacity? 114-528D(3) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Proper supervision observed?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | Number of children observed: <u>2</u>  |                                     |                          |
| Training hours up-to-date? 63-13-825         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |                                        |                                     |                          |

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

\*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.

Signature of Operator/Emergency Person: Janet M. Hammett Date: 9/9/19  Refused to sign  
Signature of Child Care Licensing Specialist: Renee F. Alford Date: 9/9/19