

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

Operator Name: Ellen Marie V Rico
Permit #: 24102

Date of Inspection: _____ Time of Inspection: _____

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

Reason for Follow up: pending deficiencies self-report

Address: 5334 Natures Color Lane North Charleston, SC 29418

Hours of Operation: 7 days, 5:00a-12:00a

Telephone #: (907) 317-6469

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

Overnight Care? Yes No

Change in address? Yes No

Zoning restrictions Yes No

Total Capacity: 6

Items to be posted: Registration

Verify the following: Verified Liability Insurance 63-13-210 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living room (no excessive clutter, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms (no children unsupervised, guns or drugs, etc)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Arrangements (no Pack-N-Plays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cribs meet CPSC requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms (no visible mold, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage/Shed (secured if harmful items inside)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple floor levels?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
No suffocation /Poisonous hazardous materials around the house	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No major structural damages (Holes in floors or walls, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pets/Animals? <input type="checkbox"/> Yes <input type="checkbox"/> No Up to date vaccination records?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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		
DOCUMENTATION			
	C	N	N/A
DSS 2909 completed for all enrolled children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is medication administered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the medication expired?	<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"/>
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"/>	
Training hours up-to-date? 63-13-825	<input type="checkbox"/>	<input type="checkbox"/>	
Is provider over capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number of children observed:	2		
C = Compliant with Regulation - N = Noncompliant with Regulation <input type="checkbox"/> 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: Ellen Marie V Rico Date: 3/11/2020 Refused to sign

Signature of Child Care Licensing Specialist: Natalie Yon Yon Date: 3/11/2020

ADULTS (15 YRS +) PRESENT IN HOME 63-13-40 (D)(1)

Name	Background Checks Completed YES/NO
ELLEN RICO	✓

CHILDREN PRESENT FOR VISIT 114-528D(3)

Child's Name	Age	DOB	Related/ Foster	DSS 2909 completed
1 JAWYER FRICK	5 1/2m.	6-17-19	N.R	✓
2 ELENA RAMOS	12-15-17	2YR	R	✓
3				
4				
5				
6				

ADDITIONAL CHILDREN

Child's Name	DOB	Related/ Foster	Child's Name	DOB	Related/ Foster
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		

Possible Abuse and/or Neglect Signs

(Please note: The presence of warning signs does not necessarily mean that a child is being abused)

- Any bruising/swelling on the face or head (that is visible)
- Obvious discomfort sitting, standing, or walking (constant crying or whining)
- *Withdrawn or isolated from other children*
- Multiple children with the same bruise or injury
- Unwashed clothing or under dressed for the weather
- Depriving children of food, bathroom, naps
- Corporal punishment without written authorization of parents
- Injuries or bruises
- Favoring one arm/leg or not using it while playing
- *Aggressive behavior toward other children*
- Poor hygiene causing body odor
- Insects such as roaches in the clothing
- Unsolicited statements from children (listen if they try to talk to you)

Signs of Abuse or Neglect? Yes No If yes, Abuse and/or Neglect observed during visit:

If training hours are not up-to-date, who needs training and how much _____

CAP Inspection? Yes No

Would you like to receive information by email? Yes No If yes, Email address: _____

Description of recent injuries requiring medical attention: _____