

South Carolina Department of Social Services
Office of Child Care Licensing
SUPERVISORY VISIT FORM FOR LICENSED GROUP CHILD CARE HOMES

Facility Name: Margie A. Wood
 ARL No.: 15352
 Address: 615 Kelly Hill Rd.
 Telephone No.: _____
 Operator/Designee: M. Wood

Date of Visit: 1-3-19 Time of Visit: 11:07 am
 Type of Visit: Supervisory CAP Complaint Follow Up
 Hours of Operation: MF Overnight Care? Yes No
 Any changes in contact info (Phone, Email, Fax)? Yes No

Change in operator or location? Yes No If yes Name: _____

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

Items to be posted in public view: License Menu

Maximum Number of Children: 12 Number of Infants: _____

(Additional caregiver is needed when attendance reaches 9 children or when 4 or more children are younger than 2 yrs. old)

Staffing 114-513 & 515										
Staff Name	Hire Date	Edu	Orient	Exper.	SLED/ FBI	Medical 2901	TB	Consent 2924	Health Asmt. 2926	Policies/Discipline
Household Member 114-515 G.										
Household Members	Medical Form 2901		Health Assessment 2926		TB	Comments				

Policy for the release of children? 114-513 F. (2) Yes No Do parents have free & full access? 114-513 F. (1) Yes No

First Aid supplies in facility. 114-515 E. (1) Yes No

Are the training hours up-to-date? 114-513 K. (5) Yes No If no, list who needs training & how many on 2942.

List staff member on premises during the time of the visit that has current CPR and First Aid certification? 114-513 K. (5) (g)

Staff Name	Working Hours	First Aid (Exp. Date)	CPR (Exp. Date)
<u>Margie Wood</u>	<u>6:30a - 6p</u>	<u>2-17-20</u>	<u>2-17-20</u>

List caregiver(s) on site E. Wood

Are there any pets/animals? 114-517 E. (4) Yes No Type of animal _____ Indoor Outdoor How many _____

Have the pets/animals been vaccinated? Yes No N/A If yes, verified vaccination information Yes No

Please Check the Following:

Health, Sanitation and Safety 114-515			
Did you observe proper diaper changing practices? 114-515 D. (2)(b) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Medicine labeled, stored and logged properly 515 D. (2)(b) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Children's faces/hands are clean 114-515 B. (1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Physical Site 114-517			
Lighting and ventilation sufficient 114-517 A. (2)(a), (4)(c) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Garbage & refuse stored properly, plastic lined receptacles 114-517 A. (8)(d-f) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Carpet, ceiling, floors, rugs, properly secured 114-517 A. (5)(d) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
House adequately heated or cooled 68-80 degrees 114-517 A. (7)(a) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Smoking/consumption of alcoholic in areas used by children 114-515 A. (2) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Soap and towels in restrooms 114-517 A. (12)(g) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Sink area has hot and cold water 114-517 A. (12)(d) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Furniture toys, equipment safe, in good condition 114-517 C. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	No strangulation, choking, or suffocation hazards 114-517 A. (5)(h)(i-iii) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Electrical outlets are securely covered 114-517 A. (11)(c) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Grounds free of litter, debris, leaves and hazards 114-517 B. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Facility free from pest problems (insects, rodents, etc.) 114-517 A. (8)(b) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Cribs meet federal standards (reviewed certificate) 114-517 D. (1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Unsafe areas fenced/safety barriers 4 ft. high 114-517 B. (3) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Cots, beds, mats, and cribs labeled for each child 114-517 D. (2) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pack and plays not used for sleeping 114-517 D. (1-2) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Outdoor equipment, safe and firmly anchored 114-517 C. (6-7) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Cushioning material extend at least 6 ft. 114-517 C. (9) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Program: Is there a written, planned, daily program of activities that is developmentally and age appropriate 114-516 A. (1-3) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Meal Requirements 114-518			
Food stored and handled properly 114-518 D. (1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk. 114-518 A. (3) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Refrigerators have thermometers, temp. under 45 F 114-518 D. (2-3) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Clean, wholesome, unspoiled properly labeled food 114-518 A. (4) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Meals and snacks in compliance with USDA 114-518 A. (1)(b) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Infant Care 114-519			
Infants are placed on their backs to sleep, unless doctor's note is provided. 114-519 A. (5)(a) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Breast milk is not heated by microwave. If microwave is used for formula or beverages, parents are notified in writing. 114-519 A. (3)(d) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Bottles are not propped or given in cribs or on mats. 114-519 A. (3)(c) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Food for infants cut in pieces 1 quarter inch or less. 114-519 A. (3)(j) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Food for toddlers cut in pieces of 1 half inch or less. 114-519 A. (3)(k) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Transportation 114-515			
Does the GCCH transport children? 114-515 I. (1) * No 15 passenger van <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Driver's valid driver's license was reviewed 114-515 I. (1)(d) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Written consent from parents prior to transporting 114-515 I. (1)(f) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Name of Driver: _____		Type of Vehicle: _____	