

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

Operator Name: SHEILA TOWNSEND  
Permit #: 9427

Date of Inspection: 4-27-22 Time of Inspection: 10:36 AM

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

Reason for Follow up:  pending deficiencies  self-report

Address: 1850 Country Court Dillon, SC 29536

Hours of Operation: M-F 7:00a-5:30p

Telephone #: 843-841-1460

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 type="checkbox"/>	<input type="checkbox"/>
Living room (no excessive clutter, etc.)	✓	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms (no children unsupervised, guns or drugs, etc)	✓	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Arrangements (no Pack-N-Plays)	✓	<input type="checkbox"/>	<input type="checkbox"/>
Cribs meet CPSC requirements	✓	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms (no visible mold, etc.)	✓	<input type="checkbox"/>	<input type="checkbox"/>
Garage/Shed (secured if harmful items inside)	✓	<input type="checkbox"/>	<input type="checkbox"/>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	✓	<input type="checkbox"/>	<input type="checkbox"/>
Multiple floor levels?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
No suffocation /Poisonous hazardous materials around the house	✓	<input type="checkbox"/>	<input type="checkbox"/>
No major structural damages (Holes in floors or walls, etc.)	✓	<input type="checkbox"/>	<input type="checkbox"/>
Pets/Animals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Up to date vaccination records?	✓	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors/Fire Extinguishers? If not, TA provided <input type="checkbox"/> Yes <input type="checkbox"/> No	✓	<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 type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness Plan?	✓	<input type="checkbox"/>	<input type="checkbox"/>
Is medication administered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the medication expired?	✓	<input type="checkbox"/>	<input type="checkbox"/>
Permission forms from parents signed and dated?	✓	<input type="checkbox"/>	<input type="checkbox"/>
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	✓
STAFFING & SUPERVISION			
	C	N	
Staff observed were qualified?	✓	<input type="checkbox"/>	
Training hours up-to-date? 63-13-825	✓	<input type="checkbox"/>	
Is provider over capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number of children observed:	4		
<b>C = Compliant with Regulation - N = Noncompliant with Regulation</b> No violations noted at the time of visit <input checked="" type="checkbox"/>			

**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: Sheila Townsend Date: 4-27-22  Refused to sign  
Signature of Child Care Licensing Specialist: Belva F. Britt Date: 4-27-22