

South Carolina Department of Social Services  
 ABC Quality Rating and Improvement System  
**HEALTH & SAFETY INSPECTION VISIT FOR LICENSED-EXEMPT CENTERS**

Facility CC#: \_\_\_\_\_ Quality Assessor: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

Facility Address (Street, City, Zip Code): \_\_\_\_\_

Type of Inspection (Annual, Complaint/Follow-up): \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facility Director/Contact: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Days of Week Open: \_\_\_\_\_ Maximum # of children enrolled: \_\_\_\_\_ # of children observed: \_\_\_\_\_

<b>ABC Quality License-Exempt</b>			
<b>C=Compliant with requirement, N=Noncompliant with requirement, N/A non-applicable</b>			
<b>Staff</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
<b>Training hours current:</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
Directors-20 hours annually (1 bloodborne & 2 health & safety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers-15 hours annually (1 bloodborne & 2 health & safety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>History of Compliance</b>			
<b>Ratio: (teacher: child)</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
(5 years, 1:20), (6-12 years, 1:23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supervision:</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
2 staff on premises at all times (1 staff the director)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children supervised at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transportation of children:</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
Appropriate constraint of children during transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valid driver's license reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Environmental Hazards Indoor Space:</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
Facility free of hazards and litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility temperature 68-80 degrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility free of insect, rodents & other vermin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap & paper towels at each sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All cleaning supplies/poisonous chemicals stored away from food & inaccessible to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment are clean, good repair & meet Consumer Safety Product Council (CPSC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals are healthy, do not cause threat, are clean, properly housed, fed & cared for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usable fire extinguishers & smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Environmental Hazards Outdoor Space:</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
Playground area and playground equipment maintained and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cushioning material in fall zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children restricted from unsafe areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming on/off premises follows safety precautions (supervision, ratio, fencing, & certified lifeguards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Meal Requirements:</b>	<b>C</b>	<b>N</b>	<b>N/A</b>
USDA Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly stored, labeled & dated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators with thermometers, temperature 45 degrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair restraints worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean food prep and service areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitized food prep and service areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Serious injury and/or death of child</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Incident occurred during previous program year (Oct 1 - Sept. 30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Director/Operator/Designee: \_\_\_\_\_ Date: \_\_\_\_\_