

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

Date of Inspection: _____
Time of Inspection: _____

Type of Inspection: Annual Complaint

Follow Up (Original Inspection
Date: ____/____/____)

Reason for Follow up:

Pending Deficiencies
 Self-Reported Incident

Operator Name: _____
Permit #: _____

Address: _____ Hours of Operation: _____
Telephone #: _____ Any changes in contact info (Phone/Email/Fax)? Yes No

Change in location? Yes No If yes, Address: _____
Maximum number of children: _____ Number of infants: _____ Is the GCCH over- capacity? Yes No If yes, Number of children over _____
Additional staff is required when attendance reaches 9 Children or when 4 or more children are younger 2 yrs. Old.
Items posted in public view: License Menu **Does facility transport children? 114-515.1** Yes No N/A
ABC Quality Yes No **Overnight Care?** Yes No

	C	N	N/A		C	N	N/A
Staff files are in compliance H(1-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate supervision throughout facility A(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training hours up-to-date K(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate number staff in home or outside during play A(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least 1 person with CPR & 1 st Aid on the premises K(5)(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH, SANITATION & SAFETY 114-515							
	C	N	N/A		C	N	N/A
Children's faces/hands are clean B(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper diaper changing practices were observed F(1-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine and harmful items labeled and stored properly D(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper handwashing practices were observed G(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid kit in facility and in vehicle if transport E(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoking permitted only in designated area A(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Emergency Preparedness Plan H(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Medical Plan C(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL SITE 114-517							
BUILDING	C	N	N/A	OUTDOOR PLAY AREA	C	N	N/A
Ventilation and lighting sufficient A(2), A(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fencing/safety barriers 4ft. in height, in good repair B(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling, floors, windows, doors free from hazards A(5)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor space free from hazards and litter B(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No strangulation/choking/suffocation hazards A(5)(h)(i-iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stationary equipment safe & firmly anchored C(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building(s) temp between 68-80°F A(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate cushioning material; at least 6ft fall zone C(9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are labeled and stored in locked area out of children's reach. Bio-contaminants are disposed of properly. A(5) (c) (e), A(8); E(1),(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash kept properly in plastic lined receptacles A(8) (d-i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cribs meet federal standards (reviewed certificate) D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets are securely covered A(11)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cots, mats, cribs labeled or charted for each child D(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink area has hot & cold water A(12)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pack & plays not used for sleeping D(1-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap and disposable towels available at sink A(12)(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROGRAM 114-506	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment are clean and in good repair C(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written, planned, daily program of activities that is developmentally & age appropriate observed A(1-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furniture, toys & equipment meets the CPSC standards C(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Positive, non-abusive discipline practice B(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy animals, not permitted if allergic E(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Facility free from pest problems (Insects, rodents) A(8)(b-c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water Hazards E (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other environmental allergies (Policy #17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
MEAL REQUIREMENTS 114-518							
	C	N	N/A		C	N	N/A
Meals & snacks in compliance with USDA A(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Round, firm foods are not offered to children under 4 yrs. old, unless properly cut to prevent choking risk A(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, wholesome, unspoiled, properly labeled food A(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerators have thermometers, temp under 45°F D(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparers & staff outer clothing must be clean B(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All cleaning & poisonous items stored away from food D(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food stored & handled properly D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe pick up and drop off I(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention and response to food allergies A(6-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
INFANT CARE 114-519				TRANSPORTATION 114-515 I			
	C	N	N/A		C	N	N/A
Breast milk is not heated in the microwave. If microwave is used to heat formula/beverages, parents are notified in writing A(3)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Precautions in transporting children I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cups and bottles labeled with child's name & used only by that child A(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazards for vehicular traffic I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bottles propped or given in cribs or on mats A(3)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver's (valid) driver's license reviewed (1)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food for infants cut in pieces ¼ inch or less A(3)(j)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food for toddlers cut in pieces ½ inch or less A(3)(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-Compliant with Regulation N-Noncompliant with Regulation			
Infants are placed on their backs to sleep, unless Doctor's note is provided. A(5)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violations noted at the time of visit <input type="checkbox"/> Yes <input type="checkbox"/> No Any violations corrected onsite <input type="checkbox"/> Yes <input type="checkbox"/> No DSS Form 2910 needed <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature of Director/Operator/Designee: _____ Date: _____ Refused to sign

Signature of Child Care Licensing Specialist: _____ Date: _____