

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

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.I ☐ Yes ☐ No ☐ N/A  
**ABC Quality** ☐ Yes ☐ No **Overnight Care?** ☐ Yes ☐ No

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

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

Signature of Director/Operator/Designee: \_\_\_\_\_ Date: \_\_\_\_\_ ☐ Refused to sign

Signature of Child Care Licensing Specialist: \_\_\_\_\_ Date: \_\_\_\_\_ **Revised February 2025**