

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

|  |
|--|
| Date of Inspection: _____  |
| Time of Inspection: _____  |
| Type of Inspection: <input type="checkbox"/> Annual <input type="checkbox"/> Complaint |
| <input type="checkbox"/> Follow Up (Original Inspection)                               |
| Date: ____/____/____)  |
| <b>Reason for Follow up:</b>   |
| <input type="checkbox"/> Pending Deficiencies  |
| <input type="checkbox"/> Self-Reported Incident  |

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  
ABC Quality  Yes  No

Does facility transport children? 114-515.I  Yes  No  N/A  
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 <sup>st</sup> 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"/> |
| <b>HEALTH, SANITATION &amp; SAFETY 114-515</b>  |                          |                          |                          |  |                          |                          |                          |
|   | 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"/> |
| <b>PHYSICAL SITE 114-517</b>  |                          |                          |                          |  |                          |                          |                          |
| <b>BUILDING</b>   | C                        | N                        | N/A                      | <b>OUTDOOR PLAY AREA</b>   | 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"/> |  | C                        | N                        | N/A                      |
| 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"/> |  | C                        | N                        | N/A                      |
| 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"/> |  |                          |                          |                          |
| Healthy animals, not permitted if allergic E(4)   | <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"/> |
| 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"/> |  |                          |                          |                          |
| <b>MEAL REQUIREMENTS 114-518</b>  |                          |                          |                          |  |                          |                          |                          |
|   | 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"/> |  |                          |                          |                          |
| <b>INFANT CARE 114-519</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 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 1/4 inch or less A(3)(j)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |                          |
| Food for toddlers cut in pieces 1/2 inch or less A(3)(k)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C-Compliant with Regulation<br>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<br>Any violations corrected onsite <input type="checkbox"/> Yes <input type="checkbox"/> No DSS Form 2910 needed <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                          |                          |
| <b>TRANSPORTATION 114-515 I</b>   |                          |                          |                          |  |                          |                          |                          |

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

Date: \_\_\_\_\_  Refused to sign

Signature of Child Care Licensing Specialist: \_\_\_\_\_

Date: \_\_\_\_\_ Revised February 2025