

**South Carolina Department of Social Services
Office of Child Care Licensing and Regulatory Services**

SUPERVISORY VISIT FORM FOR REGISTERED CHURCH CHILD CARE CENTERS

Date of Visit: _____ Time of Visit: _____ Type of Visit: Supervisory Corrective Action Plan Complaint

ARL No.: _____ Hours of Operation: _____ Overnight Care? Yes No Facility Name: _____

Maximum Number of Children: _____ Center Director/Designee: _____

Number of Infants: _____ Change in Ownership or Director? Yes No

Items To Be Displayed: License Menu Ratio Chart

Address: _____ Has the address changed? Yes No

Telephone No.: _____ Same? Yes No

114-523 H. Staffing

Name	Date Hired	Education	Training	Experience	SLED	Consent to Release	Non-Conviction

Is a staff member on the premises during all hours of operation that has current Infant/Child CPR and First-Aid certification? Yes No
114-523 H. (5) (f)

Name	Working Hours	First Aid	CPR	Certification Dates

114-524 Supervision

Child's Age	Child	Staff	Caregiver	Child	Staff	Caregiver
Birth - One Year						
One - Two Years						
Two - Three Years						
Three - Four Years						
Four - Five Years						
Five - Six Years						
Six - Twelve Years						

Is the center over-enrolled? Yes No If yes, number of children over-enrolled: _____

Please Check All That Apply:

114-525 Health, Sanitation and Safety

- | | |
|--|---|
| <input type="checkbox"/> Medicine and harmful items stored properly 114-525-D (2) (b)
<input type="checkbox"/> First Aid supplies in facility 114-525 E (1) | <input type="checkbox"/> Did you observe proper diaper changing practices? 114-525 F. (1) |
|--|---|

114-527 Physical Site

- | | |
|---|--|
| <input type="checkbox"/> Lighting and ventilation sufficient 114-527 A. (4) (c) and (2) (a)
<input type="checkbox"/> Carpet, ceiling, floor, rugs, properly secured 114-527 A. 5 (d)
<input type="checkbox"/> Does at least one sink have hot and cold water 114-527 A. (12) (d)
<input type="checkbox"/> Did you observe soap and towels in restrooms 114-527 A. (12) (i)
<input type="checkbox"/> Cots, beds, mats, cribs, for each child 114-527 D. (2)
<input type="checkbox"/> Building(s) adequately heated or cooled 114-527 A. (7) (a)
<input type="checkbox"/> Playground equipment safe and in good condition 114-527 C. (6-7)
<input type="checkbox"/> Did you observe any items that may cause strangulation, choking or suffocation? 114-527 A. (5) (g) (i-iii) | <input type="checkbox"/> Adequate cushioning materials; at least 6 ft. fall zone 114-527. C. (8)
<input type="checkbox"/> Fencing, safety barriers proper height, in good repair 114-527 A. (5) (a)
<input type="checkbox"/> Grounds free of hazards and other litter 114-527 B. (2)
<input type="checkbox"/> Garbage and refuse stored properly in hands-free, plastic lined receptacle 114-527 A. (8) (d-f)
<input type="checkbox"/> Pest control for insects and rodents 114-527 E. (1) (e) |
|---|--|

114-528 Meal Requirements

- | | |
|---|--|
| <input type="checkbox"/> Food stored and handled properly 114-528 D. (1)
<input type="checkbox"/> Refrigerators have thermometers 114-528 D. (3) | <input type="checkbox"/> Round firm food served 114-528 A. (3)
<input type="radio"/> Served to children under 4 years |
|---|--|

114-529 Infant Care

- Did you observe infants being placed on their backs? 114-529 A. (3) (a)
 Is the microwave used to heat formula? 114-529 A. (1) (d)
 Did you observe bottles being propped? 114-529 A. (1) (c)

Does the facility have a history of non-compliance with training? Yes No **If yes, check training hours.**

Are there deficiencies? Yes No If yes, please attach DSS 2942 and if any pending determination indicate below.

Comments: _____

Signature of Director/Operator/Designee: _____ Date: _____

Signature of Senior Child Care Specialist: _____ Date: _____

** Indicates determination is pending*