

**South Carolina Department of Social Services
Office of Child Care Licensing and Regulatory Services
SUPERVISORY VISIT FORM FOR LICENSED 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

114-503 Staffing											
Name	Date Hired	Education	Orientation	Experience	SLED	Medical Form	TB	Health Assessment	Consent to Release	Policies	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
114-503 K. (5) (g)

Name	Working Hours	First Aid	CPR	Certification Dates

114-504 Supervision						
Child's Age	Child	Staff	Caregiver/Teacher	Child	Staff	Caregiver/Teacher
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 the Following:

114-505 Health, Sanitation and Safety	
<input type="checkbox"/> Medicine and harmful items stored properly 114-505-D (2) (b)	<input type="checkbox"/> Did you observe proper diaper changing practices? 114-505 F. (3)
<input type="checkbox"/> First Aid supplies in facility 114-505 D (E) (1)	<input type="checkbox"/> Infants in designated rooms 114-505 H. 1

114-507 Physical Site	
<input type="checkbox"/> Lighting and ventilation sufficient 114-507 A. (2) (a.) – A. (4) (c)	<input type="checkbox"/> Adequate cushioning materials; at least 6 ft. fall zone 114-507. C. (9)
<input type="checkbox"/> Carpet, ceiling, floor, rugs, properly secured 114-507 A. 5 (d)	<input type="checkbox"/> Fencing, safety barriers proper height, in good repair 114-507 B.
<input type="checkbox"/> Does sink area have hot and cold water 114-507 A. (12) (d)	<input type="checkbox"/> Grounds free of glass, paper and other litter 114-507 (b)
<input type="checkbox"/> Did you observe soap and towel in restrooms 114-507 A. (12) (i)	<input type="checkbox"/> Garbage and refuse stored properly in hands-free, plastic lined receptacle 114-507 A. (8)
<input type="checkbox"/> Cots, beds, mats, cribs labeled for each child 114-507 D. (2)	<input type="checkbox"/> Pest control for insects and rodents 114-507 A. (8)
<input type="checkbox"/> Building(s) adequately heated or cooled 114-507 A. (7)	
<input type="checkbox"/> Playground equipment safe and in good condition 114-507 C.	
<input type="checkbox"/> Did you observe any items that may cause strangulation, choking or suffocation? 114-507 A. (5) (g) (i-iii)	

114-508 Meal Requirements	
<input type="checkbox"/> Food stored and handled properly 114-508 D. (1)	<input type="checkbox"/> Staff shall have proper hair restraint 114-508 B. (5)
<input type="checkbox"/> Refrigerators have thermometers 114-508 D. (3)	<input type="checkbox"/> Round firm food served 114-508 A. (3) <input type="radio"/> Served to children under 4 years

114-509 Infant Care	
<input type="checkbox"/> Did you observe infants being placed on their backs? 114-509 A. (5) (a)	
<input type="checkbox"/> Is the microwave used to heat formula? 114-509 A. (3) (d)	
<input type="checkbox"/> Did you observe bottles being propped? 114-509 A. (2) (c)	

Does the center transport children? Yes No 114-505 I. (1)
 First Aid supplies in vehicle used to transport children 114-505 I. (1) (g)
 Is there a plan to check children on/off the vehicle 114-505 I. (d)

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 note any violation(s) observed not itemized above.

Comments: _____

Signature of Director/Operator/Designee: _____ Date: _____
 Signature of Senior Child Care Specialist: _____ Date: _____

* Indicates determination is pending