

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

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

114-513 K. 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
114-513 K. (5) (g)

Name	Working Hours	First Aid	CPR	Certification Dates

114-514 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 the Following:

114-505 Health, Sanitation and Safety

- Medicine and harmful items stored properly 114-515-D (2) (b) Did you observe proper diaper changing practices? 114-515 F. (1)
 First Aid supplies in facility 114-515 E (1)

114-507 Physical Site

- Lighting and ventilation sufficient 114-517 A. (4) (c) Adequate cushioning materials; at least 6 ft. fall zone 114-517. C. (9)
 Carpet, ceiling, floor, rugs, properly secured 114-517 A. 5 (d) Fencing, safety barriers proper height, in good repair 114-517 A. 5. (a)
 Does at least one sink have hot and cold water 114-507 A. (12) (d) Grounds free of hazards and other litter 114-517 B. (1)
 Did you observe soap and towels in restrooms 114-517 A. (12) (g) Garbage and refuse stored properly in hands-free, plastic lined receptacle 114-517 A. (8) (d-f)
 Cots, beds, mats, cribs, labeled for each child 114-517 D. (2) Pest control for insects and rodents 114-517 E. (1) (e)
 Building(s) adequately heated or cooled 114-507 A. (7) (a)
 Playground equipment safe and in good condition 114-517 C. (6-7)
 Did you observe any items that may cause strangulation, choking or suffocation? 114-517 A. (5) (h) (i-iii)

114-508 Meal Requirements

- Food stored and handled properly 114-518 D. (1) Round firm food served 114-518 A. (3)
 Refrigerators have thermometers 114-518 D. (3) Served to children under 4 years

114-509 Infant Care

- Did you observe infants being placed on their backs? 114-519 A. (5) (a)
 Is the microwave used to heat formula? 114-519 A. (3) (d)
 Did you observe bottles being propped? 114-519 A. (3) (c)

114-515 Transportation

- Does the GCCH transport children? Yes No 114-515 I. (1)
 Is there a plan to supervise children when boarding/exiting vehicle 114-515 I. (2) (b)

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

Are there any 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