

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

Operator Name: Tabatha McFadden
Permit #: 25514

Date of Inspection: 4/26/23 Time of Inspection: 1:20pm
Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date _____)
Reason for Follow up: clear up pending deficiency Self-Report

Address: 6407 Johnson Road, GEORGETOWN, SC 29440

Telephone #: 843-240-9058

Change in address? Yes No

Total Capacity: 5

Verify the following: Verified Liability Insurance 63-13-210 Yes No N/A

Any changes in contact info (Phone/Email/Fax)? Yes No

Items to be posted: License 114-528 D(2) Menu III D(1)(c)

Hours of Operation: Single Shift

Overnight Care? Yes No

5 Children Capacity

If no, verify signed statements from parents. Yes No N/A

HEALTH, SANITATION & SAFETY - SUGGESTED STANDARDS			
	C	N	N/A
Did you observe proper diaper changing practices III A(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid supplies in home III A (5-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any pets/animals? IV B(1)(g) Type of animal _____ (Dog, cat, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Lighting & ventilation sufficient IV B(1)(f)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet, ceiling, floors, & rugs are clean & secure IV B(1)(d)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap & single service towels in restrooms IV B(3)(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink area has hot & cold water IV B(2)(a-b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strangulation, choking, or suffocation hazards IV A(3)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home free from pest problems (insects, rodents) IV B(1)(c)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage & refuse stored in a durable container IV B(4)(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any serious injuries requiring medical attention?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PROGRAM - SUGGESTED STANDARDS			
Daily schedule developmentally appropriate activities for children III C(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency or disaster plan I A(1)(D)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEAL REQUIREMENTS - SUGGESTED STANDARDS			
Food stored & handled properly IV B (6)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerators have thermometers, temp 45°F or below IV B(6)(a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAFFING - SUPERVISION - SUGGESTED STANDARDS			
Staff observed were qualified? 63-13-830 (C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Proper supervision observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Training hours up-to-date? 63-13-825	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is provider over capacity? 114-528D(3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Number of children observed: <u>3</u>			
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit <input checked="" type="checkbox"/>			

Suggested Standards are mandated requirements for Family Child Care Home operators who elect to be licensed

Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being near and having ready access to children in order to intervene when needed.

Signature of Operator/Emergency Person: Tabatha McFadden Date: 4/26/23 Refused to sign

Signature of Child Care Licensing Specialist: Jim Stuber Date: 4/26/23