

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

Operator Name: Raven Bostick
Permit #: 25476

Date of Inspection: 7/31/24 Time of Inspection: 2:03

Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date _____)

Reason for Follow up: clear up pending deficiency Self-Report

Address: 4820 Hearthside Dr., SUMMERVILLE, SC 29485

Telephone #: 843-327-9756

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

Hours of Operation: Single Shift

Overnight Care? Yes No

Change in address? Yes No

Zoning restrictions Yes No

Total Capacity: 6

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

Verify the following: Verified Liability Insurance 63-13-210 Yes No If no, verify signed statements from parents. Yes No N/A

HEALTH, SANITATION & SAFETY - SUGGESTED STANDARDS

	C	N	N/A		C	N	N/A
Did you observe proper diaper changing practices III A(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medicine labeled & stored properly III A(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
First aid supplies in home III A (5-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Children's faces/hands clean III A(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any pets/animals? IV B(1)(g) Type of animal _____ (Dog, cat, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Have pets/animals been vaccinated? IV B(1)(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lighting & ventilation sufficient IV B(1)(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor toys & equipment in safe, good condition IV A(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carpet, ceiling, floors, & rugs are clean & secure IV B(1)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unsafe areas fenced/safety barriers in place IV A(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Soap & single service towels in restrooms IV B(3)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grounds free of glass, paper & other litter IV B(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sink area has hot & cold water IV B(2)(a-b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Infants are placed on their backs (Unless Doctor note is provided) 63-13-830 (e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Strangulation, choking, or suffocation hazards IV A(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pack & Plays used for sleeping IV B(5)(a)(1-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Home free from pest problems(insects, rodents) IV B(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cots, beds, mats, & cribs available for each child IV B(5)(a)(1-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Garbage & refuse stored in a durable container IV B(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cribs meet federal standards (reviewed cert.) IV A(3)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any serious injuries requiring medical attention?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		Any fatalities?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

PROGRAM - SUGGESTED STANDARDS

	C	N	N/A		C	N	N/A
Daily schedule-developmentally appropriate activities for children III C(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency or disaster plan I A(1)(j)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

MEAL REQUIREMENTS - SUGGESTED STANDARDS

	C	N	N/A		C	N	N/A
Food stored & handled properly IV B (6)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Meals & snacks in compliance III D(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Refrigerators have thermometers, temp 45°F or below IV B(6)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

STAFFING / SUPERVISION - SUGGESTED STANDARDS

	C	N			C	N
Staff observed were qualified? 63-13-830 (C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Is provider over capacity? 114-528D(3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proper supervision observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Number of children observed: <u>10</u>		
Training hours up-to-date? 63-13-825	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit

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: Raven Bostick Date: 7/31/24 Refused to sign
Signature of Child Care Licensing Specialist: [Signature] Date: 7/31/24