

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

Operator Name: Twana Durant  
Permit #: 25294

Date of Inspection: 11/16/24 Time of Inspection: 3:25  
Type of Inspection: ☐ Annual ☒ Complaint ☐ Renewal ☐ Follow Up (original inspection date \_\_\_\_\_)  
Reason for Follow up: ☐ clear up pending deficiency ☐ Self-Report

Address: 607 McKeithan Road, FLORENCE, SC 29501  
Telephone #: 843-407-7166  
Change in address? ☐ Yes ☒ No  
Total Capacity: 6  
Verify the following: Verified Liability Insurance 63-13-210 ☐ Yes ☒ No If no, verify signed statements from parents. ☐ Yes ☐ No ☐ N/A  
Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No  
Zoning restrictions ☐ Yes ☒ No  
Items to be posted: ☒ License 114-528 D(2) ☐ Menu III D(1)(c)  
Hours of Operation: \_\_\_\_\_  
Overnight Care? ☐ Yes ☒ No

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children's faces/hands clean III A(2)(b)	<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		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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)(i)	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Proper supervision observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Number of children observed: <u>4</u>			
Training hours up-to-date? 63-13-825	<input type="checkbox"/>	<input checked="" 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: Twana Durant Date: 11/16/24 ☐ Refused to sign

Signature of Child Care Licensing Specialist: [Signature] Date: 11/16/24