

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

Operator Name: Vanessa Montgomery
Permit #: 8094

Date of Inspection: 7-21-25 Time of Inspection: 4:17 pm
Type of Inspection: ☒ Annual ☐ Complaint ☒ Renewal ☐ Follow Up (original inspection date _____)

Address: 208 Leah's Loop Road GREELEYVILLE, SC 29056

Reason for Follow up: ☐ pending deficiencies ☐ self-report
Hours of Operation: M- 4:00PM- 9:00PM T- 4:00PM- 9:00PM W- 4:00PM- 9:00PM Th- 4:00PM- 9:00PM F- 4:00PM- 9:00PM

Telephone #: 843-382-4290
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

Any changes in contact info (Phone/Email/Fax)? ☒ Yes ☐ No Overnight Care? ☐ Yes ☒ No
Zoning restrictions ☐ Yes ☒ No
Items to be posted: ☒ Registration

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living room (no excessive clutter, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms (no children unsupervised, guns or drugs, etc)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Arrangements (no Pack-N-Plays)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cribs meet CPSC requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms (no visible mold, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage/Shed (secured if harmful items inside)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple floor levels?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
No suffocation /Poisonous hazardous materials around the house	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No major structural damages (Holes in floors or walls, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pets/Animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Up to date vaccination records?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Smoke Detectors/Fire Extinguishers? If not, TA provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<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		
DOCUMENTATION			
	C	N	N/A
DSS 2909 completed for all enrolled children?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is medication administered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is the medication expired?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Permission forms from parents signed and dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STAFFING & SUPERVISION			
	C	N	
Staff observed were qualified?	<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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number of children observed:	4		

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit ☐

Signature of Operator/Emergency Person: Vanessa Montgomery Date: 7-21-25 ☐ Refused to sign

Signature of Child Care Licensing Specialist: Benell Jones Date: 7-21-25

Division of Early Care and Education**Deficiency Correction**NAME OF PROVIDER/OPERATOR Vanessa Montgomery FCCHPERMIT # 8094

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Three persons need signed Discipline and Behavior policy.	Persons will sign discipline and behavior policy.	8/21/25
Three children need General records.	Obtain required documentation records.	8/21/25
Three children need Consumer Parent statement.	Obtain required documentation records.	8/21/25
Three persons need Medical Statement and TB result on file.	Operator will make sure staff files are compliant with regulations.	8/21/25
Two persons need a Health Assessment.	Operator will make sure staff files are compliant with regulations	8/21/25
Three children need statements facility does not carry liability insurance.	Operator will make sure children files are compliant with regulations.	8/21/25

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist Renell Jones Date 7/21/25

Division of Early Care and Education**Deficiency Correction**

NAME OF PROVIDER/OPERATOR Vanessa Montgomery FCCH
PERMIT # 8094

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
One child needs an immunization card on file.	Operator will make sure children files are compliant with regulations.	8/21/25

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist Renell Jones Date 7/21/25