South Carolina Department of Social Services
Office of Child Care Licensing

INSPECTION VISIT FORM FOR LICENSED FAMILY CHILD CARE HOMES

)perator Name: Crystal Langford — Date of Inspection: 7/21/26 — Time of Inspection: 1:45pm-2:35pm
'ermit #: 26220 — **Type of Inspection:** ☑ **Annual** ☐ **Complaint** ☐ **Renewal** ☐ **Follow Up (original inspection date_____)**
Reason for Follow up: ☐ **clear up pending deficiency** ☐ **Self-Report**

.ddress: 325 Copeland Circle, NORTH AUGUSTA, SC 29860 — **Hours of Operation:** Monday-Friday 6:00am-6:00pm
elephone #: 803-341-5413 — Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No — Overnight Care? ☐ Yes ☑ No
hange in address? ☐ Yes ☑ No — Zoning restrictions ☐ Yes ☑ No _____
otal Capacity: 5 — Items to be posted: ☑ License **114-528 D(2)** ☐ Menu **III D(1)(c)**
'erify 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)**	☐	☐	☑	Medicine labeled & stored properly **III A(4)**	☐	☐	☑
First aid supplies in home **III A (5-6)**	☑	☐	☐	Children's faces/hands clean **III A(2)(b)**	☐	☐	☑
Any pets/animals? **IV B(1)(g)** Type of animal _____ (Dog, cat, etc.)	☐ Yes ☑ No			Have pets/animals been vaccinated? **IV B(1)(g)**	☐	☐	☑
Lighting & ventilation sufficient **IV B(1)(f)**	☑	☐	☐	Outdoor toys & equipment in safe, good condition **IV A(3)(b)**	☑	☐	☐
Carpet, ceiling, floors, & rugs are clean & secure **IV B(1)(d)**	☑	☐	☐	Unsafe areas fenced/safety barriers in place **IV A(2)(a)**	☑	☐	☐
Soap & single service towels in restrooms **IV B(3)(c)**	☑	☐	☐	Grounds free of glass, paper & other litter **IV B(1)(b)**	☑	☐	☐
Sink area has hot & cold water **IV B(2)(a-b)**	☑	☐	☐	Infants are placed on their backs (Unless Doctor note is provided) **63-13-830 (e)(1)**	☐	☐	☑
strangulation, choking, or suffocation hazards **IV A(3)(a)**	☑	☐	☐	Pack & Plays used for sleeping **IV B(5)(a)(1-2)**	☐	☐	☑
Home free from pest problems(insects, rodents) **IV B(1)(c)**	☑	☐	☐	Cots, beds, mats, & cribs available for each child **IV B(5)(a)(1-2)**	☑	☐	☐
Garbage & refuse stored in a durable container **IV B(4)(b)**	☑	☐	☐	Cribs meet federal standards (reviewed cert.) **IV A(3)(c)**	☐	☐	☑
Any serious injuries requiring medical attention?	☐ Yes ☑ No			Any fatalities?	☐ Yes ☑ No		

PROGRAM - SUGGESTED STANDARDS	C	N	N/A		C	N	N/A
Daily schedule-developmentally appropriate activities for children **III C(1)**	☑	☐	☐	Emergency or disaster plan **I A(1)(j)**	☑	☐	☐

MEAL REQUIREMENTS - SUGGESTED STANDARDS	C	N	N/A		C	N	N/A
Food stored & handled properly **IV B (6)(a)**	☑	☐	☐	Meals & snacks in compliance **III D(1)**	☑	☐	☐
Refrigerators have thermometers, temp 45°F or below **IV B(6)(a)**	☑	☐	☐				

STAFFING / SUPERVISION - SUGGESTED STANDARDS	C	N			C	N	
Staff observed were qualified? **63-13-830 (C)**	☑	☐		Is provider over capacity? **114-528D(3)**	☑	☐	
Proper supervision observed?	☑	☐		Number of children observed: 3			
Training hours up-to-date? **63-13-825**	☑	☐					

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: Crystal Langford — Date: 7/21/26 ☐ Refused to sign

Signature of Child Care Licensing Specialist: Tiranda Hall — Date: 7/21/26