## South Carolina Department of Social Services Office of Child Care Licensing and Regulatory Services SUPERVISORY VISIT FORM FOR REGISTERED CHURCH CHILD CARE CENTERS

Date of visit:		Tiı	me of Visit:	:: Type of Visit:								
ARL No.: Hours of Operation:				tion: Overnight Care? 🗆 Yes 🗆 No Facility Name:								
Maximum Number of	of Childre	n:		Center Director/Designee:								
Number of Infants: _				Change in Ownership or Director?								
Items To Be Display	ed: □ Li	icense [	□ Menu □ Ra	atio Chart								
Address:								las the	addres	s changed?	Yes □ No	
Telephone No.:				Same	? □ Yes	□No				•		
			Date	114-523	H. Staffing	J						
N	Name			Educati	on	Training	Expe	erience	SLED	Consent to Release	Non- Conviction	
Is a staff member or	the pro	missa dur	ing all bourg of	operation that h	oo ourront	Infant/Ch	aild CDD	and Fir	at Aid a	ortification?	 Yes □ No	
114-523 H. (5) (f)	i tile prei	iiiises uui	ing all nours or t	operation that i	as current	IIIIaiii/Ci	IIIU CFK	anu riis	si-Aiu (	erillication? u	res 🗆 No	
Name			Working Hours		First Aid		С	CPR		Certification Dates		
				114-524 \$	Supervisio	n						
Child's Age	Child	Staff		Caregiver	127-11313	Child	Staff			Caregiver		
Birth - One Year				-								
One - Two Years												
Two - Three Years												
Three - Four Years												
Four - Five Years Five - Six Years												
Six - Twelve Years												
Is the center over-e	nrolled?	☐ Yes	□ No If yes, n	number of childr	en over-er	rolled: _						
Please Check All T	hat Appl	ly:	·									
	mful itom	ac stored i		-525 Health, S	anitation a	ina Saret	:y					
☐ Medicine and har ☐ First Aid supplies							e proper	diaper (	changir	ng practices? 1	14-525 F. (1)	
	ilation su oor, rugs, sink hav soap and , cribs, fo lately hea ment safe any items	officient 1, properly the hot and towels in or each chated or coe and in gos that may	5 E (1)  14-527 A. (4) (c secured 114-5 cold water 114 restrooms 114 ild 114-527 D. oled 114-527 pood condition 1 cause strangul	114-527 P 2) and (2) (a) 27 A. 5 (d) 3-527 A. (12) (i) 4-527 A. (12) (i) (2) A. (7) (a) 14-527 C. (6-7) lation, choking	hysical Si  Adequal 114-5. Fencir 114-5. Groun Garba recep Pest of	te uate cush 27. C. (8) ng, safety 27 A. (5) ds free o ge and re tacle 114 control for	ioning m barriers (a) f hazards efuse sto	aterials; proper s and ot red prop 3) (d-f)	at leadheight, her litte	ng practices? 1 st 6 ft. fall zone in good repair er 114-527 B. ( hands-free, pla	(2) astic lined	
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Signature of Senior Child Care Specialist: \_\_ \* Indicates determination is pending

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