South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Quentella Roper	/	Date of Inspe	ection: 3 1	3/22	Time of Inspectio	n: <u>"</u>	Nam
ermit #: 23555	Type of Inspection: Annual	□ Complaint ○	□Renewal	□ Follow L	Jp (original İnspec	tion dat	te)
			Reaso	n for Follov	v up: □pending de	ficienci	es uself-report
ddress: 2767 Johnson Scott Ln JOHN	IS ISLAND, SC 29455		Hours	s of Operati	on: M-F7:00a-6:0	Ор	
elephone #: 843-559-9544	Any changes in contact info (Ph	one/Email/Fax	()? □ Yes	∆ No	Overnight Care?	□ Yes	No
hange in address? □ Yes ☑ No	Zoning restrictions - Yes - No _		<u></u>				
otal Capacity: 6	Items to be posted: Registration	1			/		
erify the following: Verified Liability Insu	rance 63-13-210 - Yes No If n	o, verify signed	d statements	from paren	ts. Yes 🗆 No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)					
	С	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			0		
Living room (no excessive clutter, etc.)			0		
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)					
Cribs meet CPSC requirements	Ø				
Bathrooms (no visible mold, etc.)	9				
Garage/Shed (secured if harmful items inside)	Ø,				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	4				
Multiple floor levels?	□ Yes 🗷 No				
No suffocation /Poisonous hazardous materials around the house					
No major structural damages (Holes in floors or walls, etc.)					
Pets/Animals? 🗹 Yes 🖂 No Up to date vaccination records? 🚶 ರತ್ತಿ					
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	2				
Any serious injuries requiring medical attention?	□ Yes 교 No				
Any fatalities?		□ Yes □ No			
DOCUMENTATION					
	C	N	N/A		
DSS 2909 completed for all enrolled children?			G.		
Emergency Preparedness Plan?					
Is medication administered? Yes No If yes, is the medication expired?					
Permission forms from parents signed and dated?					
Field Trips? If yes, signed parental permissions forms?					
STAFFING & SUPERVISION					
	C	N			
Staff observed were qualified?					
Training hours up-to-date? 63-13-825					
Is provider over capacity?			□ Yes ☑No		
Number of children observed:			Ч		
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit					

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.

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Signature of Operator/Emergency Person: Signature of Child Care Licensing Specialist:	V. 181	Date: 3/23/2022 □ Refused to sign
	Transition.	1 . / .
Signature of Child Care Licensing Specialist:	1/ 1/20/MAJOM	Date: 3 13 11
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