South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Teresa Childers	Type of Inspection:	Date of Inspection: 9/	11/22	Time of Inspection	Sindam
Permit #: 9146	Type of Inspection: Annual	□ Complaint □Renewal	Follow	Jp (original inspectio	n date
		Rease	on for Follov	w up: pending defic	iencies mself-renor
Address: 76 Leahs Loop GREELEYVIL	LE, SC 29056	Hou	rs of Operati	on: M-F5:00p-9:00p	ionolog Boch topol
Telephone #: 843-382-9247	Any changes in contact info (P	hone/Email/Fax)? - Yes	No No	Overnight Care?	Yes on New
Change in address? □ Yes ►No	Zoning restrictions Yes by No	, , , , ,			103 1940
Total Capacity: 6	Items to be posted: Registration	n			
Verify the following: Verified Liability Insu	rance 63-13-210 □ Yes ☑ No If	no, verify signed statement	ts from paren	its. Let es 🗆 No	

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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:

V PO Date. _

☐ Refused to sign

Signature of Child Care Licensing Specialist:

Date: