## South Carolina Department of Social Services Office of Child Care Licensing

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Brenda Rackley	A. A.	Date of Inspe	ection: 1/18	8/2023	Time of Inspection:	12.	DE PM
Permit #: 24689	Type of Inspection:   Annual	□ Complaint	Renewal	□ Follow I	Jp (original inspectie	on dat	9
Address: 101 Gwynn Road CHERAW,			Reaso	ollor rot ne	w up: □pending defi∢	⊏iencie	S pself-report
			HOUR	's of Cherati	ion: M-cc-noc-no	_	•
Telephone #: 843-537-2707	Any changes in contact info (P	bone/Email/Fax	ì? ⊓ Yes	brNo.	Overnight Care?	- Voo	4. 44
Change in address? ☐ Yes ▼No	Zoning restrictions   Yes		,	2.10	Overnight Gale:	1 168	DPTNO
Total Capacity: 6	Items to be posted: La Registration	nn .					
Verify the following: Verified Liability Insu	urance 63-13-210 - Yes 10-10 If	по, verify signed	statement	s from paren	nts MYOS (I No.		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)				
	С	N	N/	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			. 0	
Living room (no excessive clutter, etc.)	V			
Bedrooms (no children unsupervised, guns or drugs, etc)	Vo	1 -	1 7	
Sleep Arrangements (no Pack-N-Plays)	Va-	-	1 6	
Cribs meet CPSC requirements	V			
Bathrooms (no visible mold, etc.)	V	-	_	
Garage/Shed (secured if harmful items inside)	Va	<del> </del>		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	V			
Multiple floor levels?			<u> </u>	
No suffocation /Poisonous hazardous materials around the house		Yes 🗷	No	
No major structural damages (Holes in floors or walls, etc.)				
Pets/Animals?   Yes No Up to date vaccination records?		0		
Smoke Detectors/Fire Extinguishers? If not, TA provided	<del></del>		VP	
Any serious injuries requiring medical attention?	ver ver			
Any fatalities?		☐ Yes 1 No		
DOCUMENTATION	☐ Yes 12 No			
DOCOMENTATION .				
DSS 2909 completed for all enrolled children?	C	N	N/A	
Emergency Preparedness Plan?	Vo Vo			
	Va-			
s medication administered? ☐ Yes ☑ No If yes, is the medication expired?			UP-	
Permission forms from parents signed and dated?			4	
Field Trips? If yes, signed parental permissions forms?    Yes    No		0	Var	
STAFFING & SUPERVISION				
	C	N		
Staff observed were qualified?		_		
Fraining hours up-to-date? 63-13-825	Va	0		
s provider over capacity?				
Number of children observed:		Yes V	110	
		6		

<u>Supervision</u>: 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 C	perator/Emergency	Person:
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Date

7 Polysod to size

Signature of Child Care Licensing Specialist:

Date: IIBIQU