South Carolina Department of Social Services Office of Child Care Licensing INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| Operator Name: Willene Rogers | Date of Inspection: 11 00 22 Time of Inspection: 12:10 |
|---|---|
| | Type of inspection: Pannual Complaint Renewal Follow Up (original inspection date |
| Address: 7519 Parkview Drive COLUMB Telephone #: 803-413-3784 Change in address? Yes No | Posson for Calley your direction of the control of |
| Total Capacity: 5 | Items to be posted: Registration ance 63-13-210 Yes □ No If no, verify signed statements from parents. □ Yes No |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY) | | | | | |
|---|------|-------|-------------|--|--|
| When the state of | C | N | N/A | | |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) | | | 0 | | |
| Living room (no excessive clutter, etc.) | | | | | |
| Bedrooms (no children unsupervised, guns or drugs, etc) | | | | | |
| Sleep Arrangements (no Pack-N-Plays) | | | | | |
| Cribs meet CPSC requirements | | | | | |
| Bathrooms (no visible mold, etc.) | | | _ | | |
| Garage/Shed (secured if harmful items inside) | | | | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | | | | | |
| Multiple floor levels? | | | | | |
| No suffocation /Poisonous hazardous materials around the house | | | No | | |
| No major structural damages (Holes in floors or walls, etc.) | | 0 | | | |
| Pets/Animals? Yes 12 No Up to date vaccination records? | | | - | | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided | | | · · | | |
| Any serious injuries requiring medical attention? | | | | | |
| Any fatalities? | | | □ Yes ☑ No | | |
| DOCUMENTATION | | res 🖻 | 'NO | | |
| | С | N | | | |
| DSS 2909 completed for all enrolled children? | | | N/A | | |
| 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? ☐ Yes ☑ No | | | | | |
| STAFFING & SUPERVISION | | | B | | |
| | С | 4.5 | | | |
| Staff observed were qualified? | | N | | | |
| Training hours up-to-date? 63-13-825 | | | | | |
| Is provider over capacity? | | | | | |
| Number of children observed: | | | □ Yes 12-No | | |
| | -1-4 | | | | |
| A DESCRIPTION OF THE PROPERTY | | | | | |
| C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit 2 | | _ | | | |

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 William Rosus | Date 11 09/22 - Refused to sign |
|--|---------------------------------|
| | Date: 11/09/22 |