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

perator Name: Shannon Pressley Wh	nitten	Date of Inspection: _1	0120122	Time of Inspectio	n: 4/	47 DM	
ermit #: 21715	Type of Inspection: Annual	□ Complaint □Renew	al 🗀 Follow	Up (original inspec	tion dat	e)	
	·	Rea	son for Follo	w up: □pending de	eficiencie	es uself-repo	
.ddress: 231 Elliot Lane CROSS, SC 2	29436	Ho	urs of Operat	tion: M-F5:00p-12:	00a	•	
elephone #: 843-696-3821	Any changes in contact info (Pl	hone/Email/Fax)? 🗆 Yes	≠ No	Overnight Care?	□ Yes	pd No	
hange in address? □ Yes 🙇 No	Zoning restrictions - Yes No						
otal Capacity: 6	Items to be posted: ☐ Registratio						
erify the following: Verified Liability Insurance 63-13-210 a Yes 2 No. If no, verify signed statements from parents. 2 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.)					
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?			□ Yes 🗷 No		
No suffocation /Poisonous hazardous materials around the house					
No major structural damages (Holes in floors or walls, etc.)					
Pets/Animals? ☐ Yes Up to date vaccination records?			d		
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No					
Any serious injuries requiring medical attention?			□ Yes ₽No		
Any fatalities?			□ Yes -□1No		
DOCUMENTATION					
	С	N	N/A		
DSS 2909 completed for all enrolled children?			0		
Emergency Preparedness Plan?					
Is medication administered? ☐ Yes 🗹 No If yes, is the medication expired?			Ø		
Permission forms from parents signed and dated?			0		
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No					
STAFFING & SUPERVISION					
	С	N			
Staff observed were qualified?					
Training hours up-to-date? 63-13-825					
Is provider over capacity?			□ Yes 🗷 No		
Number of children observed:			6		
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit □		0/12-1			

<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 Operator/Emergency Person: Date: 10/20/21 Refused to signature of Child Care Licensing Specialist: Date: 10/20/22