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

Operator Name, Manie Oce Wille		Date of Inspe		- 10 みっ	Time of Inspection:	A \mathcal{M}
Permit #: 23400	Type of inspection: Annual	□ Complaint	≅ Renewal	୍ର Follow t	Jp (original inspecti≪	on date
			Reaso	on for Follow	w up: □pending defi∢	iencies pself-renor
Address: 2624 Whitestone Drive FLOR			Hour	's of Operati	ion: MTuWThFSa8:(*)	Ma-8-005
Telephone #: 843-407-1255	Any changes in contact info P	hone/Email/Fax	t)? ⊓ Yes	N No	Overnight Care?	Voe -/No
Change in address? □ Yes □√No	Zoning restrictions - Yes No		,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	B 110	Ovornight Gard:	1 169 1110
Total Canacity: 6	Itame to be neeted: - Denistration			T.	1	
Verify the following: Verified Liability Insu	urance 63-13-210 D Yes & No If	no, verify signed	statement	s from paren	nts. sa Yes ⊓ No	
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HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
	C ,	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	3		
Living room (no excessive clutter, etc.)			0
Bedrooms (no children unsupervised, guns or drugs, etc)			0
Sleep Arrangements (no Pack-N-Plays)			
Cribs meet CPSC requirements			- 1
Bathrooms (no visible mold, etc.)			
Garage/Shed (secured if harmful items inside)			-
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	8	<u> </u>	
Multiple floor levels?			No .
No suffocation /Poisonous hazardous materials around the house			
No major structural damages (Holes in floors or walls, etc.)	9		0
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?	0 4	0	-
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	7		
Any serious injuries requiring medical attention?		Yes 🗅	
Any fatalities?			No
DOCUMENTATION		100 14	110
	С	N	ALIA
DSS 2909 completed for all enrolled children?			N/A
Emergency Preparedness Plan?			
Is medication administered? Tyes You lf yes, is the medication expired?			
Permission forms from parents signed and dated?			ਚ
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			49
STAFFING & SUPERVISION			
	" C /	M	
Staff observed were qualified?	7	N	
Training hours up-to-date? 63-13-825	\		ı
Is provider over capacity?		Yes 😿	<u> </u>
Number of children observed:			NO
New York Control of the Control of t	2		
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit	1516 642		

<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: Manie C. White Date: 2/16/23 D Refused to	to siar
Signature of Child Care Licensing Specialist Summer Date: 2-16-23	.o olgi