

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

Operator Name: Karolyn Segres
Permit #: 9613

Date of Inspection: 2.27.23 Time of Inspection: 11:58A
Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date _____)

Address: 607 Boardman Road Aiken, SC 29803

Reason for Follow up: pending deficiencies self-report

Telephone #: 803-634-9467

Hours of Operation: 7 days 7:00a-7:00p

Change in address? Yes No

Any changes in contact info (Phone/Email/Fax)? Yes No

Overnight Care? Yes No

Total Capacity: 6

Zoning restrictions Yes No

Items to be posted: Registration

Verify the following: Verified Liability Insurance 63-13-210 Yes No If no, verify signed statements from parents. Yes No

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

C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit

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: Karolyn Segres

Date: 2/27/23 Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 2.27.23