South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Shakeithia Bolden	Type of Inspection: Annual	Date of Inspecti	ion: 2/65/	23 Time of Inspec	ction: 4	.'30
ermit #: 25235	Type of Inspection: Annual	□ Complaint 🗗	Kenewal 🗖 F	ollow Up (original ins	pection dat	:e)
			Reason for	r Follow up: □pending	deficiencia	es mealf-range
ddress: 6336 Greenpond Rd. Gray C	ourt, SC 29645		Hours of (Operation: M. E.C.200	E-20-	-
elephone #: 864-200-6084 hange in address? 🗆 Yes 🖜 No	Any changes in contact info (P Zoning restrictions - Yes - No	hone/Email/Fax)?	□ Yes 🛂 🕅	o Overnight Car	e? □ Yes	a∟Mo
otal Capacity: 6	Items to be posted: Registration	on				
erify the following: Verified Liability Ins	urance 63-13-210 ☐ Yes 🗷 No If	no, verify signed st	tatements from	n parents. 🗹 Yes 🗆 No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		12-11-		
	C	N	N/A	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			0	
Living room (no excessive clutter, etc.)			D	
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)	10/			
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	5/	- -	-	
Multiple floor levels?			No _	
No suffocation /Poisonous hazardous materials around the house				
No major structural damages (Holes in floors or walls, etc.)				
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?			<u></u>	
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No				
Any serious injuries requiring medical attention?	+ -	 Yesno		
Any fatalities?			□ Yes □ Mo	
DOCUMENTATION		188	100	
	C	N	N/A	
DSS 2909 completed for all enrolled children?				
Emergency Preparedness Plan?			0	
Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?			<u></u>	
Permission forms from parents signed and dated?			D	
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			02/	
STAFFING & SUPERVISION	A 5165	43 A	0 200	
	C	N		
Staff observed were qualified?			1	
Training hours up-to-date? 63-13-825			1	
Is provider over capacity?			No	
Number of children observed:			140	
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit				

<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: MAKUTHUN Bolden Date: 2 15 23	☐ Refused to sign
Signature of Child Care Licensing Specialist: Dava Jul Date: 215 23	