## South Carolina Department of Social Services Office of Child Care Licensing

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Georgia Mae Hodges	_	Date of Inspection:	41121202	Time of Inspection:	10:02 am		
Permit #: 22377	Type of Inspection: Annual	□ Complaint □Rener	wal a Follow	Up (original inspection	n date		
		Re	eason for Follo	ow up: □pending defic	iencies uself-report		
Address: 403 S. Parsonage Street BEN		H	lours of Opera	tion: M-F8:00a-5:00p	-		
Telephone #: 843-479-7672	Any changes in contact info (PI	none/Email/Fax)? 🗆 Ye	es VV0	Overnight Care?	Yes Mode		
Change in address?   Yes VarNo	Zoning restrictions □ Yes \ No		_	•	100 6110		
Total Capacity: 6	Items to be posted: Registratio	D C					
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)	0		
Vitaban Jaharn abjects alganing cumpling at a incomplish to 1 (1)	С	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) Living room (no excessive clutter, etc.)	V8		
Bedrooms (no children unsupervised, guns or drugs, etc)	10	7 0	
Sleep Arrangements (no Pack-N-Plays)			
			0
Cribs meet CPSC requirements		<u> </u>	
Bathrooms (no visible mold, etc.)	Va-	7 0	
Garage/Shed (secured if harmful items inside)	a	0	Ver
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	10-	-	D
Multiple floor levels?	<u>-</u>	Yes 🔽	No
No suffocation /Poisonous hazardous materials around the house	W	0	
No major structural damages (Holes in floors or walls, etc.)	1	0	· ·
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?	0		Ver
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	Ver	-	
Any serious injuries requiring medical attention?		Yes Ve	No
Any fatalities?		Yes V	
DOCUMENTATION			
	С	N	N/A
DSS 2909 completed for all enrolled children?			1 111
Emergency Preparedness Plan?		<u> </u>	
Is medication administered? ✓ Yes □ No If yes, is the medication expired?			0
Permission forms from parents signed and dated?		-	18
Field Trips? If yes, signed parental permissions forms?    Yes    No			102
STAFFING & SUPERVISION		U	L V
	C		
Staff observed were qualified?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N	
Training hours up-to-date? 63-13-825	1/2		
Is provider over capacity?	10		صيا
Number of children observed:		Yes 🗷	No-
rading of children observed.		L	

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: Denga my Holes Signature of Child Care Licensing Specialist: Human Budane	Date: 4/12/2023 Refused to sign
signature of Child Care Licensing Specialist:	Date: 11 12 202