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

Operator Name: Torbara Singletary Bur	gess	Date of insp	ection:312	23	Time of Inspection	11:45000	
Permit #: 25331	gess Type of Inspection:  Annual	□ Complaint	dRenewal c	Follow U	p (original inspec	tion date	_'
Address: 177 Fernbrook Drive CADES, Telephone #: 843-372-8530 Change in address?   Yes	SC 29518 Any changes in contact info (Pl Zoning restrictions presented by the second presented by the	hone/Email/Fa	Hours of	for Follow of Oneratio	/ up: ⊡pending de:	ficiencies pself-r	/ eport
Total Capacity: 6 Verify the following: Verified Liability Insu	Items to be posted: ☐ Registration rance 63-13-210 ☐ Yes ► No If	n no, verify signe	d statements fi	rom parent	s. Mar Yes □ No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)				
	С	N N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	0/	0 0		
Living room (no excessive clutter, etc.)		0 0		
Bedrooms (no children unsupervised, guns or drugs, etc)		0 0		
Sleep Arrangements (no Pack-N-Plays)	9	0 0		
Cribs meet CPSC requirements		o 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)		0 0		
Multiple floor levels?		□ Yes ∎No		
No suffocation /Poisonous hazardous materials around the house		0 0		
No major structural damages (Holes in floors or walls, etc.)	9/	0 0		
Pets/Animals? ☐ Yes ☐ Wo Up to date vaccination records?				
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No		0 0		
Any serious injuries requiring medical attention?		s m No		
Any fatalities?		□ Yes nHo		
DOCUMENTATION		AVER		
	C	N N/A		
DSS 2909 completed for all enrolled children?		0		
Emergency Preparedness Plan?				
s medication administered? ☐ Yes ☐ No If yes, is the medication expired?		192		
Permission forms from parents signed and dated?		o di		
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No		100		
STAFFING & SUPERVISION		20 PASSE		
	C	N		
Staff observed were qualified?				
Fraining hours up-to-date? 63-13-825	-			
s provider over capacity?		□ Yes □ No		
Number of children observed:	2	2		

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. Adeque hild, knowledge of activity requirements and children's needs and accountabing not having ready access to children in order to intervene when needed.  Signature of Operator/Emergency Person:  Signature of Child Care Licensing Specialist:	Date: 5/3/3/3/3				