South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Mary Jean Young	Type of Inspection: □ Annual	Date of Inspection: 5	4/23	Time of Inspection	n. ĮŪ	lm
Permit #: 22066	Type of Inspection: □ Annual	Complaint pRenewal	□ Follow I	Up (original inspec	tion dat	.0
		Reaso	on for Follo	w up: opending de	ficienci	es □self-report
Address: 742 South 6th Street HART	SVILLE, SC 29550	Hou	rs of Operat	ion: M-F7:30a-5:3	QΟ	/
Telephone #: 843-332-2192 Change in address? Yes No	SVILLE, SC 29550 Any changes in contact info (F Zoning restrictions Yeş Mo	Phone/Email/Fax)? □ Yes	₽ No	Overnight Care?	□ Yes	No
Total Capacity: 6	Items to be posted: Registrati	On				
Verify the following: Verified Liability In:	surance 63-13-210 🗆 Yes 🖪 🗚 🛭	no, verify signed statement	ts from parer	ntster Yes 🗆 No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			The state of	
	C	N	N/A	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	NA.			
Living room (no excessive clutter, etc.)	LE LE	0	0	
Bedrooms (no children unsupervised, guns or drugs, etc)	10		O.	
Sleep Arrangements (no Pack-N-Plays)	10			
Cribs meet CPSC requirements	D		[4]	
Bathrooms (no visible mold, etc.)	12			
Garage/Shed (secured if harmful items inside)				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	W			
Multiple floor levels?	□ Yes TNo			
No suffocation /Poisonous hazardous materials around the house	w			
No major structural damages (Holes in floors or walls, etc.)	No			
Pets/Animals? Tyes Type Up to date vaccination records?			Ģ.	
Smoke Detectors/Fire Extinguishers? If not, TA provided √2 Yes □ No	12			
Any serious injuries requiring medical attention?	□ Yes J□ No			
Any fatalities?	□ Yes □ No			
DOCUMENTATION	STANDER ME	di Santa		
	C	N	N/A	
DSS 2909 completed for all enrolled children?	10			
Emergency Preparedness Plan?	18			
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?			D	
Permission forms from parents signed and dated?			12	
Field Trips? If yes, signed parental permissions forms? Yes No				
STAFFING & SUPERVISION				
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Staff observed were qualified?	Les Contractions		1	
Training hours up-to-date? 63-13-825	(Z	Д	1	
Is provider over capacity?		Yes p	No	
Number of children observed:		0		

<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: May & Young	Date:	5/4/23	☐ Refused to sign
Signature of Child Care Licensing Specialist: Small Broath	Date:	5/4/23	