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

Operator Name: Shanon Wilson

Permit #: 23876

Address: 1068 Viper Road PINEVILLE, SC 29468

Telephone #: 843-749-1410

Change in address? ☐ Yes ☑ No

Total Capacity: 6

Date of Inspection: 5/18/23   Time of Inspection: 9:49 AM

Type of Inspection: ☑ Annual ☐ Complaint ☐ Renewal ☐ Follow Up (original inspection date_____)

Reason for Follow up: ☐ pending deficiencies ☐ self-report

Hours of Operation: M-F 7:00a-5:00p

Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☑ No   Overnight Care? ☐ Yes ☑ No

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)	☑	☐	☐
Living room (no excessive clutter, etc.)	☑	☐	☐
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)	☑	☐	☐
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	☑	☐	☐
Multiple floor levels?	☐ Yes ☑ 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?	☑	☐	☐
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	☑	☐	☐
Any serious injuries requiring medical attention?	☐ Yes ☑ No		
Any fatalities?	☐ Yes ☑ No		
DOCUMENTATION			
	C	N	N/A
DSS 2909 completed for all enrolled children?	☐	☑	☐
Emergency Preparedness Plan?	☐	☑	☐
Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?	☐	☐	☑
Permission forms from parents signed and dated?	☐	☐	☑
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No	☐	☐	☑
STAFFING & SUPERVISION			
	C	N	
Staff observed were qualified?	☑	☐	
Training hours up-to-date? **63-13-825**	☐	☑	
Is provider over capacity?	☑ Yes ☐ No		
Number of children observed:	8		

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: _____ Date: 5/18/23 ☐ Refused to sign

Signature of Child Care Licensing Specialist: Achanell Gregor Date: 5/18/23

Division of Early Care and Education

Deficiency Correction

NAME OF PROVIDER/OPERATOR Shanon Wilson

PERMIT # 23876

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Child care home was over capacity with 8 children	Only 6 children can be located in child care home	5/18/2023
Emergency plan template was not located at the time of visit	Emergency plan template needs to be on hand for parents view	5/18/2023
No liability insurance statements were on hand at the time of visit	No liability insurance statements need to be on hand for specialist view	5/18/2023
Children's DSS 2909 was missing.	All children present at child care homes need DSS 2909's.	5/19/2023
Background checks for household members are required.	Central Registry needs to be turned in as soon as possible.	5/26/2023

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist _(signature)_ **Date** 5/19/23

DSS Form 2910 (Feb 2023)