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

ator Name: Tawyna Sue Ritenou	Date of Inspection: 5.19.23 T	ime of Inspection:	2.	()5)
it #: 9687	Type of Inspection: Annual Complaint Renewal Follow Up	(original inspection	date	
		ıp: □pending deficie		
ess: 50 Guerry Circle Goose Cree		: 24 hours 7 days a		965
hone #: 843-442-6420	Any changes in contact info (Phone/Email/Fax)? Yes No C			No
e in address? Yes	Zoning restrictions Yes No			
Capacity: 6	Items to be posted: Registration			
the following: Verified Liability Ins	surance 63-13-210 Yes Do If no, verify signed statements from parents.	□ Yes □ No		
н	OME INSPECTION (HEALTH, SANITATION, & SAFETY)			
WELL WATER ASSESSMENT OF		C	N	N/A
Kitchen (sharp objects, cleaning	ng supplies, etc. inaccessible to children)			0
Living room (no excessive clutter, etc.)			. 0	
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?			es ъ	No
No suffocation /Poisonous hazardous materials around the house				
No major structural damages (Holes in floors or walls, etc.)				0
Pets/Animals? ☑ Yes □ No Up to date vaccination records?				
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No				0
Any serious injuries requiring medical attention?			es ₪	
Any fatalities?		o Y	es 🗹	No
	DOCUMENTATION			
		NAME OF TAXABLE PARTY.	N	N/A
		C	/IV	
DSS 2909 completed for all en	rolled children?	C	0	
DSS 2909 completed for all en				0
Emergency Preparedness Plan?		V		
Emergency Preparedness Plan?	? 1 Yes No If yes, is the medication expired?	\(\sigma\)	0	0
Emergency Preparedness Plan? Is medication administered? Permission forms from parents	? 1 Yes No If yes, is the medication expired?		0	<u> </u>
Emergency Preparedness Plan? Is medication administered? Permission forms from parents	? Yes No If yes, is the medication expired? s signed and dated?			
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Emergency Preparedness Plan? Is medication administered? Permission forms from parents Field Trips? If yes, signed pare Staff observed were qualified? Training hours up-to-date? 63-	? I Yes No If yes, is the medication expired? s signed and dated? ental permissions forms? Yes No STAFFING & SUPERVISION	C C	D D D D D D D D D D D D D D D D D D D	
Emergency Preparedness Plan? Is medication administered? Permission forms from parents Field Trips? If yes, signed pare Staff observed were qualified? Training hours up-to-date? 63-31 Is provider over capacity?	? I Yes No If yes, is the medication expired? s signed and dated? ental permissions forms? Yes No STAFFING & SUPERVISION	C C	0 0 0 0	
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