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

Operator Name: Pearlene Priest Flowe	rs	Date of Inspe	ection: 617	20/23	Time of Inspecti €	n: 10:30 A	k.a
Permit #: 4339	Type of Inspection: Annual	□ Complaint	□Renewal	□ Follow I	Up (original inspæc	tion date	, ·
			Reaso	n for Follo	w up: □pending d <b>i</b> e	ficiencies ose	, lf-repor
Address: 28 Dalton Road GEORGETO	•		Hours	s of Operat	ion: M-F7:00a-5:🖎	0n	•
「elephone #: 843-546-6633 Change in address? □ Yes ☑ No	Any changes in contact info (Page 2001) Zoning restrictions  Yes  No	hone/Email/Fax	)? □ Yes	<b>Ø</b> No	Overnight Care ?	□ Yes 🗷 No	
Total Capacity: 6	Items to be posted: Registration	n					
/erify the following: Verified Liability Insu	urance 63-13-210 Pes No If	no, verify signed	l statements	s from parer	nts. 🗹 Yes 🗆 No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			127/200		
	С	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	1				
Living room (no excessive clutter, etc.)	0				
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)			0		
Cribs meet CPSC requirements			<u>-</u>		
Bathrooms (no visible mold, etc.)	. 2				
Garage/Shed (secured if harmful items inside)	8				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)		<u> </u>	0		
Multiple floor levels?	□ Yes ▼No				
No suffocation /Poisonous hazardous materials around the house		C3   2			
No major structural damages (Holes in floors or walls, etc.)	N N				
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?	- V-	0			
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	7	<u> </u>			
Any serious injuries requiring medical attention?		Yes    ✓			
Any fatalities?		□ Yes   No			
DOCUMENTATION			SE SUITE		
	С	N	N/A		
DSS 2909 completed for all enrolled children?					
Emergency Preparedness Plan?					
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?			<u> </u>		
Permission forms from parents signed and dated?			0		
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			9		
STAFFING & SUPERVISION					
	C.	N	0.500		
Staff observed were qualified?					
Training hours up-to-date? 63-13-825					
Is provider over capacity?					
Number of children observed:			H res & No		
	<del></del> -				

<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:	Pearlen Howy	Date: 6-20-23	☐ Refused to sign
Signature of Child Care Licensing Specialist: _	CMHUMO	Date: 6 20 23	= vectors to digit