South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Oneta Overholt		Date of Inspect	tion: <u>912</u>	1123	Time of Inspection:	1 Jan
ermit #: 24725	Type of Inspection: Annual	□ Complaint □	Renewal 🗆	Follow Up	o (original inspection o	late)
			Reason fe	or Follow	up: pending deficier	icies diself-report
Idress: 536 Central Shiloh Rd. ABBI	EVILLE, SC 29620 Any changes in contact info Ph		Hours of	f Operatio	n: M-F7:00a-5:30p	,
elephone #: 864-378-2811	Any changes in contact info (Ph	one/Email/Fax)?	? □ Yes 🕏	No (Overnight Care? 🗖 Ye	es 🖂 No
nange in address? Yes No	Zoning restrictions D Yes to No _					
tal Capacity: 6	Items to be posted: & Registration	1	100			
otal Capacity: 6 erify the following: Verified Liability Ins	surance 63-13-210 🗆 Yes 🖼 No If n	no, verify signed s	statements fro	om parents	Yes D No	
•		. , ,			Citte	

HOME INSPECTION (HEALTH, SANI	TATION, & SAFETY)			Brat
		С	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to child	v/	- 0		
Living room (no excessive clutter, etc.)	1	, "		
Bedrooms (no children unsupervised, guns or drugs, etc)		5		
Sleep Arrangements (no Pack-N-Plays)				4
Cribs meet CPSC requirements		4		
Bathrooms (no visible mold, etc.)		v/		0
Garage/Shed (secured if harmful items inside)				0
Outside/Playground (sharp edges, rusty points, fence if ditches, a	accessible to street)	•		
Multiple floor levels?		□ Yes • No		
No suffocation /Poisonous hazardous materials around the house	e	7		
No major structural damages (Holes in floors or walls, etc.)		5/	0	
Pets/Animals? ☐ Yes ☑ No Up to date vaccination record	7			
Smoke Detectors/Fire Extinguishers? If not, TA provided 🔲 Ye	2	a	/0	
Any serious injuries requiring medical attention?			□ Yes d\No	
Any fatalities?			□ Yes d No	
DOCUMENTATION	N SEE SEE SEE SEE SEE SEE SEE SEE SEE SE			
		C	N	N/A
DSS 2909 completed for all enrolled children?		V		0
Emergency Preparedness Plan?	₫.		0	
Is medication administered? ✓ Yes No If yes, is the medicat	4	0		
Permission forms from parents signed and dated?			8	
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No				4
STAFFING & SUPERVI	SION			
		С	N	
Staff observed were qualified?		M		1
Training hours up-to-date? 63-13-825				1
Is provider over capacity?				No
Number of children observed:				
C = Compliant with Regulation - N = Noncompliant with Regulation	No violations noted at the time of visit√Z			

<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:	Preta	Orabett	Date: _	9/4/23	☐ Refused to sign
Signature of Child Care Licensing Specialist	Laint	ne Curenter	Date:	9/21/23	, and the second