## South Carolina Department of Social Services Office of Child Care Licensing

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| Operator Name: Lisa Martin                  | Type of Inspection: □ Annual     | Date of Inspection: 3       | 16/23        | Time of Inspection:       | 2:19             |
|---|----------------------------------|-----------------------------|--------------|---------------------------|------------------|
| Permit #: 24696                             | Type of Inspection: □ Annual     | □ Complaint □Renewa         | Follow       | Up (original inspection d | ate)             |
|   |                                  | Reas                        | on for Follo | w up: pending deficien    | cies mealf-range |
| Address: 3120 Lawrence Street COL           | UMBIA, SC 29210                  | Hou                         | rs of Operat | tion: M-F6:00a-6:00p      | cies Daeii-tehoi |
| Telephone #: 803-414-0949                   | Any changes in contact info (F   | hone/Email/Fax)?   Yes      |              | Overnight Care?   Yes     | s mto            |
| Change in address? ☐ Yes ☐ No               | Zoning restrictions of Yes on No | 7                           |              | o tollingin outor For     | 3 05/110         |
| Total Capacity: 5                           | Items to be posted: Registration | on                          |              |                           |                  |
| Verify the following: Verified Liability In | nsurance 63-13-210 Wes - No If   | no, verify signed statement | ls from nare | nte Tives T No            |                  |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY)  |      |         |             |
|---|------|---------|-------------|
|   | С    | 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)  |      |         | 0           |
| 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 suffocation /Poisonous hazardous materials around the house  | - 13 |         |             |
| No major structural damages (Holes in floors or walls, etc.)  | P    | -       |             |
| Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?  |      |         |             |
| Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No  |      | <u></u> |             |
| Any serious injuries requiring medical attention?   |      | Yes 🗗   |             |
| Any fatalities?   |      | Yes n   |             |
| DOCUMENTATION   |      | 100 4   | No.         |
| 是一个人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人的人,也不是一个人的人的人。<br>第一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的                 | С    | N- °    | N/A         |
| DSS 2909 completed for all enrolled children?   |      | 0       |             |
| Emergency Preparedness Plan?  |      |         | ٠.          |
| Is medication administered? ☐ Yes No If yes, is the medication expired?                                       |      |         |             |
| Permission forms from parents signed and dated?   |      |         | <b>D</b>    |
| Field Trips? If yes, signed parental permissions forms?   |      |         | 0           |
| STAFFING & SUPERVISION  |      | 11      |             |
|   | С    | , N     |             |
| Staff observed were qualified?  |      |         |             |
| Training hours up-to-date? 63-13-825  |      |         |             |
| Is provider over capacity?  |      |         | No          |
| Number of children observed:  |      |         |             |
|   | 3    |         |             |
| C = Compliant with Regulation - N = Noncompliant with Regulation   No violations noted at the time of visit F | W He | usalasi | - September |

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: 3/16/2023 | ☐ Refused to sign |
|---|-----------------|-------------------|
| Signature of Child Care Licensing Specialist: Manie Phu | Date: 3/16/23   |                   |

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## **Division of Early Care and Education**

## **Deficiency Correction**

| NAME OF PROVIDER/OPERATOR Lisa Martin |  |
|---------------------------------------|--|
| PERMIT # 24696                        |  |

| Deficiency Cited                        | Corrective Action<br>Needed              | Expected Date of Correction  30 days |  |
|---|--|--------------------------------------|--|
| Staff member needs 10 hours of training | Training hours will need to be completed |                                      |  |
|   |  |                                      |  |
|   |  |                                      |  |
|   |  |                                      |  |
|   |  |                                      |  |
|   |  | 11-14-51-52-15-15-55                 |  |
|   |  |                                      |  |

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

| Licensing Specialist Money Phone | Date3//6/23 |  |
|----------------------------------|-------------|--|
|----------------------------------|-------------|--|