South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| Operator Name: Ruby Hunter | Date of Inspection: 8-19-23 Time of Inspection: 1:2000 |
|---|--|
| Permit #: 23289 | Type of inspection. □ Affilial □ Complaint ⊕Renewal □ Follow Up (original inspection date) |
| Address: 3613 Savannah Grove Road Telephone #: 843-250-2973 Change in address? Yes No | Reason for Follow up: pending deficiencies pelf-report Hours of Operation: MTuWThFsa6:00a-6:00 Any changes in contact info (Phone/Email/Fax)? Pes No Overnight Care? Yes No Coning restrictions Pes No Coning res |
| Total Capacity: 6 Verify the following: Verified Liability Ins | ltems to be posted: ☑Registration urance 63-13-210 □ Yes ☑-No If no, verify signed statements from parents. எ Yes □ No |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY) | | | | |
|---|--------------|--------------------------|------------|--|
| | С | Ν | N/A | |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) | 12 | | | |
| Living room (no excessive clutter, etc.) | छ | | 0 | |
| Bedrooms (no children unsupervised, guns or drugs, etc) | Ø | D | Ċ | |
| Sleep Arrangements (no Pack-N-Plays) | | 8 | | |
| Cribs meet CPSC requirements | 0 | 0 | -62 | |
| Bathrooms (no visible mold, etc.) | TST - | П | | |
| Garage/Shed (secured if harmful items inside) | 0 | | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | m | <u> </u> | | |
| Multiple floor levels? | | Yes p | | |
| No suffocation /Poisonous hazardous materials around the house | V | C3 Z | | |
| No major structural damages (Holes in floors or walls, etc.) | | n n | | |
| Pets/Animals? ☐ Yes ☑ No Up to date vaccination records? | | | <u> </u> | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No | - | | <u>u</u> | |
| Any serious injuries requiring medical attention? | | | | |
| Any fatalities? | | □ Yes uyNo □ Yes □∕No | | |
| DOCUMENTATION | | 100 | | |
| | 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? | | | | |
| Permission forms from parents signed and dated? | | | | |
| Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No | | | | |
| STAFFING & SUPERVISION | | | Ǿ | |
| | c | N | | |
| Staff observed were qualified? | | | | |
| Training hours up-to-date? 63-13-825 | | | | |
| Is provider over capacity? | | | Ńlo | |
| Number of children observed: | | | □ Yes 🗘 Ńo | |
| | + | | | |
| C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit □ | | | | |

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: 8/14/23 □ Refused to sign

Signature of Child Care Licensing Specialist

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<u>Division of Early Care and Education</u> <u>Deficiency Correction</u>

| NAME OF PROVIDER/OPER | RATOR Ruby Hunter | • |
|-----------------------|-------------------|------------------|
| PERMIT #23289 | | |
| Deficiency Cited | Corrective Action | Expected Date of |

| Deficiency Cited | Corrective Action Needed | Expected Date of Correction |
|---------------------------------|-----------------------------|-----------------------------|
| One infant present with no crib | provider will purchase crib | 8-21-23 |
| | | |
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| | | |
| | | |
| | | |

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

0 auch Date 8-14-23

Licensing Specialist