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

perator Name: Nigeria Tyler-Williams ermit #: 25773	Type of Inspection:   Annual	Date of Inspection: 1	2)13/23 Time of Inspe	ction: 3:0	Sopm_
		Reas	on for Follow up: □pending	deficiencies	/
.ddress: 5091 Coburg Ln ORANGEBU	RG, SC 29115	Hou	irs of Operation:	, a onoronoro	⊓aeıı-tehoit
elephone #: 803-653-2683 Any changes in contact info (Phone/Email/Fax)?   Yes No Overnigh Zoning restrictions   Yes No				re? □ Yes æ	•No
otal Capacity: 6 Items to be posted: Registration					
erify the following: Verified Liability Insu	rance 63-13-210	verify signed statemen	ts from parents. ✓Yes □ No	1	
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110	ME INSPECTION (HEALTH, SANIT	IATION, & SAFETY)			
				C/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)					
Cribs meet CPSC requirements				10	
Bathrooms (no visible mold, etc.)				<del>                                     </del>	
Garage/Shed (secured if harmful items inside)			<del>                                     </del>		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				<u> </u>	
Multiple floor levels?			- Va-	<del>_</del>	
No suffocation /Poisonous hazardous materials around the house				□ Yes 🗗	
No major structural damages (Holes in floors or walls, etc.)					<u> </u>
Pets/Animals?  Yes No Up to date vaccination records?					
Smoke Detectors/Fire Extinguishers? If not, TA provided					8
Any serious injuries requiring medical attention?					<u> </u>
Any fatalities?			□ Yes 🗗		
DOCUMENTATION			□ Yes 🗷 No		
DOMESTIC TO STATE OF THE OWNER.	BOCOMENTATION				
DSS 2000 completed for all annual	Hed skilder 2			C 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?					
				<u> </u>	
Field Trips? If yes, signed parental permissions forms?   Yes   No				8	
	STAFFING & SUPERVISION	ON			
E-William H. of Sull Att.				CN	
Staff observed were qualified?					
Training hours up-to-date? 63-13-825					l.
Is provider over capacity?				□ Yes 🗹	10
Number of children observed:			2		
			,		
C = Compliant with Paradetian No.	Management of the state of the				
C = Compliant with Regulation - N = I	Noncompliant with Regulation N	o violations noted at the	time of visit 📶		
Supervision: Care provided to an individual child, knowledge of activity requirements and having ready access to children in order	TO CHILD TELL S FREEDS AND ACCOUNTABILITY TO	upervision requires awaren or their care. Adequate sup	ness of and responsibility for the pervision also requires the opera	ongoing activity tor and/or staff b	of each eing near
Signature of Operator/Emergency	Person: Myen M	e. Mill	Date: 12/13/202	2 □ Refused	to sign
Signature of Child Care Licensing	Specialist: 2 Nation	Ruster	Date: 12/12/2022		-