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

)perator Name: Lavernetta Gregg 'ermit #: 25200	Type of Inspection: Annual	□ Complaint □Renewal	□ Follow U	Time of Inspection: 17'	(e )
ddress: 257 Piney Grove Road COLU elephone #: 803-477-1084 hange in address? • Yes No	MBIA, SC 29210  Any changes in contact info (Pl Zoning restrictions M Yes   No _	Rease Hour none/Email/Fax)? 🗆 Yes	on for Follow is of Operation	V up: □pending deficiencie	es aself-report
otal Capacity: 6 erify the following: Verified Liability Insu	Items to be posted:   □ Registration  □ Yes □ No If	n no, verify signed statement	s from parent	ts. m√Yes □ No	

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<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 Howalda Hong	5-31-2024 m
Signature of Child Care Licensing Specialist: March M. Brown	
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