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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Shiquira Dukes	Type of Inspection:   Annual	Date of Inspection:	: 19/	16/2024	Time of Inspection: //:	45 AM
Permit #: 25632	Type of Inspection: □ Annual	□ Complaint ⊯Ren	newal	□ Follow Up	(original inspection da	te)
		F	Reasor	n for Follow	up: pending deficienc	ies aself-repo
Address: 258 Sorrel Tree Drive Columb	ia, SC 29223				n: 24 Hours	•
Telephone #: 954-881-8594 Change in address? □ Yes ☑No	Any changes in contact info (Pagoning restrictions of Yes, Pagoning Restrictions of Yes, Pagonin	hone/Email/Fax)? 🗆 \	Yes	e No	Overnight Care?   Yes	e No
Total Capacity: 5	Items to be posted: Registration	ฑ				
Verify the following: Verified Liability Insu	rance 63-13-210 □ Yes ► No If	no, verify signed state	ements	from parents	s. Pres D No	

Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) Living room (no excessive clutter, etc.)	C	N	N/A		
Living room (no excessive clutter, etc.)	1		1 . *** ,		
Living room (no excessive clutter, etc.)			0		
Padraama (no children unaumamicad ausa andurum ta)	6.				
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)	2		0		
Cribs meet CPSC requirements	2	ū	0		
Bathrooms (no visible mold, etc.)					
Garage/Shed (secured if harmful items inside)					
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	1				
Multiple floor levels?			res □ No		
No suffocation /Poisonous hazardous materials around the house					
No major structural damages (Holes in floors or walls, etc.)	4				
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?	र		<b></b>		
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No					
Any serious injuries requiring medical attention?			□ Yes 🗹 No		
Any fatalities?			□ Yes 🖬 No		
DOCUMENTATION					
The state of the s	С	N	N/A		
DSS 2909 completed for all enrolled children?			2		
Emergency Preparedness Plan?			0		
Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?			<b>P</b>		
Permission forms from parents signed and dated?			Œ		
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			8		
STAFFING & SUPERVISION					
Washington to the control of the con	C	N			
Staff observed were qualified?			1		
Training hours up-to-date? 63-13-825			1		
Is provider over capacity?			□ Yes 🗷 No		
Number of children observed:					

<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:	WW Date: 12/16/25	Q ☐ Refused to sign
Signature of Operator/Emergency Person:  Signature of Child Care Licensing Specialist:	F. Alfand Date: 12/16/20	24