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

Operator Name: Willene Rogers Permit #: 25107	Type of Inspection: Annual	□ Complaint Renewal	Time of Inspect Follow Up (original inspect for Follow up: pending of	ection (date)
Address: 7519 Parkview Drive COL		Hours 5:30Pf 7:00Al	of Operation: M- 7:00AM- M W- 7:00AM- 5:30PM TI M-5:30PM	5:30Pl h- 7:00	M T- 7 AM- 5	:00AM- :30PM F-
Change in address? • Yes No Zoning restrictions • Yes No			No Overnight Care	Care? □ Yes ☑ No		
Total Capacity: 5 Verify the following: Verified Liability	Items to be posted: Registration		nts from parents. Yes	No		
verify the following. Verified Liability	Risdiance 00-10-210 to 103 E N	o it no, voiny dignod oldlomo	no nom paromora root.			
				H =0	50 III	× 8
нс	OME INSPECTION (HEALTH, SA	NITATION, & SAFETY)		DE SE		
			AND SHOULD BE SH	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)				D		
Living room (no excessive clutter, etc.)				■		
Bedrooms (no children unsupervised, guns or drugs, etc)						
Sleep Arrangements (no Pack-N-Plays)			1	D		
Cribs meet CPSC requirements			₽′	0	0	
Bathrooms (no visible mold, etc.)						
Garage/Shed (secured if harmful items inside)			8			
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				M		
Multiple floor levels?				□ Yes ►No		
No suffocation /Poisonous hazardous materials around the house					Ò	0
No major structural damages (Holes in floors or walls, etc.)						
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?						8
Smoke Detectors/Fire Extinguishers? If not, TA provided				9	C)	
Any serious injuries requiring medical attention?				□ Yes ■ No		
Any fatalities?				□ Yes ☑No		
	DOCUMENTAT	ION		8.5		
				С	N	N/A
DSS 2909 completed for all en	rolled children?		anam.	1		0
Emergency Preparedness Plan?						
	Is medication administered? Yes No If yes, is the medication expired?			₽∕	D	
Permission forms from parent				п		9
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No				Ò		
ricia riips. Il yes, signed por	STAFFING & SUPER			100	-	E 9 %
				С	N	
Chaff all an anaday are available of	A SM SA A SM			<u>@</u>		
Staff observed were qualified:					Ö	
Training hours up-to-date? 63	-13-823				Yes 🕝	No
Is provider over capacity? Number of children observed:					1	110
Number of children observed:						$\overline{}$
C = Compliant with Regulation - !	N = Noncompliant with Regulation	No violations noted at the	time of visit L			
Supervision: Care provided to an indi- child, knowledge of activity requiremen and having ready access to children in Signature of Operator/Emerger	ats and children's needs and accountal order to intervene when needed.	bility for their care. Adequate sup	ness of and responsibility for the pervision also requires the oper Date: 6/6/25	ator and	or staff	ty of each being near ed to sign
Signature of Child Care Licens	ing Specialist: (Marane	a pool	Date: <u>\(\ell_{\ell} \(\ell_{\ell} \\ell_{\ell} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>			