South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR FAMILY CHILD CARE HOMES

Operator Name: Natasha Murray

Permit #: 25662

Address: 64 Portabella Drive HARDEEVILLE, SC 29927

Telephone #: 843-784-2773 Any changes in contact info (Phone/Email/Fax)? □ Yes ✓ No Change in location? □ Yes ✓ No 114-531F(8)

Maximum number of children: 6

Number of infants: 0

Items posted in public view: Permit 114-531F(5) Menu Suggested Standards IIID(1)(c)

ABC Quality: Yes Does the operator transport pres No Overnight Care pres No

Hours of Operation: M- 6:00AM- 8:00PM T- 6:00AM- 8:00PM W- 6:00AM- 8:00PM Th- 6:00AM- 8:00PM F- 6:00AM- 8:00PM

Date of Inspection: 5/19 Time of Inspection: 11:45 0 Registered FCCH / Licensed FCCH | Type of Inspection: Annual Complain □ Follow Up Original Inspection date / / Reason for Follow up: □ Pending deficiencies □ Self-reported incident

| 114-532 MANAGEMENT, ADMINISTRATION & | IJ.,, | | | 114-533 SUPERVISION | 200 | 800) | |
|--|----------|------|----------|---|-----|------|-----|
| STAFFING | С | N | N/A | | С | N | N/A |
| At least 1 person with CPR & 1st Aid on the premises A(5) *Required for Licensed FCCH | | | a | Adequate supervision throughout facility A(1-5) | | 0 | |
| Reporting Child Abuse & Neglect B(1-2) | 1 | | | Adequate Naptime Supervision B(1-5) | | _ | 0 |
| Reporting of Incidents C(1)(a-i) | | | | Number of children in home at time of visit _# C(1) 5 | 7 | 0 | 0 |
| Parent Access and Communication D(1-5) | 7 | | □ | | 1 | | |
| Liability Insurance verified or statement on file signed by parent D (6)(a-c) | d | D | | 4 or more in attendance younger than 12 months (additional caregiver required) C(2) | | D | Ø |
| Administering Medication, stored properly, and labeled. Signed and dated parental consent. E(2) | 6 | 0 | 0 | Attendance daily on file D(1) | _ | 0 | 4 |
| Immunization(s) present in child's record F(3)(b) | 6 | | | Daily Schedule E(1-3) | | 0 | Z |
| Staff/Household members files are in compliance G(1)(a-h) | IJ/ | | . 🗆 | Overnight care F(1) | | | Ø |
| Training hours up-to-date H(1-2) | 1 | | | Discipline G(1-9) | d | | |
| Any serious injuries requiring medical attention? C(1)d | _ | No | | | | | |
| Any fatalities? C(1)a | | No | | | | | |
| 114-53 | 4 HE | ALT | H, SAN | NITATION & SAFETY | | | |
| | С | N | N/A | | C | N | N// |
| No smoking/consumption of alcoholic beverages or illegal substances A2(a-d) | Ø | Ċ | 0 | Emergency Preparedness Plan F(1-3) | ď | 0 | 0 |
| Staff Health: Proper handwashing practices were observed and no communicable diseases B(2-3) | Ø | | 0 | Emergency Medical Plan G(1-2) (Policy23) First aid supplies available. Other environmental allergies (Policy 23) 63-13-840 (A)(1) | d | | - |
| Clean and sanitary conditions maintained indoors and outdoors C (1-4) | ø/ | | O. | Toilet/Sink available I(1) | d | 0 | |
| Disposable cups shall be stored to prevent contamination prior to use D(3) | 6 | | 0 | Potty Chairs in bathroom only. Contents disposed in toilet; chairs adapters sanitized with bleach water after each use I(2) | | | |
| Temperature indoors and outdoors E (1)&(2) | 6 | | | adapters samitized with bleach water after each use i(z) | | | |
| Soiled diapers in a plastic lined cover leak-proof container emptied and cleaned daily H(3) | K | | _ | Soap/Disposable towels provided I(3) | ø | | _ |
| Diapering: hand washing for children H(4) | Œ | | | Toothbrush stored properly I(4) | 6 | 0 | |
| | 114 | -535 | PHY | SICAL SITE | | | |
| | С | N | N/A | | C | N | N/ |
| Ceiling, floors, windows, doors free from hazards A(1)(a) | d | 0 | 0 | Outdoor space free from hazards and litter C(1) | 8 | | |
| Ventilation and Lighting sufficient A(1)(b) | | 0 | | | | | Г |
| Safe Space children (stairs protected) (crawl and explore) A(1)(c) (d) | | 0 | 0 | Fence or barrier, identification of and protection from hazards, bodies of water, and vehicular traffic C(2) | ø | | |
| Electrical outlets are securely covered A(1)(e) | 4 | | | Swimming pool inaccessible C(3) | 0 | | 1 |
| Furniture, toys & equipment are clean and in good repair A(2)(a-e) No play pens or Pack N Plays | 6 | 0 | | Outdoor play equipment in good repair free from hazards C(6) | 4 | 0 | |
| Healthy pets/animals (Vaccination record up to date) A(3)(a-c) | 0 | . 🗆 | | Environmental Hazards | C | N | N// |
| Non-infant sleeping and resting B(1-3) | a | 0 | 0 | Safety Barriers around heating and cooling sources D(1) | 2 | 0 | 0 |
| All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, hazardous and materials are | | | | Knives, lighters, matches, tobacco products inaccessible D(2) | 4 | \ | |
| ed and stored in locked area out of children's reach. Bio- aminants are disposed of properly D(3) (4) | | O | | Firearms/weapons and ammunition not stored in rooms with children D(5) | 6 | | 0 |

| | С | N | N/A | | C | N | N/A |
|--|-----------|--------|-----------|---|----------|-----|-------|
| Meals & snacks in compliance with USDA A(1)(b) | Ø | . 0 | 0 | Clean Wholesome unspoiled food A(4) | 1 | | Ö |
| Nutritious meals and snacks provided every 4 hours A(1) | Ø | | | Milk or Substitution offered at least once a day A(2) | | , 0 | |
| Overnight dinner and evening snack provided A(3) | | | | Water accessible to children thru day A(5) | 4 | | |
| Prevention and response to food allergies/dietary alternatives (Policy 23) 63-13-840(A)(1) | 6 | 0 | | Refrigerators have thermometers, temp under 40 degrees B(1) | 0 | _ | |
| Proper handwashing practices were observed and no communicable diseases C(1)(a-b) | ø | 0 | 0 | Round firm foods not offered to children under 4 years (ex: grapes and hot dogs must be cut properly) | | _ | |
| Cleaning and storage of food equipment D(1) | 7 | 0 | | C(2)(a) | М | | |
| Infants are placed on backs to sleep A(1) in an approved crib A(6) | <u>11</u> | 4-537 | 'INFAN | IT CARE | С | N | N/A |
| Cribs meet federal standards (reviewed certificate) A(2) | | | | | B | Q | IJ |
| Individual sanitary cribs shall be provided A(3) | | | | | Ø | □ | |
| Cribs cleaned and placed properly A(4)&(5) | | | | | 8 | 0 | 0 |
| Infant sleep (prevention of sudden infant death syndrome and use of safe sleeping practices) (Visual check every 15 min) A(7);Policy 4C;63-13-840(A)1 | | | | | 0 | 0 | 8 |
| No other items/materials in the crib A(8) | | | | | Z | 0 | |
| Crib mobiles not allowed for infants who can sit A(9) | | | | | Ø | , 0 | 0 |
| No bottles propped or given in cribs or mats B(1) | | | | | ď | , 0 | |
| No bottles while sleeping B(2) | | | | | 7 | | |
| Crockpots, bottle warmers are inaccessible to children no microwav | ing of be | everaç | es / tes | ed before serving B3(a)&(b) | a | | 0 |
| Bottles and baby food shall be labeled and dated B(4) | | | | | Ø | | |
| Feeding chairs are cleaned, sanitized, and maintained in good repa | air C(1) | | | | ø | 0 | |
| Constantly supervised in feeding chairs and not remain for long per | | me C | (2)&(3) | | 1 | | |
| Prevention of shaken baby syndrome, abusive head trauma, and ch | | | | y adhered to Policy 4C; 63-13-840(A)1 | Ø | | |
| Written consent from parents prior to transportation. F(3)(d) | | | | ldren 114-532; FCCH Policy | | | N N/A |
| A plan if the child(ren) are to be picked up and dropped off from hor and who can receive the child(ren) at drop-off. Include the procedu recognized by the provider. Policy 24; 63-13-840(A)1 | | | | | R | 1 | ם |
| Smoke Detectors ∠Yes □ No | | | | | | | |
| | TA pro- | انطمط | - Van | n No | | | |
| Fire Extiriguishers? Tes INO IT NOT, | TA prov | waed | 1 1 0 5 | LI NO | | | |
| Suggested Standards are mandated req | uireme | nts fo | or Fami | ly Child Care Home operators who elect to be licensed* | | | |
| Supervision: Care provided to an individual child or group of of each child, knowledge of activity requirements and children or staff being near and having ready access to children in order | 's need: | s and | accou | ntability for their care. Adequate supervision also requires th | | | |
| C-Compliant with Regulations N- Noncompliant with Regulation | ons N/ | A- No | ot Applio | cable | | | |
| Violations noted at time of visit Yes No Any violations corrected on site Yes No DSS Form 2910 needed Yes No | | | | | | | |
| Signature of Operator/Designee: Signature of Child Care Licensing Specialist: | who | | | Date: 5/29/25 Refused to s | ign c | ĺ | |

114-536 FOOD