

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

Operator Name: Shirley Lockett
Permit #: 21564

Date of Inspection: 4-17-25 Time of Inspection: 12:00pm

Type of Inspection: ☐ Annual ☐ Complaint ☒ Renewal ☐ Follow Up (original inspection date _____)

Reason for Follow up: ☐ pending deficiencies ☐ self-report

Address: 1305 West Sumter Street FLORENCE, SC 29501

Hours of Operation: M- 6:00AM- 9:00PM T- 6:00AM- 9:00PM W- 6:00AM- 9:00PM Th- 6:00AM- 9:00PM F- 6:00AM- 9:00PM

Telephone #: 843-661-0929
Change in address? ☐ Yes ☒ No
Total Capacity: 6

Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No
Zoning restrictions ☐ Yes ☒ No
Items to be posted: ☒ Registration

Overnight Care? ☐ Yes ☒ No

Verify the following: Verified Liability Insurance **63-13-210** ☐ Yes ☒ No If no, verify signed statements from parents. ☒ Yes ☐ No

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)

| | C | N | N/A |
|---|---|--------------------------|-------------------------------------|
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Living room (no excessive clutter, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bedrooms (no children unsupervised, guns or drugs, etc) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep Arrangements (no Pack-N-Plays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cribs meet CPSC requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bathrooms (no visible mold, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Garage/Shed (secured if harmful items inside) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multiple floor levels? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| No suffocation /Poisonous hazardous materials around the house | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No major structural damages (Holes in floors or walls, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pets/Animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Up to date vaccination records? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Smoke Detectors/Fire Extinguishers? If not, TA provided Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any serious injuries requiring medical attention? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Any fatalities? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

DOCUMENTATION

| | C | N | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|
| DSS 2909 completed for all enrolled children? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Preparedness Plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is medication administered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is the medication expired? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Permission forms from parents signed and dated? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

STAFFING & SUPERVISION

| | C | N | |
|---|---|--------------------------|--|
| Staff observed were qualified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Training hours up-to-date? 63-13-825 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Is provider over capacity? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Number of children observed: <u>5</u> | <u>5</u> | | |

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit ☒

Signature of Operator/Emergency Person:

Shirley A Lockett

Date: 4-17-25

☐ Refused to sign

Signature of Child Care Licensing Specialist:

Rose Anna Bryant

Date: 4-17-25