

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

Operator Name: Sharon Lewis
Permit #: 23182

Date of Inspection: 5/21/2025 Time of Inspection: 11:30 am
Type of Inspection: ☐ Annual ☐ Complaint ☒ Renewal ☐ Follow Up (original inspection date _____)

Address: 38 Filmore Avenue ANDREWS, SC 29510

Reason for Follow up: ☐ pending deficiencies ☐ self-report
Hours of Operation: M- 6:00AM- 6:00PM T- 6:00AM- 6:00PM W- 6:00AM- 6:00PM Th- 6:00AM- 6:00PM F- 6:00AM- 6:00PM

Telephone #: 843-359-2146
Change in address? ☐ Yes ☒ No
Total Capacity: 6


Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No
Zoning restrictions ☐ Yes ☒ No
Overnight Care? ☐ Yes ☒ No

Items to be posted: ☒ Registration
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 <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the medication expired?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Permission forms from parents signed and dated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	
Is provider over capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number of children observed:	<u>2</u>		

C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit ☐

Supervision: 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.

Sharon Lewis


05-21-25
5/21/25

Division of Early Care and Education Deficiency
Correction

NAME OF PROVIDER/OPERATOR Sharon LewisPERMIT # 23182

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Current SLED/FBI clearance needed for a resident in the home	Complete fingerprints and submit DSS Form 1706	06/21/25
SLED/FBI clearance needed for a resident in the home	Complete and submit DSS Form 2924	06/21/25
Current SC certificate of immunizations need for 2 children	Obtain SC certificate of immunizations from parents and submit	06/21/25
A Health Assessment is needed for caregiver	Have a medical professional complete DSS Form 2926 and submit	06/21/25
Evidence that household members are free from tuberculosis is needed	Have a medical professional complete the test and submit	06/21/25
Parent authorization forms to administer medicine and transport	Provide forms to parent to sign and submit	06/21/25
Caregiver needs training hours	Complete require training hours	06/21/25

Providers/Operators are required by regulations and statutes to be in compliance at all times.

Licensing Specialist: Sheena Godbolt Date 05/21/25
DSS Form 2910 (Feb 2023)