South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Teneeka Lavern Stine	v	Date of Inspection:	6/2/	15	Time of Inspection:	10:499	
ermit #: 22912	Type of Inspection: □ Annual	□ Complaint Rene	wal _ F	ollow U	p (original inspection	n date)
		Re	eason for	r Follow	up: pending defic	iencies 🗆 self-rep	or
ddress: 708 Moorer Avenue Hardeeville, SC 29927		Н	lours of C	Operatio	n: M- 7:00AM- 8:30	0PM T- 7:00AM-	
		8	:30PM V	V- 7:00/	llow up: □pending deficiencies □self-reporation: M- 7:00AM- 8:30PM T- 7:00AM- 2:00AM- 8:30PM Th- 7:00AM- 8:30PM F-	-	
	7:00AM-8:30PM						
elephone #: 843-784-3916	Any changes in contact info (P	hone/Email/Fax)? - Ye	es 🗹 N	io	Overnight Care?	Yes No	
hange in address? Yes 6 No	Zoning restrictions - Yes & No					40,343.	
otal Capacity: 6	Items to be posted: Registration	n					
erify the following: Verified Liability Ins	rrance 63-13-210 □ Yes □ No. If	no, verify signed statem	ents from	n narents	s v Yes n No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	S. F. Daniel Line	W S			
	C	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)					
Living room (no excessive clutter, etc.)					
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)	0/				
Cribs meet CPSC requirements			ß		
Bathrooms (no visible mold, etc.)	Ø				
Garage/Shed (secured if harmful items inside)					
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	8				
Multiple floor levels?			p Yes No		
No suffocation /Poisonous hazardous materials around the house					
No major structural damages (Holes in floors or walls, etc.)	ø				
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?			Ø		
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No			В		
Any serious injuries requiring medical attention?			□ Yes ⊡′No		
Any fatalities?			□ Yes □∕No		
DOCUMENTATION			Velly		
	C	N	N/A		
DSS 2909 completed for all enrolled children?					
Emergency Preparedness Plan?	Ø				
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?			3 ~		
Permission forms from parents signed and dated?	6		D		
Field Trips? If yes, signed parental permissions forms?	2	Q			
STAFFING & SUPERVISION					
	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:	L				
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<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.