South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Pperator Name: Maxine Rivers

Signature of Child Care Licensing Specialist:

Date of Inspection: 7118123 Time of Inspection: 11:159

Date:

25728	Type of Inspection: Annual	□ Complaint □	Reaso	n for Follo	w up: □pendi	nspection ng defici	n date_ encies	□self-r
dress: 1194 Mitchellville Rd RIDGELAND, SC 29936 ephone #: 843-298-1228 Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Zoning restrictions Yes No						Care? □ Yes □ No		
acity: 6	Items to be posted: Registration	on				_		_
tollowing: Verified Liability Insu	rance 63-13-210 - Yes 🗹 No If	no, verify signed s	statements	from pare	nts. 🗆 Yes 💋 I	V O		
но	ME INSPECTION (HEALTH, SA	NITATION & SA	CCTV)				W	78
	ME MOST ECTION (HEALTH, SA	initialion, a sa					M	NICA
tchen (sharn chiects, cleaning	supplies, etc. inaccessible to ch	nildron\		III ISOLUMA		C.	N	N/A
ving room (no excessive clutte		muren)				10		
edrooms (no children unsuper						16		
eep Arrangements (no Pack-N						2		
ibs meet CPSC requirements	-riays)	 						
throoms (no visible mold, etc.	1						8	
	<u>·</u>							
arage/Shed (secured if harmfu					_			
	es, rusty points, fence if ditches	, accessible to sti	eet)			<u>Z</u>		
ultiple floor levels?							Yes 🗹	No
	rdous materials around the hou	ise				2		
major structural damages (Hots/Animals? Yes No						-		
-	Up to date vaccination reco							2
noke Detectors/Fire Extinguish		Yes 🗆 No						
y serious injuries requiring me	adical attention?					Yes ☑ No		
y <u>fa</u> talities?							Yes d	No
	DOCUMENTATI	ON	NATURAL DESCRIPTION					
C 2000 commissed for all comm	M-4-1442	AS) AS MALES		THE PARTY	25 JUST 11/8/10	С	N	N/A
S 2909 completed for all enro	Hied Children?						₫,	
nergency Preparedness Plan?	to a No. 18 years in the second in						6	
medication administered?		ation expired?				- D		2
rmission forms from parents s	<u> </u>					<u> </u>		<u> 2</u>
ia Trips? IT yes, signed paren	tal permissions forms?	A CONTRACTOR OF THE CONTRACTOR						Ø
SOCIETY TO SECURE	STAFFING & SUPERY	VISION		100 199 1				
	THE PARTY OF THE P		100	IBNO SELEC		C	N	
iff observed were qualified?						6/		
	J-825							
								No
mber of children observed:			·- <u>-</u>		<u> </u>	——	2	
Compliant with Regulation - N =	Noncompliant with Regulation	No violations no	ted at the t	lme of visi		V6-27-6-7-15		
compliant with Regulation - N = vision: Care provided to an individual nowledge of activity requirements a ving ready access to children in order	Noncompilant with Regulation all child or group of children. Adequa and children's needs and accountabil	No violations not te supervision requity for their care. Add	res awaren	ess of and r	esponsibility for	the ongoing	Yes d	

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<u>Division of Early Care and Education</u> <u>Deficiency Correction</u>

NAME OF PROVIDER/OPERATOR Maxine Rivers

PERMIT #_25728

Corrective Action Needed	Expected Date of Correction Citation corrected 7/18/23		
Provider to have 2909 forms completed for enrolled children, (4)			
Provider to complete the Emergency Plan template	Citation corrected 7/18/23		
Provider to provide a crib for an enrolled child who is less than twelve (12)	Citation corrected 7/21/23		
Provider to provide a notice to parents that the provider does not carry liability insurance	Citation corrected 7/18/23		
	Provider to have 2909 forms completed for enrolled children, (4) Provide a notice to parents Provider to complete the Emergency Plan template Provider to provide a crib for an enrolled child who is less than twelve (12) months old Provider to provide a notice to parents that the provider does not carry liability		

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

Licensing Specialist	Date12 13 13