

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

Operator Name: Ethel Deloris Mack
Permit #: 9896

Address: 4919 Ritter Road Walterboro, SC 29488

Telephone #: 843-893-3415
Change in address? Yes No

Total Capacity: 6

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

Date of Inspection: 2/27/25 Time of Inspection: 10:00 - 11:00

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

Reason for Follow up: pending deficiencies self-report

Hours of Operation: M-F 6:00a-6:00p

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

Zoning restrictions Yes No

Items to be posted: Registration

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Multiple floor levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any fatalities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

DOCUMENTATION

	C	N	N/A
DSS 2909 completed for all enrolled children?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of children observed:	<input type="checkbox"/>	<input type="checkbox"/>	4

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

Signature of Operator/Emergency Person:

Ethel D. Mack

Date: 2/27/25 Refused to sign

Signature of Child Care Licensing Specialist:

Maileyn Rice

Date: 2/27/25

Division of Early Care and Education

Deficiency Correction

NAME OF PROVIDER/OPERATOR Ethel Deloris Mack
PERMIT # 9986

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Outdoor Space-Ant piles on playground	Ant piles to be removed	30 days from visit

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

Licensing Specialist H. Hutchinson for M. Rice Date 02/27/2025