

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

Operator Name: Nigeria Tyler-Williams
Permit #: 25773

Date of Inspection: 5/13/24 Time of Inspection: 2:05 PM
Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date _____)

Reason for Follow up: pending deficiencies self-report

Address: 5091 Coburg Ln ORANGEBURG, SC 29115

Hours of Operation:

Telephone #: 803-653-2683

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

Change in address? Yes No

Zoning restrictions Yes No

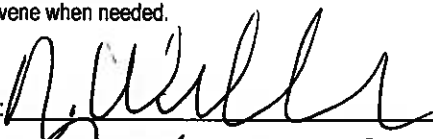
Total Capacity: 6


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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Living room (no excessive clutter, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bedrooms (no children unsupervised, guns or drugs, etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sleep Arrangements (no Pack-N-Plays)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cribs meet CPSC requirements	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/> Yes <input checked="" type="checkbox"/> No		
No suffocation /Poisonous hazardous materials around the house	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Is provider over capacity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Number of children observed:	7		
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit <input type="checkbox"/>			

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:  Date: 5/13/2024 Refused to sign

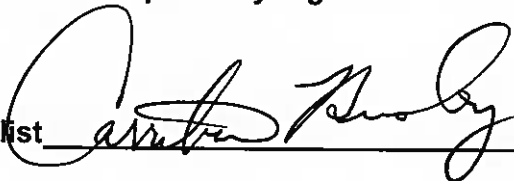
Signature of Child Care Licensing Specialist:  Date: 5/13/2024

Division of Early Care and Education
Deficiency Correction

NAME OF PROVIDER/OPERATOR Nigeria Tyler-Williams
PERMIT # 25773

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Provider was observed being over capacity due to seven children being present.	Ensuring that enrollment stays within the capacity requirements.	5/13/2024; close of business day of visit.
Health, Sanitation and Safety issues observed in interior and exterior spaces (debris, alcohol/tobacco)	Ensuring facility complies with health and safety of the children.	5/13/2024; close of business day of visit.

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

Licensing Specialist  Date 5/16/2024