

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

Operator Name: Lataisha Spann Date of Inspection: 2-11-19 Time of Inspection: 9:56 AM
 Permit #: 18553 Type of Inspection: Annual Complaint Follow Up
 Address: 2635 Wisdom Lane Effingham, SC 29541 Hours of Operation: M-F, 7:00a-10:00p
 Telephone #: (843) 661-5384 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: License 114-528 D(2)
 Verify the following: Verified Liability Insurance 63-13-45 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 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? If yes, have they been vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No | <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 | | |
| IMPORTANT DOCUMENTATION | | | |
| | C | N | N/A |
| Emergency Preparedness Plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is medication administered? If yes, is the medication Expired? <input type="checkbox"/> Yes <input type="checkbox"/> No | <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"/> |
| Liability Insurance verified? If no, Signed Parent statement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Up to date on training for operator and emergency person? | <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 checked="" type="checkbox"/> |
| STAFFING & SUPERVISION | | | |
| | C | N | |
| Staff observed were qualified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Is provider over capacity? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Training hours up-to-date? 63-13-825 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Number of children observed: | <u>3</u> | | |
| C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit <input checked="" 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: Agnes Spann Date: 2-11-19 Refused to sign
 Signature of Child Care Licensing Specialist: Shirley Bushman Date: 2-11-19