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

perator Name: Karolyn Segres ermit #: 9613	Type of Inspection: Date of Inspection: Local Type of Inspection: Date of Inspection:					
		Reas	on for Follow up: □per	inapection indian deficia	nate_ anciae	
ldress: 607 Boardman Road Aiker	ı, SC 29803	Hou	irs of Operation: 7 days	:7:00a-7:00	n n	⊓ae⊪.ah
lephone #: 803-634-9467	Any changes in contact info (Pl	hone/Email/Fax)? □ Yes		t Care? □ Y		No
ange in address? 🗆 Yes 🖙 🙌	Zoning restrictions - Yes Who			t Odio;	103 12	NO
tal Capacity: 0	Items to be posted: Registratio	n				
rify the following: Verified Liability I	Insurance 63-13-210 ✓ Yes □ No If	no, verify signed statemen	ts from parents. Yes	ı No		
	HOME INSPECTION (HEALTH, SAI	NITATION, & SAFETY)				
				С	A1	ALCA
Kitchen (sharp objects, clear	ning supplies, etc. inaccessible to ch	nildren)			N	N/A
Living room (no excessive clutter, etc.)				Ver 1		
Bedrooms (no children unsupervised, guns or drugs, etc)				VZ	0	
Sleep Arrangements (no Pack-N-Plays)				ver'		
Cribs meet CPSC requirements				v ð		
						VZ
Bathrooms (no visible mold, etc.)				₩		-
Garage/Shed (secured if harmful items inside)				<u> </u>		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				vď		0
Multiple floor levels?				□ Yes vz No		
No suffocation /Poisonous hazardous materials around the house				W/		
No major structural damages (Holes in floors or walls, etc.)				₩.		
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?						Vel
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No				V		
Any serious injuries requiring medical attention?				□ Yes 🖅 No		
Any fatalities?				□ Yes va No		
	DOCUMENTATION	ON				
				С	N	N/A
DSS 2909 completed for all enrolled children?			Les Les			
Emergency Preparedness Plan?				12/		<u> </u>
Is medication administered? Yes No If yes, is the medication expired?					0	LET
Permission forms from parents signed and dated?				ug'		
Field Trips? If yes, signed parental permissions forms?					0	-
	STAFFING & SUPER		**			
CEVER OF THE PERSON DON'T BE					A.	
Staff observed were qualified	d?	تواسه سهاسه		С	N	1
Training hours up-to-date? 63-13-825				- 0/		i I
Is provider over capacity?					العا	لــــــــــا
Number of children observed:				□ Yes 🖃 No		
				3		
C = Compliant with Regulation	- N = Noncompliant with Regulation	No violations noted at th	e time of visit 🗆			18 W III
0 - compilant mai negalation	11 - Noncompliant war regulation	NO VIOIAUONS NOted at th	ie time of visit			
Suppositions Constructed to an in-		3 - 11 - 3				
Supervision: Care provided to an inc	dividual child or group of children. Adequa	ate supervision requires awar	eness of and responsibility	for the ongoin	g activit	y of each
and having ready access to children i	ents and children's needs and accountabilin order to intervene when needed	iny for their care. Adequate si	upervision also requires the	operator and	or staff	being near
and haring rade; decede to official (if	F 11					
			, ,			
Signature of Operator/Emerge	ency Person: / Wolfens &) dollar	Date: (2/7/	2/ []	Dofus	ed to sign
	- Japan	-	- Date. 6/1/	۳ ۱	r e luse	iu to sign
Signature of Child Care Licen	sing Specialist:	Jan	Date: 6.7.3	<u> </u>		