## South Carolina Department of Social Services Office of Child Care Licensing

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| Operator Name: Maria Freberg                 |   |                   |              |              | Time of Inspection  |            |     |
|--|---|-------------------|--------------|--------------|---------------------|------------|-----|
| Permit #: 25364                              | Type of Inspection:   Annual            | □ Complaint       | □Renewal     | □ Follow     | Up (original inspec | tion date_ | )   |
|  |   |                   |              |              | w up: □pending de   |            |     |
| Address: 620 Wynfield Forest Drive SU        | JMMERVILLE, SC 29485                    |                   | Hour         | s of Operat  | tion:               |            |     |
| Telephone #: 704-701-2489                    | Any changes in contact info (P          | hone/Email/Fax    | x)? □ Yes    | <b>X</b> No  | Overnight Care?     | □ Yes 🏖    | (No |
| Change in address? ☐ Yes ¥ No                | Zoning restrictions   Yes               |                   | <u> </u>     |              |                     |            |     |
| Total Capacity: 6                            | Items to be posted: Registration        | on                |              |              |                     |            |     |
| Verify the following: Verified Liability Ins | urance <b>63-13-210 √</b> ⊅ Yès □ No_lf | no, verify signed | d statements | s from parei | nts. 🗆 Yes 🗆 No     |            |     |
| •  | •                                       |                   |              |              |                     |            |     |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY)  |               |           | 10 m       |  |  |
|---|---------------|-----------|------------|--|--|
|   | C             | N         | N/A        |  |  |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)                                   | X             |           | 0          |  |  |
| Living room (no excessive clutter, etc.)  |               |           |            |  |  |
| Bedrooms (no children unsupervised, guns or drugs, etc)   |               |           |            |  |  |
| Sleep Arrangements (no Pack-N-Plays)  |               |           |            |  |  |
| Cribs meet CPSC requirements  | 34            |           |            |  |  |
| Bathrooms (no visible mold, etc.)   | ×             |           |            |  |  |
| Garage/Shed (secured if harmful items inside)   | ×             |           |            |  |  |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)                      | <b>X</b> 6    |           |            |  |  |
| Multiple floor levels?  | ¥ Yes □ No    |           |            |  |  |
| No suffocation /Poisonous hazardous materials around the house  | 262           | 0         | 0          |  |  |
| No major structural damages (Holes in floors or walls, etc.)  | <b>&gt;</b> ≭ | 0         |            |  |  |
| Pets/Animals?   Yes You No Up to date vaccination records?  |               |           | ×          |  |  |
| Smoke Detectors/Fire Extinguishers? If not, TA provided   | X             |           |            |  |  |
| Any serious injuries requiring medical attention?   | □ Yes 🗶 No    |           |            |  |  |
| Any fatalities?   |               | □ Yes 💢No |            |  |  |
| DOCUMENTATION   | فالعب         |           |            |  |  |
|   | С             | N         | N/A        |  |  |
| DSS 2909 completed for all enrolled children?   |               | 0         | 0          |  |  |
| Emergency Preparedness Plan?  |               |           | 0          |  |  |
| Is medication administered  Yes □ No If yes, is the medication expired?                                     |               |           | 0          |  |  |
| Permission forms from parents signed and dated?   |               |           |            |  |  |
| Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No  |               |           |            |  |  |
| STAFFING & SUPERVISION  |               |           |            |  |  |
|   | С             | N         |            |  |  |
| Staff observed were qualified?  |               |           | ]          |  |  |
| Training hours up-to-date? 63-13-825  |               |           |            |  |  |
| Is provider over capacity?  |               |           | □ Yes 🔀 No |  |  |
| Number of children observed:  |               |           |            |  |  |
|   |               |           |            |  |  |
| C = Compliant with Regulation - N = Noncompliant with Regulation   No violations noted at the time of visit | - 1           | 148       | 445 AN     |  |  |

<u>Supervision</u>: 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:  | x Frebug Date: 11/12/21 🗆 Refused to sign |
|--|---|
| orginates of operator and gone, and an analysis of the same of the |   |
| Signature of Child Care Licensing Specialist: H. H. Hudding  | Multi Surguez Date: 11/2/2021             |