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

Operator Name: Shannon Whitten Pressley		Date of Inspection: 12/2/21 T			Time of Inspection: 4:500M			
Permit #: 21715	Type of Inspection: Annual	□ Complaint	□Renewal	□ Follow U	p (original inspect	ion date)		
	•		Reaso	n for Follow	up: pending def	iciencies aself-report		
Address: 231 Elliot Lane CROSS, SC 29436			Hours of Operation: M-F5:00p-12:O0a					
Telephone #: 843-696-3821	Any changes in contact info (Pi	none/Email/Fax	()? □ Yes	⊳ No	Overnight Care?	□ Yes ∠rNo		
Change in address? □ Yes 🔏 No	Zoning restrictions - Yes No		· ·					
Total Capacity: 6	Items to be posted: Registratio				oper			
Verify the following: Verified Liability Insu	rance 63-13-210 🗖 Yes 🗷 No If i	no, verify signed	d statements	from parent	s. 🗷 Yes 🗆 No	344		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	No	SIVE.	-13		
	С	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)					
Living room (no excessive clutter, etc.)			0		
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)					
Cribs meet CPSC requirements					
Bathrooms (no visible mold, etc.)			0		
Garage/Shed (secured if harmful items inside)	مو				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)					
Multiple floor levels?			□ Yes 🗷 No		
No suffocation /Poisonous hazardous materials around the house					
No major structural damages (Holes in floors or walls, etc.)			Ġ		
Pets/Animals? Yes 4 No Up to date vaccination records?					
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No			' D		
Any serious injuries requiring medical attention?			□ Yes Z No		
Any fatalities?		□ Yes 🗷 No			
DOCUMENTATION					
	С	N	N/A		
DSS 2909 completed for all enrolled children?					
Emergency Preparedness Plan?					
Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?					
Permission forms from parents signed and dated?			JZ^		
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			18		
STAFFING & SUPERVISION		القلي			
	C 2	N			
Staff observed were qualified?					
Training hours up-to-date? 63-13-825					
Is provider over capacity?			□ Yes □ No		
Number of children observed:		S			
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<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:

Date: 12 | 2 | □ Refus

Date: 18/8/21

Signature of Child Care Licensing Specialist