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

Verify the following: Verified Liability Insurance 63-13-210 - Yes 10 If no, verify signed statements from parents 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liability Insurance 63-13-210 - Yes 10 Perify the following: Verified Liabili

Operator Name: Patricia Bessellieu	Date of Inspection: 10 12 2021 Time of Inspection: 11.52am-12 4am
Permit #: 8627	Type of Inspection: ☐ Annual ☐ Complaint ☐ Renewal ☐ Follow Up (original inspection date)
	Reason for Follow up: □ pending deficiencies □ self-report
Address: 520 Lincolnshire Drive GEOR	GETOWN, SC 29440 Hours of Operation: M-F7:00a-5:00p
Telephone #: 843-546-4763	Any changes in contact info (Phone/Email/Fax)? □ Yes → No Overnight Care? □ Yes → No
Change in address? □Yes □No	Zoning restrictions   Yes Ato
Total Capacity: 6	Items to be posted: PRegistration .

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
	С	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			
Living room (no excessive clutter, etc.)			
Bedrooms (no children unsupervised, guns or drugs, etc)			
Sleep Arrangements (no Pack-N-Plays)			
Cribs meet CPSC requirements			
Bathrooms (no visible mold, etc.)			
Garage/Shed (secured if harmful i tems inside)	W		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	Le		
Multiple floor levels?		□ Yes 🖙 Ho	
No suffocation / Poisonous hazardous materials around the house	D		
No major structural damages (Holes in floors or walls, etc.)			
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?			W
Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No			
Any serious injuries requiring medical attention?		Yes 🖙	NO
Any fata lities?		□ Yes □ No	
DOCUMENTATION			
	C	N	N/A
DSS 2909 completed for all enrolled children?			
Emergency Pre paredness Plan?			
Is medication administered? ☐ Yes ♠ No If yes, is the medication expired?			
Permission forms from parents signed and dated?			W
FieldTrips? If yes, signed parental permissions forms? □ Yes □ No			V
STAFFING & SUPERVISION			
	C	N	
Staff observed were qualified?			
Staff observed were qualified?			
Training hours up-to-date? 63-13-825	W	□ Yes □ No	
	1	Yes 🖵	MO
Training hours up-to-date? 63-13-825		Yes 🕟	MO
Training hours up-to-date? <b>63-13-825</b> Is provider over capacity?			MO

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: Tabuta Bosellulu	1, 10	
Signature of Operator/Emergency Person: Mana Described	Date: 10-12-21	☐ Refused to sign
Signature of Child Care Licensing Specialist: 4.5000	Date: 10/12/2021	