

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

Operator Name: Janicetine Freshley
 Permit #: 24548

Address: 7121 Middle Loop GRESHAM, SC 29546

Telephone #: 843-331-5999

Change in address? Yes No

Total Capacity: 6

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

Date of Inspection: 10/11/21 Time of Inspection: 10:48 PM
 Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date _____)

Reason for Follow up: pending deficiencies self-report

Hours of Operation: M-F 6:00a-6:00p

Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No

Zoning restrictions Yes No

Items to be posted: Registration

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No suffocation /Poisonous hazardous materials around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
No major structural damages (Holes in floors or walls, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pets/Animals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Up to date vaccination records?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors/Fire Extinguishers? If not, TA provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any serious injuries requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any fatalities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

DOCUMENTATION

DSS 2909 completed for all enrolled children?	C	N	N/A
Emergency Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is medication administered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the medication expired?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission forms from parents signed and dated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Trips? If yes, signed parental permissions forms? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAFFING & SUPERVISION

Staff observed were qualified?	C	N	
Training hours up-to-date? 63-13-825	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is provider over capacity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Number of children observed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit

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:

Janicetine Freshley

Date: 10/11/21

Refused to sign

Signature of Child Care Licensing Specialist:

Bonita J. Britt

Date: 10/11/21