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

Operator Name: Othelia Britton Permit #: 25327 Type of Inspection: 7.4			Da	tte of Inspection: 2 27 22 Time of Inspection: 11	1)1)4	m.	- 11'	14
Type of mapection:	nnua		Comp	rent Unterlevel Follow Un foriginal increasion al-	1			
Address: 170 James Lee Place, GEORGETOWN, SC 29440)			Reason for Follow up: clear up pending deficie	ncy 🗆 S	elf-Re	/ port	
Any changes in contact in	fo (Ph	none	/Email	/Fox/2 V Tours of Operation, 6:00am-6:00pm				
					Yes	⊒-No		
Total Capacity: 6 Verify the following: Verified Liability Insurance 63 13 210	se 11	4-528	BD(2)	Menu III D(1)(c)				
Verify the following: Verified Liability Insurance 63-13-210 ☐ Yes	aNo	If no	o, verify	signed statements from parents. ✓ Yes □ No □ N/A				
The state of the s				TY - SUGGESTED STANDARDS				
Did you obcono proporti	C	N	N/A	. GOOCLOTED STANDARDS				
Did you observe proper diaper changing practices III A(2)(a) First aid supplies in home III A (5-6)				Medicine labeled & stored properly III A(4)	C	N	N/A	
Any pets/animals? IV B(1)(g) Type of animal	V	10		Children's faces/hands clean III A(2)(b)	10	0		
L (Dog, Cat, etc.)	Yes		□ No		V			
Lighting & ventilation sufficient IV B(1)(f)	-	Т		Have pets/animals been vaccinated? IV B(1)(g)	10			
VI MICHEL	W	10		Outdoor toys & equipment in safe, good condition IV				
Carpet, ceiling, floors, & rugs are clean & secure IV B(1)(d)	W	-		A(3)(b)	0			
Soap & single service towels in restrooms IV B(3)(c)	Va	-		Unsafe areas fenced/safety barriers in place IV A(2)(a)	10			
Sink and the Late	100			Grounds free of glass, paper & other litter IV B(1)(b)	U			
Sink area has hot & cold water IV B(2)(a-b)	0			Infants are placed on their backs (Unless Doctor note is provided) 63-13-830 (e)(1)			_	
strangulation, choking, or suffocation hazards IV A(3)(a)	18	0		Pack & Plays used for sleeping IV B(5)(a)(1-2)	44		0	
Home free from pest problems(insects, rodents) IV B(1)(c)	0	-		Cots, beds, mats, & cribs available for each child IV	NB			
Garbage & refuse stored in a durable and in the stored in a durable and in the stored	1	LJ		D(3)(a)(1-2)	W			
Garbage & refuse stored in a durable container IV B(4)(b)	0			Cribs meet federal standards (reviewed cert.) IV A(3)(c)	+=+			
Any serious injuries requiring medical attention?	DΥ	es Ç	No	Any fatalities?			10	
PROG	RAM	- SU	GGES	TED STANDARDS	1 0 16	es 🔑	No	
Daily schedule-developmentally appropriate activities for	C	N	N/A		C	NN	I/A	
	Va			Emergency or disaster plan I A(1)(j)				
MEAL REQU	IREM	ENT	S - SU	GGESTED STANDARDS				
Food stored & handled properly IV B (6)(a)	-	IN	N/A		CI	IIN	/A	
Refrigerators have thermometers, temp 45°E or bolow IV	18	0		Meals & snacks in compliance III D(1)				
D(0)(a)	W							
STAFFING / SU	PER	VISIO	DN - SL	JGGESTED STANDARDS				
	С	N		SOUTH OF ANDARDS				
Staff observed were qualified? 63-13-830 (C) Proper supervision observed?	0			Is provider over capacity? 114-528D(3)	CN	+		
Training hours up-to-date? 63-13-825	12			Number of children observed:		4		
			NA		-	-		
C = Compliant with Regulation - N = Noncompliant with Regu	lation	1	No vio	lations noted at the time of visit			┥	
Suggested Standards are mandated require	ments	s for	Family	Child Care Home operators who elect to be licensed				
<u>Supervision</u> : Care provided to an individual child or group of children. child, knowledge of activity requirements and children's needs and accordand having ready access to children in order to intervene when provided	Adequ ountab	ate s	upervisi or their c	ion requires awareness of and responsibility for the ongoing activity care. Adequate supervision also requires the operator and/or staff be	of each	ır		
No siana	hu	P	rau	ired due		oct/V		
	100	-						
Signature of Operator/Emergency Person: + VIF-W	ial	in	500 CH	tion conducted. 7/27/2022				
Signature of Operator/Emergency Person: 10 Signature of Child Care Licensing Specialist: 10 M	ial	in	Spect	hish conducted. 2 27 2022 - Refused	d to sig	n		