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

Operator Name: ANNETTE COUSAR		Date of Inspection: 3	18/2	Z Time of Inspection: 9:58 pm		
Permit #: 10566	Type of Inspection: Annual	□ Complaint □Renewal	l' □ Follo	ow Up (original inspection date		
		Reaso	on for Fo	ollow up: pending deficiencies pself-report		
Address: 401 Drayton Street MANNING	i, SC 29102	Hour	rs of Ope	eration: M-F6:30a-8:00p		
Telephone #: 803-435-4637	Any changes in contact info (Ph	none/Email/Fax)? Yes	#No	Overnight Care? ☐ Yes ☑ No		
Change in address: 11 165 × 140	Zoning restrictions Yes			5.5mg.n. 5die: 1 163 2110		
Total Capacity: 6	Items to be posted: Registration	n				
Verify the following: Verified Liability Insurance 63-13-210 ☐ Yes ☑ No If no, verify signed statements from parents. ☑ Yes ☐ No						
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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 items inside)				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				
Multiple floor levels?			No No	
No suffocation /Poisonous hazardous materials around the house				
No major structural damages (Holes in floors or walls, etc.)				
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?				
Smoke Detectors/Fire Extinguishers? If not, TA provided ☑Yes □ No	18			
Any serious injuries requiring medical attention?			D .	
Any fatalities?			□ Yes æNo	
DOCUMENTATION :		162 4	TYU	
	C	N	N/A	
DSS 2909 completed for all enrolled children?			IN/A	
		_		
Emergency Preparedness Plan?			0	
Emergency Preparedness Plan?	P/			
Emergency Preparedness Plan? Is medication administered? ☐ Yes ☐ No	B1			
Emergency Preparedness Plan? Is medication administered? Yes No If yes, is the medication expired? Permission forms from parents signed and dated?	4			
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Emergency Preparedness Plan? Is medication administered? □ Yes ☑ No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes ☑ No STAFFING & SUPERVISION Staff observed were qualified? Training hours up-to-date? 63-13-825	C P P		0	
Emergency Preparedness Plan? Is medication administered? Yes No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? Yes No STAFFING & SUPERVISION Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity?	C P P			

<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:	relts Come	Date: 3/18/ ZZ Refused to sign
Signature of Child Care Licensing Specialist:	. 1	Date: 3/18/22