South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Shirley Lee ermit #: 24585	Type of Inspection: Annual	Date of Inspection: 4	11/22 Follow	Time of Inspectio	n:!: tion date	<u>05am</u>
		Reas	son for Follo	w up: apending de	ficiencie	s -self-report
.ddress: 9110 Purrysburg Road Hardes	eville, SC 29927	Hou	irs of Operati	ion: M-F6:00a-6:O	Ор	
elephone #: 843-247-0664 hange in address? Yes No	Any changes in contact info (PI Zoning restrictions D Yes No	hone/Email/Fax)? □ Yes	r≥No	Overnight Care?	□ Yes	No
otal Capacity: 6 erify the following: Verified Liability Insu	rance 63-13-210 Yes - No If	no, verify signed statemer	nts from parer	nts. Yes No		

	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)	1		_		
Sleep Arrangements (no Pack-N-Plays)	W		0		
Cribs meet CPSC requirements					
Bathrooms (no visible mold, etc.)					
Garage/Shed (secured if harmful items inside)			0		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)		0	. 0		
Multiple floor levels?		□ Yes ☑ 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					
Any serious injuries requiring medical attention?			□ Yes 🗹 Ŋo		
Any fatalities?			□ Yes 🗹 No		
DOCUMENTATION					
	_ C _	N	N/A		
DSS 2909 completed for all enrolled children?	C	N	N/A		
DSS 2909 completed for all enrolled children? Emergency Preparedness Plan?			100		
Emergency Preparedness Plan? Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?	1		0		
Emergency Preparedness Plan?	8	0	0		
Emergency Preparedness Plan? Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?		0	0		
Emergency Preparedness Plan? Is medication administered? Yes No If yes, is the medication expired? Permission forms from parents signed and dated?		0			
Emergency Preparedness Plan? Is medication administered? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? Yes No		0			
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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 Is provider over capacity?	c C	N Yes 2	- d		

Signature of Operator/Emergency Person: Date: 4-7-22 Refused to sign	child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being nea
	and having ready access to children in order to intervene when needed.
Signature of Child Care Licensing Specialist: 1000000000000000000000000000000000000	model of a

Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each