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

| Operator Name: Pearlene Flowers Prie | st Date of Ins | pection: (0) 7 2027 | Time of Inspection: 10:50am-11:1 |
|-----------------------------------------------|---------------------------------------------|-------------------------|-----------------------------------------|
| Permit #: 4339 | Type of Inspection and Annual - Complain | t Renewal - Follow | (Up (original inspection date |
| Address Of Dallas David OFODOFTO | | Reason for Foll | owup: pending deficiencies pself-report |
| Address: 28 Dalton Road GEORGETOWN, SC 29440 | | Hours of Opera | fion: M-F7:00a-5:00p |
| Telephone #: 843-546-6633 | Any changes in contact info (Phone/Email/F | ax)? Yes No | Overnight Care? Yes Alo |
| Change in address? □Yes 🖬 No | Zoning restrictions - Yes No | | |
| Total Capacity: 6 | Items to be posted: Registration | == | |
| Verify the following: Verified Liability Insu | ıranœ 63-13-210 □ Yes 🕩 🗸 Ifno, verify sign | ed statements from pare | ents.erYes - No |

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| Kitchen (sharp objects, cleaning supplies, etc. i naccessible to children) | The state of the s | N | N// | |
| Living room (no excessive clutter, etc.) | 45 | 0 | | |
| | | | | |
| Bedrooms (no children unsupervised, guns or drugs, etc) Sleep Arrangements (no Pack-N-Plays) | | | · . | |
| Cribs meet CPSC requirements | 10 | | | |
| | 19 | 0 | | |
| Bathrooms (no visible mold, etc.) | | 0 | | |
| Garage/Shed (secured if harmful items inside) | 10 | · 🗆 . | _ î | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | 10/ | | | |
| Multiple floor levels? | | □ Yes p No | | |
| No suffocation / Poisonous hazardous materials around the house | The state of the s | | | |
| No major structural damages (Holes in floors or walls, etc.) | | | 0 | |
| Pets/Animals? Yes No Up to date vaccination records? | 0 | | iD | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No | 100 | | | |
| Any serious injuries requiring medical attention? | | □ Yes a No | | |
| Anyfatalities? | | □ Yes ►No | | |
| DOCUMENTATION | | | | |
| | C | N | N/A | |
| DSS 2909 completed for all enrolled children? | 10 | П | | |
| Emergency Preparedness Plan? | 10 | | 0 | |
| Is medication administered? Yes No If yes, is the medication expired? | C - D | 0 | 40 | |
| Permission forms from parents signed and dated? | 0 | п | Ler | |
| Field Trips? If yes, signed parental permissions forms? Yes No | | | 10 | |
| STAFFING & SUPERVISION | THE THE PARTY OF | | | |
| 图图图·阿里斯· 1875年 1475年 | C | N | | |
| Staff observed were qualified? | - | 0 | | |
| Training hours up-to-date? 63-13-825 | | 7 | | |
| Is provider over capacity? | | | MC. | |
| Number of children observed: | | □ Yes ☑ Yo | | |
| TRAINER OF CHICAGO CHICAGO CONTRACTOR CONTRA | | 6 | | |

<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, know ledge 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 interviene when needed.

| Signature of Operator/Emergency Person: Poorleve Huners | Date: 6/7/22 | ☐ Refused to sign |
|---------------------------------------------------------|-----------------------|-------------------|
| Signature of Child Care Licensing Specialist: A. Sww | Date: <u>V 7 2022</u> | |