## South Carolina Department of Social Services Office of Child Care Licensing

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Date of Inspection:

Type of Inspection: 

Annual Complaint Renewal Follow Up (original inspection date

one #: 803-469-6272 Any changes in contact info (Phone/Email/Fax) Zoning restrictions Pes No ltems to be posted: Registration			res 🇷	1√0 ——
he following: Verified Liability Insurance 63-13-210 a Yes Ano If no, verify signed	statements from pare	ents.		
7				
W				
HOME INSPECTION (HEALTH, SANITATION, & S	AFETY)		SE SE	
		c	N	N
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)		8		
Living room (no excessive clutter, etc.)				
Bedrooms (no children unsupervised, guns or drugs, etc)	-		<u> </u>	<del> </del>
Sleep Arrangements (no Pack-N-Plays)		2		<del>                                     </del>
Cribs meet CPSC requirements		Ø		1
Bathrooms (no visible mold, etc.)		1		<del>  '</del>
Garage/Shed (secured if harmful items inside)				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to s	treet)			<del>                                     </del>
Multiple floor levels?			□ Yes No	
No suffocation /Poisonous hazardous materials around the house				
No major structural damages (Holes in floors or walls, etc.)		6	0	
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?		2		
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No		6	0	
Any serious injuries requiring medical attention?		□ Yes ⋈No		
Any fatalities?			□ Yes 🗷 No	
DOCUMENTATION		THE PERSON NAMED IN	1183	
		C	N	N
DSS 2909 completed for all enrolled children?	•	d		,,,
Emergency Preparedness Plan?			-	,
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?		0	-	<del>                                     </del>

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.

No violations noted at the time of visit.

**STAFFING & SUPERVISION** 

Signature of Operator/Emergency Person:

Permission forms from parents signed and dated?

Staff observed were qualified?

Number of children observed:

Is provider over capacity?

Training hours up-to-date? 63-13-825

Field Trips? If yes, signed parental permissions forms? 

Yes

C = Compliant with Regulation - N = Noncompliant with Regulation

Operator Name: Francelia Dukes

Address: 3027 Queen Chapel Rd SUMTER, SC 29153

Permit #: 24323

Signature of Child Care Licensing Specialist

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□ Yes ⊿ No

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1/1/22 Time of Inspection;

Hours of Operation: M-F8:00a-12 -00a

Reason for Follow up: pending d eficiencies pself-report