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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Ruby Peake				12	
Permit #: 25205	Type of Inspection: MAnnual	Date of Inspection: 7/ □ Complaint □Renewal		O LULIUILIAI INSNECTIAN AS	to \
Address: 205 Catherine St. UNION, SC Telephone #: 864-466-5131 Change in address?   Yes No Total Capacity: 6	29379 Any changes in contact info (Pl Zoning restrictions Per Ves No Litems to be posted:	Hour hone/Email/Fax)? □ Yes	s of Operation No	vup: □pending deficienci on: Overnight Care? □ Yes	ies □self-report
Verify the following: Verified Liability Insu	rance 63-13-210 □ Yes ☑ No If	no, verify signed statement	s from parents	s. ∡ Yes □ No	

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	Taliyaya	- 70		
Kitchen (sharp objects classing supplies et al.)	С	N	N/	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) Living room (no excessive clutter, etc.)	4			
Bedrooms (no children unsupervised, guns or drugs, etc)	2			
Sleep Arrangements (no Pack-N-Plays)	⊌	0		
Cribs meet CPSC requirements	8		<del>                                     </del>	
Bathrooms (no visible mold, etc.)			e	
			<del>                                     </del>	
Garage/Shed (secured if harmful items inside)			<del>                                     </del>	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)  Multiple floor levels?				
No suffocation /Poisonous hazardous materials around the house		Yes æ		
No major structural damages (Holes in floors or walls, etc.)			П	
	9		<del>                                     </del>	
Smoke Detectors/Fire Full and the 200 March 1980 March			10/	
Any serious injuries requiring medical attention?				
Any fatalities?		□ Yes ☑ No		
	□ Yes □ No			
DOCUMENTATION	The la	- e3 it	TYAT	
DSS 2909 completed for all enrolled children?	C,	N	N/A	
Emergency Preparedness Plan?			0	
s medication administered? ☐ Yes ☑ No If yes, is the medication expired?	19		0	
Permission forms from parents signed and dated?			2	
ield Trips? If yes, signed parental permissions forms?				
STAFFING & SUPERVISION			52/	
SWITH OR SOFERVISION				
taff observed were qualified?	C	N		
Training hours up-to-date? 63-13-825				
Is provider over capacity?				
Number of children observed:			□ Yes 🗗 No	
			6	
= Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit N	1			

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.

Signature of Operator/Emergency Person:	Latyn South	Date: 7-27-22 Date: 7/27/22	☐ Refused to sign
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