South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Movieta Matthews	Date of Inspection: 7/28/22 Time of Inspection: 10:35 Type of Inspection: Follow Up (original inspection date)	
Permit #: 4728	Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date	
	Reason for Follow up: □pending d⊜ficiencies □self-repo	rt
Address: 1410 Welch Drive FLORENCI	11000000	
Telephone #: 843-665-1032 Change in address? □ Yes No	Any changes in contact info (Phone/Email/Fax)? Yes PNo Overnight Care? Yes No Zoning restrictions Yes NoNo	
Total Capacity: 6	Items to be posted: Registration rance 63-13-210 Pes No. If no, verify signed statements from parents. Yes No.	
Verify the following: Verified Liability Insu	rance 63-13-210 □ Yes ¬No If no, verify signed statements from parents. ✓ Yes □ No	

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)				
	C	N	N/A	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			0	
Living room (no excessive clutter, etc.)	UZ/		-0	
Bedrooms (no children unsupervised, guns or drugs, etc)	V	0	0	
Sleep Arrangements (no Pack-N-Plays)	15/	0	0	
Cribs meet CPSC requirements				
Bathrooms (no visible mold, etc.)			0	
Garage/Shed (secured if harmful items inside)				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	100			
Multiple floor levels?			No	
No suffocation /Poisonous hazardous materials around the house	V		0	
No major structural damages (Holes in floors or walls, etc.)	U.			
Pets/Animals? Yes No Up to date vaccination records?			New	
Smoke Detectors/Fire Extinguishers? If not, TA provided	0	-		
Any serious injuries requiring medical attention?	0	Yes b	No	
Any fatalities?		□ Yes ♣ No		
DOCUMENTATION				
	С	N	N/A	
DSS 2909 completed for all enrolled children?			0	
Emergency Preparedness Plan?			0	
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?			0	
Permission forms from parents signed and dated?			1	
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			10	
STAFFING & SUPERVISION		100		
	С	N		
Staff observed were qualified?			1	
Training hours up-to-date? 63-13-825			1	
Is provider over capacity?			MO	
Number of children observed:		(0		
	STATE OF THE REAL PROPERTY.			
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit			WAS A	

<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: Modula Matthews	Date: 7-28-22
, , ,	Date: 7/28/23