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

Operator Name: Shirley Lockett		Date of Inspection: 7	-291-22	-Time of Inspection:	1-281
Permit #: 21564	Type of Inspection: Annual	□ Complaint □Renewal	□ Follow L	p (original inspection da	ite C
Address: 1305 West Sumter Street FL0		Reaso	on for Follov	vup: □pending deficience on: M-F6:00a-9:00p	ies 🗆 self-repo
Telephone #: 843-661-0929 /	Any changes in contact info (Ph	none/Email/Fax)? 🗹 Yes		ווג. M-r6:00a-9:00p Overnight Care? ה Yes	c-Nn
Change in address?   Yes   You  You  You  You  You  You  You  Yo	Zoning restrictions   Yes No ltems to be posted: Registration				
Verify the following: Verified Liability Inst	urance 63-13-210 □ Yes ⊕ No If r	no, verify signed statement	s from parent	s. m/es n. No	

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	1				
	C	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			<del>                                     </del>		
Living room (no excessive clutter, etc.)			<del>                                     </del>		
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)			1 -		
Cribs meet CPSC requirements					
Bathrooms (no visible mold, etc.)					
Garage/Shed (secured if harmful items inside)					
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)			+ -		
Multiple floor levels?			ָ טאט		
No suffocation /Poisonous hazardous materials around the house					
No major structural damages (Holes in floors or walls, etc.)	<u>b</u>	0	<del>                                     </del>		
Pets/Animals? ☐ Yes			5		
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No			-		
Any serious injuries requiring medical attention?					
Any fatalities?			□ Yes ts/No		
DOCUMENTATION	70 7 -00 -00	105 13	No		
	C	N	N/		
DSS 2909 completed for all enrolled children?			-		
Emergency Preparedness Plan?					
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?					
Permission forms from parents signed and dated?			12		
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			しる		
STAFFING & SUPERVISION		· 🗖	[0		
	al War				
staff observed were qualified?	С	N .			
Training hours up-to-date? 63-13-825	4	0			
Is provider over capacity?			<u> </u>		
Number of children observed:			□ Yes ₩ No		
Number of children observed:					

<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: Date: 2-29-2020 Refused to signature	Ωr
Signature of Child Care Licensing Specialist:	yı