South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR LICENSED FAMILY CHILD CARE HOMES

)perator Name: Helena Orozaliev rermit #: 25427 Type of Inspection: Ann	Date of Inspection: 9-27-22 Time of Inspection: 9:00000000000000000000000000000000000						
ddress: 180 Fremont Rd., INMAN, SC 29349 elephone #: 413-777-6564 Any changes in contact info hange in address? □ Yes → No otal Capacity: 6 Items to be posted: Alicense erify the following: Verified Liability Insurance 63-13-210 Yes □	(Pho lo e 114-	one/E	mail/F D(2) 1	Reason for Follow up: clear up pending deficiency Hours of Operation: Single Shift ax)? Yes No Overnight Care? You Menu III D(1)(c)			port
HEALTH, SANITA	IOITA	V & S	SAFET	Y - SUGGESTED STANDARDS		ALS:	
And the second s	C	N	N/A		С	N	N/A
Did you observe proper diaper changing practices III A(2)(a)		0	X	Medicine labeled & stored properly III A(4)			X
First aid supplies in home III A (5-6)	<u> </u>	O		Children's faces/hands clean III A(2)(b)	×		0
Any pets/animals? IV B(1)(g) Type of animal CO+ (Dog, cat, etc.)	100	Yes	□ No	Have pets/animals been vaccinated? IV B(1)(g)	X	0	_
Lighting & ventilation sufficient IV B(1)(f)	¥	-	_	Outdoor toys & equipment in safe, good condition IV A(3)(b)	X	_	-
Carpet, ceiling, floors, & rugs are clean & secure IV B(1)(d)	X		0	Unsafe areas fenced/safety barriers in place IV A(2)(a)	×		0
Soap & single service towels in restrooms IV B(3)(c)	X		0	Grounds free of glass, paper & other litter IV B(1)(b)	×	-	0
Sink area has hot & cold water IV B(2)(a-b)	K	0	0	Infants are placed on their backs (Unless Doctor note is provided) 63-13-830 (e)(1)	X	0	0
strangulation, choking, or suffocation hazards IV A(3)(a)	18.			Pack & Plays used for sleeping IV B(5)(a)(1-2)	×	0	-
Home free from pest problems(insects, rodents) IV B(1)(c)	X	0	D	Cots, beds, mats, & cribs available for each child IV B(5)(a)(1-2)	×	0	0
Garbage & refuse stored in a durable container IV B(4)(b)	X		0	Cribs meet federal standards (reviewed cert.) IV A(3)(c)	X		0
Any serious injuries requiring medical attention?		/es	No	Any fatalities?	1		
Any serious injuries requiring medical attention? PROGRAM - SUGGESTED STANDARDS PROGRAM - SUGGESTED STANDARDS							
	С	N			C	N	N/A
Daily schedule-developmentally appropriate activities for	W	0		Emergency or disaster plan I A(1)(j)	X	0	
children III C(1) MEAL REOL		1 .		I IGGESTED STANDARDS	THE REAL PROPERTY.		
	С	N		A GEOTED GTAILDARDS	С	N	N/A
Food stored & handled properly IV B (6)(a)	X	$\overline{}$	-	Meals & snacks in compliance III D(1)	×		0
Refrigerators have thermometers, temp 45°F or below IV B(6)(a)	×	0	0		~		
STAFFING / S				SUGGESTED STANDARDS			30
HER LESS THE THE STATE OF THE S	C	N	_		С	N	
Staff observed were qualified? 63-13-830 (C)	×	<u> </u>		Is provider over capacity? 114-528D(3)	X	۵	
Proper supervision observed?	X		-1	Number of children observed:			
Training hours up-to-date? 63-13-825	L X		14.000000000000000000000000000000000000				
C = Compliant with Regulation - N = Noncompliant with Regulation	gulati	ion	No v	iolations noted at the time of visit			
Suggested Standards are mandated requision: Care provided to an individual child or group of childre			or Fam	lly Child Care Home operators who elect to be licensed	ty of e	ach	

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

Signature of Operator/Emergency Person:

and having ready access to children in order to intervene when needed.

Signature of Child Care Licensing Specialist: