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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Jaymie Leys Permit #: 25580	Type of Inspection: Annual	□ combigint ⊕Kenewal [	2 23 Time of Inspecti on: □ Follow Up (original inspecti	on data
Address: 4936 Sandlewood Dr MYRTL Telephone #: 843-520-9929 Change in address?   Yes   No	E BEACH, SC 29579  Any changes in contact info (P Zoning restrictions  Yes  No	Hours Hours hone/Email/Fax)? • Yes IMHed to S colo	of Operation: □pending cleft	ciencies self-repo
Verify the following: Verified Liability Insu	Items to be posted: ☑ Registration rance 63-13-210 □ Yes ☑ No If	n no, verify signed statements f	from parents.  Yes  No	8 2

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)				
Kitchen (sharp objects closning symplice at a live of the symples at a live of the live of the symples at a live of the symples at a live of the s	С	N.	N/	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) Living room (no excessive clutter, etc.)				
Bedrooms (no children unsupervised, guns or drugs, etc)				
Sleep Arrangements (no Pack-N-Plays)	4		-	
Cribs meet CPSC requirements				
	Ø	п		
Bathrooms (no visible mold, etc.)	T T		-	
Garage/Shed (secured if harmful items inside)	6		<del>  -</del>	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				
Multiple floor levels?		✓ □ □ □ □ ✓ Yes □ No		
No suffocation /Poisonous hazardous materials around the house	- V	$\overline{}$		
No major structural damages (Holes in floors or walls, etc.)			. 0	
Pets/Animals?   ✓ Yes   No Up to date vaccination records?	12			
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	- F			
Any serious injuries requiring medical attention?				
Any fatalities?		□ Yes ⊅ No		
DOCUMENTATION		Yes p	No	
	MACOUS MICHIGAN		v=	
DSS 2909 completed for all enrolled children?	C	N	N/A	
Emergency Preparedness Plan?	Ø,			
s medication administered?  Yes  No If yes, is the medication expired?		0		
Permission forms from parents signed and dated?				
Field Trips? If yes, signed parental permissions forms?   Yes  No			Ø	
STAFFING & SUPERVISION			Ø	
STATING & SUPERVISION				
Staff observed were qualified?	C	N		
Fraining hours up-to-date? 63-13-825	Ø			
s provider over capacity?	d	0		
Number of children observed:		□ Yes □ No		
Number of Childrell Observed.	5	100		

Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each and having ready access to children in order to intervene when needed.

Signature of Operator/Emergency Person.

Date: 2/03/03 □ Refused to sign

Signature of Child Care Licensing Specialist: CMUMO Date: 2/22/73