## South Carolina Department of Social Services

## Office of Child Care Licensing INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Geraldine Kinley		Date of Inspection	n: גו צו בל	2 Time of Inspection	n: 1:15
Permit #: 9956	Type of Inspection: Annual	□ Complaint □Re	enewa! 🗆 Poli	low Up (original inspec	tion date )
Address: 1652 Batchelor Street WEST	COLUMBIA, SC 29169		Reason for F Hours of On	ollow up: □pending de eration: 7 days6:00a-9	ficiencies self-report
Change in address?   Yes   NO	Any changes in contact info (5 Zoning restrictions - Yes - No	hone/Email/Fax)? □	Yes p No	Overnight Care?	□ Yes □ No
Total Capacity: 6 Verify the following: Verified Liability Insu	Items to be posted:   Registration	n -	tements from p	oarents. □ Yes □ No	50.5
		18			

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	- 6	200		
	C	N	N/A	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	10/	0		
Living room (no excessive clutter, etc.)	1		1 0	
Bedrooms (no children unsupervised, guns or drugs, etc)	- 7	- n	<u> </u>	
Sleep Arrangements (no Pack-N-Plays)	- 0	<u> </u>	<del> </del>	
Cribs meet CPSC requirements .		-	- D	
Bathrooms (no visible mold, etc.)		+-	-	
Garage/Shed (secured if harmful items inside)			e	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)			V	
Multiple floor levels?		□ Yes □ Mo		
No suffocation /Poisonous hazardous materials around the house				
No major structural damages (Holes in floors or walls, etc.)		-	-	
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?		0	-	
Smoke Detectors/Fire Extinguishers? If not, TA provided et al. No		<u> </u>		
Any serious injuries requiring medical attention?	0		<u> </u>	
Any fatalities?		□ Yes ₩No		
DOCUMENTATION		res p	110	
DSS 2909 completed for all enrolled children?	C	N	N/A	
Emergency Preparedness Plan?			0	
Is medication administered?   Yes No If yes, is the medication expired?				
Permission forms from parents signed and dated?		0	e	
Field Trips? If yes, signed parental permissions forms?		0	a	
STAFFING & SUPERVISION				
Coeff about a division of the 12	C	N	9 F	
Staff observed were qualified?	-			
Training hours up-to-date? 63-13-825		0		
s provider over capacity?		□ Yes ■ No		
Number of children observed:		2		

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:	Deraldup Kaily	Date: 12-14-22   Refused to sign
Signature of Child Care Licensing Specialist:	4 n h h	Date: 12/14/22