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

Operator Name: Terri Virginia Hannah	Date of Inspection: 4-27-3 Time of Inspection: 1.050
Permit #: 25656	Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date)
	Reason for Follow up: □pending deficiencies □self-renod
Address: 548 Winky Drive LAKE CITY,	SC 29560 Hours of Operation: Contact to 10:00000
Telephone #: 843-687-8879	SC 29560 Hours of Operation: 6:00 to 10:00 PY  Any changes in contact info (Phone/Email/Fax)? Pyes No Overnight Care? Pyes No
Change in address?   Yes   No	Zoning restrictions   Yes No
Total Capacity: 6	Items to be posted: Registration
Verify the following: Verified Liability Insu	rance 63-13-210 □ Yes ov No If no, verify signed statements from parents. ov Yes □ No

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)					
	C	∠ N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	ď				
Living room (no excessive clutter, etc.)					
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)		0	0		
Cribs meet CPSC requirements	0/		_		
Bathrooms (no visible mold, etc.)					
Garage/Shed (secured if harmful items inside)			<u> </u>		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	8		П		
Multiple floor levels?			□ Yes sy/No		
No suffocation /Poisonous hazardous materials around the house	8				
No major structural damages (Holes in floors or walls, etc.)	K		-		
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?	0		<u> </u>		
Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No	8		-		
Any serious injuries requiring medical attention?			No		
Any fatalities?			No		
DOCUMENTATION					
	С	N	N/A		
DSS 2909 completed for all enrolled children?					
Emergency Preparedness Plan?			-		
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?			52		
Permission forms from parents signed and dated?			0		
Field Trips? If yes, signed parental permissions forms?			-		
STAFFING & SUPERVISION		. 0			
511111110 C 551 2111151511	С	N			
		-11			
Staff observed were qualified? Training hours up-to-date? 63-13-825	0/	0			
Staff observed were qualified?	8	Yes D	Mo		

C = Compliant with Regulation - N = Noncompliant with Regulation	No violations noted at the time of visit (I)
Supervision: Care provided to an individual child or group of children. Adequa child, knowledge of activity requirements and children's needs and accountabil and having ready access to children in order to intervene when needed.	ate supervision requires awareness of and responsibility for the ongoing activity of each lity for their care. Adequate supervision also requires the operator and/or staff being near
Signature of Operator/Emergency Person:	Date: 1270 Refused to sign
Signature of Child Care Licensing Specialist:	on all Date: 4-27-23