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

Operator Name: Shaderia Feely		Data of Ingression (	٠.		
Permit #: 25630	Type of inspection: □Annual	□ Complaint □Renewal	ם Follow נ⊐ Follow נ	I ime of Inspection: // Jp (original inspection d	ate )
Address: 126 Woodside Village Drive Ro	OCK HILL, SC 29730	Keaso Hour	IN 101 FOIION S of Operati	wup: □pending dieficiend	cies self-repo
Change in address? □ Yes ▼No	Any changes in contact info (F Zoning restrictions Pes O No	Phone/Email/Fax)? □ Yes		Overnight Care?   Yes	S ⊋No
Verify the following: Verified Liability Insur	Items to be posted: Pregistration rance 63-13-210 Pres Proping	on no, verify signed statements	s from paren	ts. Ves 🗆 No	88

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		Te	13-13
Kitchen (share phiese share)	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			
Living room (no excessive clutter, etc.)			<del>                                     </del>
Bedrooms (no children unsupervised, guns or drugs, etc)			
Sleep Arrangements (no Pack-N-Plays)			<del>                                     </del>
Cribs meet CPSC requirements	- 0		+
Bathrooms (no visible mold, etc.)			
Garage/Shed (secured if harmful items inside)	4		<u> </u>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<u> </u>		
Multiple floor levels?			
No suffocation /Poisonous hazardous materials around the house			No
No major structural damages (Holes in floors or walls, etc.)			0
Pets/Animals? 19/Yes   No Up to date vaccination records?			0
Smoke Detectors/Fire Extinguishers? If not, TA provided   Yes   No			
Any serious injuries requiring medical attention?	9	0	0
Any fatalities?		Yes 🗆	
DOCUMENTATION			Mo
TABLE STATE OF THE PARTY OF THE	С		
DSS 2909 completed for all enrolled children?			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
Field Trips? If yes, signed parental permissions forms?			9
			0
STAFFING & SUPERVISION		C Less Less	
Staff observed were qualified?	С	N	7. a
Training hours up-to-date? 63-13-825			
Is provider over capacity?			
Number of children observed:			No
THE STATE OF GRANDER VEG.			0000
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit ST			

The violations noted at the time of visit &	
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 neads and having ready access to children in order to intervene when needed.	ar
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Signature of Operator/Emergency Person: Mader Jely Date: 6-20-23 Refused to sign	n
Signature of Child Care Licensing Specialist: Date: Date: Date:	