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

	INSPECTION VISIT FORM FOR R							
ator Name: Ethel Deloris Mack it #: 9896	Type of Inspection: Annual		ewali 🔓 Follo	w Up (original ins	pection	date_)	
				low up: pending		encies	□self-rep	
ess: 4919 Ritter Road Walterbor				ration: M-F6:00a-6				
hone #: 843-893-3415 ge in address?	Any changes in contact info (Ph	ione/Email/Fax)? 🗹 Y	′es 🖬 No	Overnight Car	e? □Y	es p	Ńο	
	Zoning restrictions D Yes No _							
Capacity: 6	Items to be posted: Registration Registration Registrationsurance 63-13-210 Per at No. If I		manta fram ma	ranta -kaa - Na				
the following. Vermed Liability in	isurance 63-13-210 Fites @ NO 111	io, verily signed state	nerus irom pa	rents. Fres No				
Land to the	HOME INSPECTION (HEALTH, SAI	NITATION, & SAFET	Y)				E 1	
	THE RESIDENCE OF THE PARTY OF T		SPERIOR SPE	SECTION SECTION	С	N	N/A	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)					<u> </u>		0	
Living room (no excessive clutter, etc.)								
Bedrooms (no children unsupervised, guns or drugs, etc)					1			
Sleep Arrangements (no Pack-N-Plays)					<u></u>			
Cribs meet CPSC requirements					7			
Bathrooms (no visible mold, etc.)					4			
Garage/Shed (secured if harmful items inside)					7		 	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)					-/	U U		
Multiple floor levels?					1/4	Yes ₽		
	azardous materials around the hou	Ç@			-	0		
No major structural damages (Holes in floors or walls, etc.)							<u> </u>	
Pets/Animals? Yes No Up to date vaccination records?						-		
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No								
Any serious injuries requiring medical attention?						Yes p		
Any fatalities?					□ Yes ⊾No			
	DOCUMENTATION	ON	.//L /-	3-1-1				
Designation of the second					C ,	N	N/A	
DSS 2909 completed for all enrolled children?					1/			
DSS 2909 completed for all a								
	n?			Is medication administered? ✓ Yes ☐ No If yes, is the medication expired?				
Emergency Preparedness Plan		ation expired?			1			
Emergency Preparedness Plants medication administered?	Yes No If yes, is the medic	ation expired?			4			
Emergency Preparedness Plan Is medication administered? Permission forms from paren	Yes No If yes, is the medicats signed and dated?	/						
Emergency Preparedness Plan Is medication administered? Permission forms from paren	Yes No If yes, is the medic ats signed and dated? arental permissions forms? Yes	Œ No						
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Emergency Preparedness Plat Is medication administered? Permission forms from paren Field Trips? If yes, signed pa Staff observed were qualified Training hours up-to-date? 63	Yes ☐ No If yes, is the medic its signed and dated? irental permissions forms? ☐ Yes STAFFING & SUPERV	Œ No			12			
Emergency Preparedness Plat Is medication administered? Permission forms from paren Field Trips? If yes, signed pa Staff observed were qualified Training hours up-to-date? 63 Is provider over capacity?	Yes No If yes, is the medicate signed and dated? Irental permissions forms? Yes STAFFING & SUPERV 17 3-13-825	Œ No			12			
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