South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Denise Holmes	Date of Insp	ection: 🥳 🏻	18/23	Time of Inspectio	n: <u>10</u>	30 am
ermit #: 25619	Type of Inspection: Annual Complaint					
		Reasor	n for Follo	w up: □pending d∈	ficienci	es =self-report
.ddress: 200 Honey Hill Rd ESTILL, So	C 29918	Hours	of Operat	ion:		
elephone #: 803-842-0414 /	Any changes in contact info (Phone/Email/Fa	x)? □ Yes	⊠ No	Overnight Care?	□ Yes	∠ No
hange in address? □ Yes ∠ No	Zoning restrictions Yes No					
otal Capacity: 6	Items to be posted: 🗹 Registration					
erify the following: Verified Liability Insu	rance 63-13-210 Yes No If no, verify signer	ed statements	from parer	nts. ⊭Yes □ No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	, iii.				
	С	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			-		
Living room (no excessive clutter, etc.)			0		
Bedrooms (no children unsupervised, guns or drugs, etc)			0		
Sleep Arrangements (no Pack-N-Plays)					
Cribs meet CPSC requirements					
Bathrooms (no visible mold, etc.)					
Garage/Shed (secured if harmful items inside)		0	0		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	6				
Multiple floor levels?			□ Yes 🗹 No		
No suffocation /Poisonous hazardous materials around the house					
No major structural damages (Holes in floors or walls, etc.)		0			
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?					
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	4				
Any serious injuries requiring medical attention?	□ Yes 🗹 No				
Any fatalities?		□ Yes 🗷 No			
DOCUMENTATION					
	C,	N	N/A		
DSS 2909 completed for all enrolled children?					
Emergency Preparedness Plan?					
Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?			2		
Permission forms from parents signed and dated?					
Field Trips? If yes, signed parental permissions forms? Yes No					
STAFFING & SUPERVISION					
	C	N			
Staff observed were qualified?					
Training hours up-to-date? 63-13-825					
Is provider over capacity?		□ Yes 🗹 No			
Number of children observed:			_ 5		
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit 🗹	The state of the s				

<u>Supervision</u>: 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:	Helman Date:	8/8/23 Refused to sign
Signature of Child Care Licensing Specialist:		8/8/29