## 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 Inspe	ection: 4-28-23 Time of Inspection: 12-5501
Permit #: 25656		Renewal D Follow Up (original inspection date)
		Reason for Follow up: pending deficiencies self-report
Address: 548 Winky Drive LAKE CITY,	SC 29560	Hours of Operation:
Telephone #: 843-687-8879 Change in address? □ Yes 🔊 No	Any changes in contact info (Phone/Email/Fax Zoning restrictions D Yes VNo	x)? Yes No Overnight Care? □ Yes No
Fotal Capacity: 6	Items to be posted: ~a Registration	
/erify the following: Verified Liability Insu	rance 63-13-210   Yes No If no, verify signed	d statements from parents. ₩Yes □ No

Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)  Living room (no excessive clutter, etc.)  Bedrooms (no children unsupervised, guns or drugs, etc)  Sleep Arrangements (no Pack-N-Plays)  Bathrooms (no visible mold, etc.)  Garage/Shed (secured if harmful items inside)  Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)  Multiple floor levels?  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?  Smoke Detectors/Fire Extinguishers? If not, TA provided   Yes   No    Any serious injuries requiring medical attention?  DOCUMENTATION  C N N  DSS 2909 completed for all enrolled children?  Emergency Preparedness Plan?  Femission forms from parents signed and dated?  Permission forms from parents signed and dated?  Permission forms from parents signed and dated?  Staff observed were qualified?  Training hours up-to-date? 63-13-825  Is provider over capacity?				4	
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Bedrooms (no children unsupervised, guns or drugs, etc)  Sleep Arrangements (no Pack-N-Plays)  Cribs meet CPSC requirements  Bathrooms (no visible mold, etc.)  Bathrooms (no visible mold, etc.)  Bathrooms (no visible mold, etc.)  Garage/Shed (secured if harmful items inside)  Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)  Multiple floor levels?  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?  Smoke Detectors/Fire Extinguishers? If not, TA provided   Yes   No    Any serious injuries requiring medical attention?  Any fatalities?  DOCUMENTATION  C N N.  DSS 2909 completed for all enrolled children?  Emergency Preparedness Plan?  Is medication administered?   Yes   No   If yes, is the medication expired?  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?	Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)				
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Is provider over capacity?	Training hours up-to-date? 63-13-825				
	Is provider over capacity?			No	
	Number of children observed:			7	

pervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each
ild, knowledge of activity requirements and children's geeds and accountability for their care. Adequate supervision also requires the operator and/or staff being near
d having ready access to children in order to intervene when needed.
signature of Operator/Emergency Person: 1
ignature of Operator/Emergency Person: // Word // Date: Date:

Signature of Child Care Licensing Specialist