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

Operator Name:Barbara Lewis Ellison Family Child Care Hom Permit #: 25785	ne nual	_ C	Dat ompl	e of Inspection: 7/24/23 Time of Inspect i on: 10 aint Renewal Follow Up (original inspection dat	_		
Address: 201 Miracle Mile Road, HEMINGWAY, SC 29554 Telephone #: 843-558-9834 Any changes in contact info Change in address? Yes Wo Total Capacity: 5 Items to be posted: Quicens Verify the following: Verified Liability Insurance 63-13-210 Yes Q	(Pho 10 e 114	528 If no	Email/ D(2) c	Hours of Operation:M/F 6:00am — 5:00pm Fax)? □ Yes □ No ○ Overnight Care? □ Menu III D(1)(c) signed statements from parents. □ Yes □ No □ N/A	cy 🗆 S	1	,
HEALTH, SANITA	OITA	V & :	SAFET	Y. SUGGESTED STANDARDS			NESSEE STEEL
	C.	N	N/A	1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	C	I N	N/A
Did you observe proper diaper changing practices III A(2)(a) First aid supplies in home III A (5-6)			1	Medicine labeled & stored properly III A(4)	0		11/0
Any pets/animals? IV B(1)(g) Type of animal				Children's faces/hands clean III A(2)(b)	10	1-	0
(Dog, cat, etc.)	a Yes □ No		□ No	Have pets/animals been vaccinated? IV B(1)(g)	G.	7	-
Lighting & ventilation sufficient IV B(1)(f)	0		b	Outdoor toys & equipment in safe, good condition IV A(3)(b)	1	- -	
Carpet, ceiling, floors, & rugs are clean & secure IV B(1)(d)	₽/			Unsafe areas fenced/safety barriers in place IV A(2)(a)	5		-
Soap & single service towels in restrooms IV B(3)(c)	1			Grounds free of glass, paper & other litter IV B(1)(b)	+		
Sink area has hot & cold water IV B(2)(a-b)	9	10	0	Infants are placed on their backs (Unless Doctor note is provided) 63-13-830 (e)(1)	1	<u> </u>	-
strangulation, choking, or suffocation hazards IV A(3)(a)	b			Pack & Plays used for sleeping IV B(5)(a)(1-2)	+		├─-
Home free from pest problems(insects, rodents) IV B(1)(c)	9	0	0	Cots, beds, mats, & cribs available for each child IV B(5)(a)(1-2)			
Garbage & refuse stored in a durable container IV B(4)(b)			0	Cribs meet federal standards (reviewed cert.) IV A(3)(c)	-		
Any serious injuries requiring medical attention?	ПУ	'es i	2.NO	Any fatalities?	10		
PROGRAM - SUGGESTED STANDARDS							₽NO
	С	N	N/A	TED STANDARDS			
Daily schedule-developmentally appropriate activities for children III C(1)				Emergency or disaster plan I A(1)(j)	C is	N	N/A
MEAL REQU	IREM	ENT	rs - sl	JGGESTED STANDARDS	Ref Policy	7-17-17-17	
	С	N	N/A		С	N	N/A
Food stored & handled properly IV B (6)(a)	(I)			Meals & snacks in compliance III D(1)	1		
Refrigerators have thermometers, temp 45°F or below IV B(6)(a)	a/	-	0		U.F.	-	-
STAFFING / SI	JPER	VIS	ION - S	SUGGESTED STANDARDS	SOURCE STATE	SCHOOL SECTION	
	C	N			C	N	
Staff observed were qualified? 63-13-830 (C)	0/	_		Is provider over capacity? 114-528D(3)		_	
Proper supervision observed?	10/	<u> </u>		Number of children observed:	3		
Training hours up-to-date? 63-13-825	10/					\dashv	
C = Compliant with Regulation - N = Noncompliant with Regulation			No v	iolations noted at the time of visit	No.	Water or	
Suggested Standards are mandated requirements for Family Child Care Home operators who elect to be licensed							2.98

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 near and having ready access to children in order to intervene when needed. Signature of Operator/Emergency Person ☐ Refused to sign

Signature of Child Care Licensing Specialist: