South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Debra Spain	,	Date of Inspection:	2/18/23	Time of Inspection: $\underline{oldsymbol{arphi}}$	· 150m
Permit #: 25645	Type of Inspection: Annual	□ Complaint □Renewal	🖒 Follow Up	(original inspection da	ite)
		Reas	on for Follow	up: pending deficienc	ies □self-repo
Address: 632A Boulevard Road SUMTE	ER, SC 29153	Hou	rs of Operation	n: Sun-F 4:00 pm – 8:00	0 am
Telephone #: 803-651-0009	Any changes in contact info (Ph	one/Email/Fax)? □ Yes	rento (Overnight Care?	
Change in address? □ Yes ☑ No	Zoning restrictions & Yes . No _	limited to	5		
Total Capacity: 5	Items to be posted: Z Registration				
Verify the following: Verified Liability Insu	rance 63-13-210 □ Yes Z No If r	no, verify signed statement	ts from parents	.∡rYes □ No	
•			•	,	

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)					
			N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			C)		
Living room (no excessive clutter, etc.)					
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)					
Cribs meet CPSC requirements			72/		
Bathrooms (no visible mold, etc.)			۵		
Garage/Shed (secured if harmful items inside)					
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)			0		
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?			2		
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No			0		
Any serious injuries requiring medical attention?		□ Yes Z No			
Any fatalities?		□ Yes 🗷 No			
DOCUMENTATION					
	С	N	N/A		
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?			<u> </u>		
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			A A		
STAFFING & SUPERVISION					
	С	N			
Staff observed were qualified?					
Training hours up-to-date? 63-13-825					
Is provider over capacity?			□ Yes ⊅ No		
Number of children observed:			1		
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit.			i suint		
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit.			10 F 3450		

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:

Date: 12-18-27

Refused to sign

Signature of Child Care Licensing Specialist: