

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

Operator Name: Charlean Chandler
Permit #: 25768

Date of Inspection: 12/14/23 Time of Inspection: 4:40 PM

Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date _____)

Reason for Follow up: pending deficiencies self-report

Address: 306 S. Maple Ave. ANDREWS, SC 29510

Hours of Operation: 6:30am-6:30pm

Telephone #: 843-630-8060

Any changes in contact info (Phone/Email/Fax)? Yes No

Overnight Care? Yes No

Change in address? Yes No

Zoning restrictions Yes No

Total Capacity: 6

Items to be posted: Registration

Verify the following: Verified Liability Insurance 63-13-210 Yes No If no, verify signed statements from parents. Yes No

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY) | | | |
|---|---|-------------------------------------|-------------------------------------|
| | C | N | N/A |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Living room (no excessive clutter, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bedrooms (no children unsupervised, guns or drugs, etc) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sleep Arrangements (no Pack-N-Plays) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cribs meet CPSC requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bathrooms (no visible mold, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Garage/Shed (secured if harmful items inside) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Multiple floor levels? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| No suffocation /Poisonous hazardous materials around the house | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No major structural damages (Holes in floors or walls, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Pets/Animals? <input type="checkbox"/> Yes <input type="checkbox"/> No Up to date vaccination records? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Smoke Detectors/Fire Extinguishers? If not, TA provided <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Any serious injuries requiring medical attention? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Any fatalities? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| DOCUMENTATION | | | |
| | C | N | N/A |
| DSS 2909 completed for all enrolled children? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Preparedness Plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is medication administered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the medication expired? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Permission forms from parents signed and dated? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| STAFFING & SUPERVISION | | | |
| | C | N | |
| Staff observed were qualified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Training hours up-to-date? 63-13-825 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Is provider over capacity? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Number of children observed: | <u>7</u> | | |

C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit

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: Charlean Chandler Date: 12/14/23 Refused to sign
Signature of Child Care Licensing Specialist: [Signature] Date: 12/14/23

Division of Early Care and Education
Deficiency Correction

NAME OF PROVIDER/OPERATOR Charlean Chandler
 PERMIT # 25768

| Deficiency Cited | Corrective Action Needed | Expected Date of Correction |
|--|--|-----------------------------|
| Safe sleep Practices Infant sleeping with bottles, pacifiers with clip and bib around neck in bassinet. | Safe Sleep practices will be observed. | 12/14/2023 |
| Infant was observed asleep on bed. | Cribs will be provided for all infants | 12/14/2023 |
| Infant was asleep in back room with door closed. | Proper supervision will be provided. | 12/14/2023 |
| Unqualified caregiver was caring for children. | Only qualified caregivers will care for children. | 12/14/2023 |
| The facility was over capacity. | Provider will make sure only 6 children are present at one time. | 12/14/23 |
| | | |

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist Sheena Godbolt (R) Date 12/14/2023