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

rator Name: Shirley A Burgess	Date	of Inspection: $4\upsilon$	Time of Inst	ection:	11	570
nit #: 21538	Type of Inspection: Annual   Com	nplaint ⊟Renewal	□ Follow Up (original iı	nspection	date	
ress: 541 London Avenue LAKE (	CITY OC 20560	Reason	for Follow up: □pendi	ng deficie	ncies	aself-re
phone #: 843-394-3283		Hours	of Operation: M-F5:30	a-9:00p		
nge in address? Yes No	Any changes in contact info (Phone/En Zoning restrictions  Yes No Items to be posted: Registration	maii/Fax)?   Yes	No Overnight C	Care? 🗆 Y	es 🗭	No
v the following: Verified Liability In-	surance 63-13-210 Yes to No If no, veri	fit claned statements	from marcada – Van – N			
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Maria de la companione de	OME INSPECTION (HEALTH, SANITATION	ON, & SAFETY)				
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Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			0			
Living room (no excessive clutter, etc.)					0	
Bedrooms (no children unsupervised, guns or drugs, etc)			1			
Sleep Arrangements (no Pack-N-Plays)						
Cribs meet CPSC requirements						
Bathrooms (no visible mold, etc.)						
Garage/Shed (secured if harmful items inside)				<u> </u>	-	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)						
Multiple floor levels?					Yes 🗹	-
No suffocation /Poisonous hazardous materials around the house				الم		
No major structural damages (Holes in floors or walls, etc.)						
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?					102/	
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No			0			
Any serious injuries requiring				_	Yes p	_
Any fatalities?					Yes n	
	DOCUMENTATION					
DSS 2000 completed for all an				С	N	N/A
DSS 2909 completed for all enrolled children?  Emergency Preparedness Plan?			V			
			26	0		
Is medication administered? ☐ Yes ► No If yes, is the medication expired?  Permission forms from parents signed and dated?			- 0			
Field Trips? If yes, signed parental permissions forms?  Yes  No				0	. 12	
rield Trips? It yes, signed par	The state of the s			0		2
	STAFFING & SUPERVISION	Committee Commit	- I real mile	100	. V	
Mark Control of the C			NEW TOWN	С	N	
Staff observed were qualified?				P	D	
Training hours up-to-date? 63-13-825				12		
Is provider over capacity?				0	Yes 🗹	No
		Number of children observed:		2		
Number of children observed:					-	1
Number of children observed:						