South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Monique Moreno Permit #: 25761	Type of inspection: □ Annual	□ Complaint *e Renewa	I □ Follow	Time of Inspection: 10'	9 }
Address: 6251 W. Market Street Ext Cl		Reas	on for Follo	w up: □pending deficiencie tion: 8:00 am – 2:30 pm	s oself-report
Telephone #: 843-910-6270 Change in address? 🗆 Yes 👊 No	Any changes in contact info (P Zoning restrictions □ Yes ▼160	hone/Email/Fax)? □ Yes	M/VO	Overnight Care? Yes	₩No
Total Capacity: 6 Verify the following: Verified Liability Inst	Items to be posted: Registration	on .	ts from pare	nts ver yes u No	

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	-	0	-
Living room (no excessive clutter, etc.)			
Bedrooms (no children unsupervised, guns or drugs, etc)	9	0	
Sleep Arrangements (no Pack-N-Plays)	9	0	
Cribs meet CPSC requirements			
Bathrooms (no visible mold, etc.)	0	0	-
Garage/Shed (secured if harmful items inside)	W		-
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)		0	0
Multiple floor levels?		□ Yes MNo	
No suffocation /Poisonous hazardous materials around the house	10	0	
No major structural damages (Holes in floors or walls, etc.)	4	_	0
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?	4	. 0	-
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	10		
Any serious injuries requiring medical attention?		Yes	
Any fatalities?	□ Yes Mo		
DOCUMENTATION		170	55
	C	N	N/A
DSS 2909 completed for all enrolled children?			
Emergency Preparedness Plan?			
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?			V
Permission forms from parents signed and dated?			0
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No	О	0	
STAFFING & SUPERVISION			
	C	- N	
Staff observed were qualified?			Í
Training hours up-to-date? 63-13-825			Í
Is provider over capacity?			Mn
Number of children observed:		□ Yes ►No	
C = Compliant with Regulation - N = Noncompliant with Perulation No idelations noted at the time of idelation		(a.)	1.16 11.70

Supervision: Care provided to an individual child or ground child, knowledge of activity requirements and children's nated having ready access to children in order to intervene	needs and accountability for the	ervision requires awares neir care. Adequate sup	ness of and responsibility for the operation also requires the operation	e ongoing activity of each ator and/or staff being nea
Signature of Operator/Emergency Person:	1/3/2		Date: 4/3/24	☐ Refused to sign
Signature of Child Care Licensing Specialist:	Felling	Bridger	Date: 4 3 2024	<u> </u>