

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

Operator Name: Rosa Mae Brown
Permit #: 24784

Date of Inspection: 6/11/24 Time of Inspection: 12:00
Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date _____)

Address: 411 S Fifth Street FLORENCE, SC 29506

Reason for Follow up: pending deficiencies self-report

Telephone #: 843-615-7670
Change in address? Yes No

Hours of Operation: M-F:6:30a-3:00a
Overnight Care? Yes No

Total Capacity: 6

Any changes in contact info (Phone/Email/Fax)? Yes No
Zoning restrictions Yes No
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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Living room (no excessive clutter, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bedrooms (no children unsupervised, guns or drugs, etc) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep Arrangements (no Pack-N-Plays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cribs meet CPSC requirements | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathrooms (no visible mold, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Garage/Shed (secured if harmful items inside) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multiple floor levels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No suffocation /Poisonous hazardous materials around the house | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| No major structural damages (Holes in floors or walls, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pets/Animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Up to date vaccination records? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any fatalities? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> No If yes, is the medication expired? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Is provider over capacity? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Number of children observed: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <u>5</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: [Signature]

Date: 6-11-24

Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 6/11/24