## South Carolina Department of Social Services Office of Child Care Licensing

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

1/14/24

perator Name: Teresa Unitoers		Jate of Inspection 3//	1/-1(	_ time of inspection: _	janu	<i>אַען</i>
ermit #: 9146	Type of Inspection:   Annual	Complaint Menewal	6 Follow	Up (original inspection	n date_	<i>,</i> ,
		Reaso	on for Folk	ow up: pending defic	iencies	□self-rep
ddress: 76 Leahs Loop GREELEY	VILLE, SC 29056					
elephone #: 843-382-9247 hange in address?   Yes No	VILLE, SC 29056  Any changes in contact info (PhotoZoning restrictions D Yes D/No	ne/Email/Fax)? □ Yes	n No	Overnight Care?	Yes &	Νo
ALI OLLUSTINO	the second of th			,		
erry the following. Verified Elability	Insurance 63-13-210   Yes of No If no		a nom pare	5HIO. E 165 U NO		
Control of the Control of the Control	HOME INSPECTION (HEALTH, SAN)	TATION, & SAFETY)				100000000000000000000000000000000000000
				C	N	N/A
Kitchen (sharp objects, clea	ning supplies, etc. inaccessible to child	dren)		3/		0
Living room (no excessive clutter, etc.)						

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	
	C, N N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	3/ 0 0
Living room (no excessive clutter, etc.)	<b>5</b> 0 0
Bedrooms (no children unsupervised, guns or drugs, etc)	
Sleep Arrangements (no Pack-N-Plays)	
Cribs meet CPSC requirements	
Bathrooms (no visible mold, etc.)	<b>a</b> 0
Garage/Shed (secured if harmful items inside)	0 0
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<b>a</b> 0 0
Multiple floor levels?	□ Yes ► No
No suffocation /Poisonous hazardous materials around the house	
No major structural damages (Holes in floors or walls, etc.)	
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?	0 0 0
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	<b>v</b> 0 0
Any serious injuries requiring medical attention?	□ Yes pHo
Any fatalities?	□ Yes □ Ho
DOCUMENTATION	
	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?	0 0 0
Permission forms from parents signed and dated?	0 0 0
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No	0 0 0
STAFFING & SUPERVISION	
	CN
Staff observed were qualified?	Q 0
Training hours up-to-date? 63-13-825	
	□ Yes ►No
Is provider over capacity?	

<u>Supervision</u>: 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: 12 Chesa (Fulless) Date: 0/14/24 Refused to signature of Child Care Licensing Specialist: 2014/24 Date: 0/14/24