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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| ator Name: Shawanna Moultrie  |                                   | Date of Inspection     | n: 04  aa a      | Hy Time of Inspe    | ection:    | 10:12                                   | Pan    |
|---|-----------------------------------|------------------------|------------------|---------------------|------------|---|--------|
| it #: 23437   | Type of Inspection: Annual        | □ Complaint □Re        | newal - Foll     | ow Up (original ins | spection   | n date                                  | 1 444  |
|   |                                   | 100 PC                 | Reason for F     | ollow up: □pendin   | g defici   | encies                                  | □self- |
| ss: 4628 Petersfield Road HOLL  | .YWOOD, SC 29449                  |                        | Hours of Op      | eration: M-F7:00a   | -10:O Op   | )                                       | ,      |
| chone #: 843-889-2558 Any changes in contact info (Phone/Email/Fax)?   Zoning restrictions   Yes No Overnight       |                                   |                        |                  |                     | ire? 🗖 🗀   | Yes 🛭                                   | No     |
|   |                                   |                        |                  |                     |            |   |        |
| Capacity: 6   | Items to be posted: Registration  | n<br>                  |                  |                     |            |   |        |
| the following: Verified Liability ins   | surance 63-13-210 Yes - No If     | no, verity signed stat | ements from p    | arents. 🗆 Yes 🗆 No  | )          |   |        |
|   |                                   |                        |                  |                     |            |   |        |
|   | OME INSPECTION (HEALTH, SA        | AUTATION & SAFE        | TVI              |                     |            |   |        |
|   | JIVIE INSPECTION (HEALTH, SA      | NITATION, & SAFE       |                  |                     | С          | N                                       | NI/A   |
| Kitchen (sharn objects, cleanin   | g sunnlies etc inaccessible to ch | nildren)               |                  |                     |            | +                                       | N/A    |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)  Living room (no excessive clutter, etc.) |                                   |                        |                  |                     |            |   |        |
| Bedrooms (no children unsupervised, guns or drugs, etc)   |                                   |                        |                  |                     |            |   | -      |
| Sleep Arrangements (no Pack-N-Plays)  |                                   |                        |                  |                     |            |   |        |
| Cribs meet CPSC requirements  |                                   |                        |                  |                     |            |   |        |
| Bathrooms (no visible mold, etc.)   |                                   |                        |                  |                     |            |   |        |
| Garage/Shed (secured if harmful items inside)   |                                   |                        |                  |                     | P          |   |        |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)                              |                                   |                        |                  |                     | -          |   |        |
| Multiple floor levels?  |                                   |                        |                  |                     | □ Yes nvNo |   |        |
| No suffocation /Poisonous hazardous materials around the house  |                                   |                        |                  |                     |            |   | Т .    |
| No major structural damages (Holes in floors or walls, etc.)  |                                   |                        |                  |                     |            |   |        |
| Pets/Animals? ☐ Yes ■ No Up to date vaccination records?  |                                   |                        |                  |                     |            |   |        |
| Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No  |                                   |                        |                  |                     |            |   |        |
| Any serious injuries requiring medical attention?   |                                   |                        |                  |                     |            | Yes p                                   |        |
| Any fatalities?   |                                   |                        |                  |                     | □ Yes n/No |   |        |
|   | DOCUMENTATI                       | ON                     |                  | 1 7                 |            | 100 0                                   |        |
| 100 - 520 A 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1  |                                   |                        |                  |                     | С          | N                                       | N/A    |
| DSS 2909 completed for all en   | rolled children?                  |                        |                  |                     | 5          |   |        |
| Emergency Preparedness Plan?  |                                   |                        |                  |                     | 0          | 0                                       | 0      |
| Is medication administered? ☐ Yes 	No If yes, is the medication expired?  |                                   |                        |                  |                     |            |   | 8      |
| Permission forms from parents signed and dated?   |                                   |                        |                  |                     | -          |   |        |
| Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No  |                                   |                        |                  |                     |            |   | 4      |
|   | STAFFING & SUPER                  | VISION                 |                  |                     |            |   |        |
|   |                                   |                        | V COLUMN         |                     | С          | N                                       |        |
| Staff observed were qualified?  |                                   |                        |                  |                     | V          |   |        |
| Training hours up-to-date? 63-  | 13-825                            |                        |                  |                     | 0          |   | 1      |
| Is provider over capacity?  |                                   |                        |                  |                     |            | Yes 🗸                                   | No     |
| Number of children observed:  |                                   |                        |                  |                     | 6          |   |        |
|   |                                   |                        |                  |                     |            |   | -      |
| C = Compliant with Regulation - N   | = Noncompliant with Regulation    | No violations notes    | d at the time of | visit N             |            | THE PROPERTY.                           |        |
|   |                                   |                        | 01               |                     | 1,070      | 100000000000000000000000000000000000000 |        |

Signature of Operator/Emergency Person: Authority Signature of Child Care Licensing Specialist: D. Touring