

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

Operator Name: Marlene Johnson
Permit #: 24401

Date of Inspection: 5/3/24 Time of Inspection: 10:50 AM

Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date _____)

Reason for Follow up: pending deficiencies self-report

Address: 1744 Old Riley Street ORANGEBURG, SC 29118

Hours of Operation: 7 days 6:00a -5:00p

Telephone #: 803-937-2013

Any changes in contact info (Phone/Email/Fax)? Yes No

Change in address? Yes No

Zoning restrictions Yes No

Total Capacity: 6

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 type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
No suffocation /Poisonous hazardous materials around the house	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Smoke Detectors/Fire Extinguishers? If not, TA provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any serious injuries requiring medical attention?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Any fatalities?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

DOCUMENTATION

	C	N	N/A
DSS 2909 completed for all enrolled children?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Permission forms from parents signed and dated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of children observed:	5		

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: Marlene Johnson

Date: 5/3/2024 Refused to sign

Signature of Child Care Licensing Specialist: Carter Busby

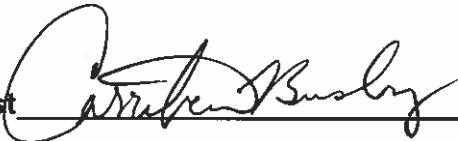
Date: 5/3/2024

Division of Early Care and Education
Deficiency Correction

NAME OF PROVIDER/OPERATOR Marlene Johnson
 PERMIT # 24401

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Parent Consumer Statement (2909) missing from child's file.	Secure a signed statement from each parent/guardian of new enrollees verifying review of the SS.	5/03/2024; COB day of visit
Signed liability statement missing from child's file	Obtain signed statements from parent/guardian acknowledging the FCCH does not have liability.	5/03/2024; COB day of visit

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist  Date 5/9/2024