

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

Operator Name: MARY ELLA SPRINGS
Lic. #: 18362

Date of Inspection: 5-14-24 Time of Inspection: 10:00 AM

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

Reason for Follow up: pending deficiencies (self-report)

Address: 6918 Louis Springs Road LANCASTER, SC 29720

Hours of Operation: M-F 7:00-5:30p

Telephone #: 803-285-7898

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

Overnight Care? Yes No

Changes in address? Yes No

Zoning restrictions? Yes No

Child Capacity: 6

Items to be posted: Registration

Verify the following: Validated Liability Insurance 03-13-210 Yes No If no, verify signed statements from parents. Yes No

	C	N	NA
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living rooms (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 Peak-N-Floys)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orbs 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"/>
Multilevel floor levels?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
No suffocation/Poisonous hazardous materials around the house	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No major structural damage (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"/> Yes <input checked="" type="checkbox"/> No		
Any fatalities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
HOME SAFETY			
355 2009 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 permission forms? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STAFF QUALIFICATIONS			
Staff observed were qualified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Training hours up-to-date? 03-13-025	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is provider over capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number of children observed:	4		

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 safety requirements and children's needs and account ability 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:

Mary Ella Springs

Date: 5-14-24 Refused to sign

Signature of Child Care Licensing Specialist:

[Signature]

Date: 5-14-24