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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| perator Name: Tayronnia Oree<br>ermit #: 23423   | Type of Inspection: sAnnual   | Date of Inspection: 5                    | - rollow up (orig   | Jinal inspection dat | e' \         |
|--|---|--|---------------------|----------------------|--------------|
| .ddress: 15 Trillium Court ELGIN, SC 2<br>elephone #: 803-397-7527<br>hange in address? □ Yes No | 29045  Any changes in contact info (P  Zoning restrictions □ Yes √ No | Keaso<br>Hour:<br>hone/Email/Fax)? □ Yes | n for Follow up:    | pending deficiencie  | es elf-repor |
| otal Capacity: 6<br>erify the following: Verified Liability Insu                                 | ltems to be posted:   Registration rance 63-13-210 □ Yes No If        | n<br>no, verify signed statements        | s from parents. ধ 🗡 | es D No              |              |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY)  |                |             |  |
|---|----------------|-------------|--|
|   | C              | AL ALIA     |  |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)                                 |                | N N/A       |  |
| Living room (no excessive clutter, etc.)  | -,-            | <u> </u>    |  |
| Bedrooms (no children unsupervised, guns or drugs, etc)   |                | 0 0         |  |
| Sleep Arrangements (no Pack-N-Plays)  |                |             |  |
| Cribs meet CPSC requirements  |                |             |  |
| Bathrooms (no visible mold, etc.)   |                |             |  |
| Garage/Shed (secured if harmful items inside)   | <del></del>    |             |  |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)                    |                | 6   0       |  |
| Multiple floor levels?  |                | <u> </u>    |  |
| No suffocation /Poisonous hazardous materials around the house  | p Yes □ No     |             |  |
| 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?   |                |             |  |
| Any fatalities?   |                | □ Yes p No  |  |
| DOCUMENTATION   |                | S DANO      |  |
|   |                |             |  |
| DSS 2909 completed for all enrolled children?   |                | N N/A       |  |
| Emergency Preparedness Plan?  |                |             |  |
| Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?                                 |                |             |  |
| Permission forms from parents signed and dated?   |                |             |  |
| Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No  | - //-          |             |  |
| STAFFING & SUPERVISION  | _ <i>B</i>   [ |             |  |
|   |                |             |  |
| Staff observed were qualified?  |                | <u>v.</u> ] |  |
| Training hours up-to-date? 63-13-825  |                | <u>-</u> -  |  |
| Is provider over capacity?  |                | <u> </u>    |  |
| Number of children observed:  | □ Yes du No    |             |  |
|   | _3_            |             |  |
|   |                |             |  |
| C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit |                |             |  |

<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 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 | of Operator/ | Emergency | Person:_ |
|--------------|--------------|-----------|----------|
|--------------|--------------|-----------|----------|

Date: 3-15-24

Refused to sign

Signature of Child Care Licensing Specialist:

Date: 5-15-24