South Carolina Department of Social Services Office of Child Care Licensing

3:40 Uff 4:12

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Phyllis Jeter Permit #; 24030	Type of Inspection: Annual C	ate of Inspection: _/2/ Complaint □Renewal	□ Follow U	p (original inspect	ion date	
		Reaso	n for Follow	up: pending de	ioionoioo —	
Address: 202 Chappel Town Road WIN	INSBORO, SC 29180	Hours	of Operation	On: MTuWThFSa6:	:30a-6:00	seir-repo
relephone #: 803-635-9418	Any changes in contact info (Phone	e/Email/Eav)? rr Ves	ra-Nl∩	Overnight Core?	= V-= N	
Change in address? Yes No	Zoning restrictions Tes Yes	or Entail tax): 1 165	ME 140	Overnight Care?	□ Yes 🖭 N	0
- W10.0						
	Items to be posted: Registration					
Verify the following: Verified Liability Insu	irance 63-13-210 ☐ Yes ☑ No If no, v	verify signed statements	from parent	s. r∟Yes ⊓ No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		6 .			
	С	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)		<u> </u>			
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)					
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	OB/	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?					
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No		0	0		
Any serious injuries requiring medical attention?		Yes n			
Any fatalities?			Yes DANO		
DOCUMENTATION					
	С	N	N/A		
DSS 2909 completed for all enrolled children?			0		
Emergency Preparedness Plan?			-		
Is medication administered? Yes No If yes, is the medication expired?			9		
Permission forms from parents signed and dated?					
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☑ No			100		
STAFFING & SUPERVISION					
	С	N	_=		
Staff observed were qualified?			1		
Training hours up-to-date? 63-13-825			1		
Is provider over capacity?			ditio		
Number of children observed:		□ Yes #Ho			
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 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:_	Phylo	Jus	Date:	12-13-23	☐ Refused to sign
Signature of Child Care Licensing Specialis	Kebeca /	Hordward	Date:	12/13/23	- recosed to sign