South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Type of Inspection: Date of Inspection: 6/27/24____ Time of Inspection: 1:35 pm

Complaint Renewal Follow Up (original inspection date_____

Operator Name: Darylene H Gillie

Permit #: 6152

| | HOME INSPECTION (HEALTH, SANITATION, & SAFETY) | | | |
|--|--|----------|----------|------------------|
| Vitaban (sharp abiasta alau | | C | N | N |
| Living room (no excessive o | ning supplies, etc. inaccessible to children) | | <u> </u> | |
| | upervised, guns or drugs, etc) | | | |
| Sleep Arrangements (no Pa | | | | - |
| | | | | 1 |
| Cribs meet CPSC requirements | | | | <u> </u> |
| Bathrooms (no visible mold, etc.) | | | | |
| Garage/Shed (secured if harmful items inside) | | | | 0 |
| Outside/Playground (sharp | edges, rusty points, fence if ditches, accessible to street) | ੂ ਰ | | [|
| Multiple floor levels? | | | Yes c | ₃No |
| | hazardous materials around the house | 8 | | 1 |
| | es (Holes in floors or walls, etc.) | | | |
| Pets/Animals? Tyes 2 1 | | 4 | | 1 |
| | guishers? If not, TA provided | | 0 | 7. |
| Any serious injuries requiri | ng medical attention? | E | Yes c | No. |
| Any fatalities? | | | Yes t | No |
| | DOCUMENTATION | | | |
| DSS 2909 completed for all | overlied children? | C | N | N. |
| Emergency Preparedness P | | | | |
| | | | 0 | - |
| Is medication administered? Tes No If yes, is the medication expired? Permission forms from parents signed and dated? | | | 0 | 19 |
| Field Trips? If yes, signed parental permissions forms? | | | □ | 1 |
| rieid Trips? Triyes, signed | STAFFING & SUPERVISION | | | 0 |
| | | C | N | |
| Staff observed were qualified | ed? | 0/ | | 1 |
| Training hours up-to-date? | | <u> </u> | | ┨ |
| Is provider over capacity? | | | Yes | 1 1 1 1 |
| Number of children observed: | | | 4 | |
| | | | 7 | |
| | | | | _ |