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

Operator Name: Mary Ellen Williamson		Date of Inspection: 3-	1324 Time of Inspec	ction:3	20	IBM		
Permit #: 25613	Type of Inspection:   Annual	□ Complaint   Renewal	□ Follow Up (original ins	pection	date_	)		
			n for Follow up: □pending			□self-repo		
Address: 856 Henneghan Road COWA			of Operation: Mon-Sun 3			,		
Telephone #: 843-389-4245 Any changes in contact info (Phone/Email/Fax)? ☐ Yes Yoo Overnight C Zoning restrictions ☐ Yes Yoo						<b>N</b> o		
Total Capacity: 6	Items to be posted: Registration		from someter Alexandre					
Verify the following: Verified Liability Insu	Jrance 63-13-210 d Yes of No If n	o, verny signed statements	mom parents res o No					
нс	IME INSPECTION (HEALTH, SAN	IITATION, & SAFETY)						
				С	N	N/A		
Kitchen (sharp objects, cleaning	supplies, etc. inaccessible to chi	ildren)		8	Ö			
Living room (no excessive clutte	er, etc.)			€.	0	0		
Bedrooms (no children unsupe	rvised, guns or drugs, etc)			4				
Sleep Arrangements (no Pack-N	i-Plays)			0		0		
Cribs meet CPSC requirements						<b>4</b>		
Bathrooms (no visible mold, et								
Garage/Shed (secured if harmf				1	0			
	Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)					0		
Multiple floor levels?						Yes Mo		
No suffocation /Poisonous haza	ardous materials around the hou	se		<b>a</b>	0			
No major structural damages (Holes in floors or walls, etc.)								
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?						19/		
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No								
Any serious injuries requiring medical attention?						□ Yes to No		
Any fatalities?				□ Yes d No				
	DOCUMENTATIO	ON						
				C	N	N/A		
DSS 2909 completed for all en	rolled children?			-	П	П		
Emergency Preparedness Plan?								
Is medication administered?  Yes No If yes, is the medication expired?						7		
Permission forms from parents signed and dated?								
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No					0	•		
STAFFING & SUPERVISION								
				С	N			
Staff observed were qualified?					0	!		
Training hours up-to-date? 63-13-825								
Is provider over capacity?						No		
Number of children observed:						1		
				<del>                                     </del>				
	- N		41		HER LANGE	election of		
C = Compliant with Regulation - N	= Noncompliant with Regulation	No violations noted at the	TIME OF VISIT M	W-52-4				
Supervision: Care provided to an indivi	idual child or group of children. Adequa	ite supervision requires awarer	ness of and responsibility for t	he ongoir	ng activit	y of each		
child, knowledge of activity requirements	s and children's needs and accountabil	ity for their care. Adequate sup	pervision also requires the ope	rator and	lor staff	being near		
and having ready access to children in o	order to intervene when needed.							

Signature of Operator/Emergency Person:	vary &	Williamson	Date:	8-13-24	☐ Refused to sign
Signature of Operator/Emergency Person:	Drone	- Bushna	Date: _	8-13-24	4