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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Perator Name: Teneeka Lavern Stiney

ermit #: 22912

Date of Inspection: 11:25

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

Time of Inspection: 11:250

Reason for Follow up: pending deficiencies self-report

ephone #: 843-784-3916 nge in address?   Yes No	rille, SC 29927 Hou	rs of Operation: MTuWThF	Sa 7:00	a-8:30	/
		Z No Overnight Cal	re? 🗗	es 🗷	No
Capacity: 6	Items to be posted:   Registration urance 63-13-210 □ Yes □ No If no, verify signed statemen	ha frans manada /Van - Na			
The following. Verified Liability insi	urance 63-13-210 Tes DNO II no, venty signed statemen	is from parents. Z res 🗆 No	l		
нс	OME INSPECTION (HEALTH, SANITATION, & SAFETY)		-00-	A	-20
			С	N	N,
Kitchen (sharp objects, cleaning	g supplies, etc. inaccessible to children)		7	_ IN	11/
Living room (no excessive clutt					
Bedrooms (no children unsupervised, guns or drugs, etc)			-		
Sleep Arrangements (no Pack-N-Plays)			7		
Cribs meet CPSC requirements					
Bathrooms (no visible mold, etc.)		7	-0		
Garage/Shed (secured if harmful items inside)					_
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)			3		
Multiple floor levels?			□ Yes △ No		
No suffocation /Poisonous hazardous materials around the house					Γ
No major structural damages (Holes in floors or walls, etc.)		8			
Pets/Animals? Z Yes No Up to date vaccination records?		3			
		6			
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No  Any serious injuries requiring medical attention?			4		
Any fatalities?			□ Yes ☑ No		
Ally latalities:	DOCUMENTATION			res 🖺	INO
	DOCOMENTATION			M	NI/
DSS 2909 completed for all en	rolled children?	Parameter Anna Parameter	C	N	N/.
Emergency Preparedness Plan?		7		-	
Is medication administered? ☐ Yes ☑ No ☐ If yes, is the medication expired?					
Permission forms from parents signed and dated?					
	ental permissions forms?  Yes  No				
THE STATE OF THE S	STAFFING & SUPERVISION				
			С	N	_
THE RESERVE OF THE PARTY OF THE					
Staff observed were qualified?					
Staff observed were qualified?	13.825		3		
Training hours up-to-date? 63-:	13-825		3		KÍ.
Training hours up-to-date? <b>63-</b> : Is provider over capacity?	13-825		3	□ □ Yes □	No_
Training hours up-to-date? 63-:	13-825		3		No_
Training hours up-to-date? <b>63-</b> : Is provider over capacity?			3	□ □ Yes □	No_