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

| Operator Name: Lisa Martin | | Date of Inspection: [2] | 11/23 | Time of Inspection: | 10 |
|---|----------------------------------|----------------------------|-----------------|----------------------------|----------------|
| Permit #: 24696 | Type of Inspection: Annual | □ Complaint □Renewal | - Pollow U | Jp (original inspection da | tel 2 / Lel |
| | | Rease | on for Follow | w up: pending deficienci | AS TRAIT TORAN |
| Address: 3120 Lawrence Street COLUN | MBIA, SC 29210 | Hou | rs of Operation | on:6:00am-12:00am | ea nacii-tebût |
| Telephone #: 803-414-0949 | Any changes in contact info (P | none/Empil/Env)2 = Van | To or operation | O | |
| | Any Granges in Contact Into (F) | ione/email/rax)? In tes | ZI NO | Overnight Care? Yes | R NO |
| Change in address? a Yes a No | Zoning restrictions Yes No | | | | |
| Total Capacity: 5 | Items to be posted: Registration | n | | | |
| Verify the following: Verified Liability Insu | rance 63-13-210 in Yes m/No. If | no verify signed statement | e from naroni | do maio maio | |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY) | | | | |
|---|--------------------|------------|----------|--|
| | C | N | N/A | |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) | .9/ | 0 | 0 | |
| Living room (no excessive clutter, etc.) | O/ | 0 | 0 | |
| Bedrooms (no children unsupervised, guns or drugs, etc) | | | 0 | |
| Sleep Arrangements (no Pack-N-Plays) | | | - | |
| Cribs meet CPSC requirements | | | 0 | |
| 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) | | 0 | 0 | |
| Multiple floor levels? | | | Yes a No | |
| No suffocation /Poisonous hazardous materials around the house | 01 | 0 | 1 | |
| No major structural damages (Holes in floors or walls, etc.) | | 0 | 0 | |
| Pets/Animals? ☐ Yes ☐ No Up to date vaccination records? | | 0 | No. | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided Pres D No | 9 | 0 | | |
| Any serious injuries requiring medical attention? | | - | _ | |
| Any fatalities? | | □ Yes p No | | |
| DOCUMENTATION | | | | |
| | C | N | N/A | |
| DSS 2909 completed for all enrolled children? | | 0 | 0 | |
| Emergency Preparedness Plan? | | | 0 | |
| Is medication administered? Tyes If yes, is the medication expired? | | | 2 | |
| Permission forms from parents signed and dated? | | | 8 | |
| Field Trips? If yes, signed parental permissions forms? Yes No | | | 0 | |
| STAFFING & SUPERVISION | The Res | | PHOS. | |
| | C | N | | |
| Staff observed were qualified? | | |] | |
| Training hours up-to-date? 63-13-825 | | | 1 | |
| 1s provider over capacity? | | Yes ç |) No | |
| Number of children observed: | | 10 | | |
| C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit (2) | / - - | - | | |

Supervision: 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.

| | To Mach | Date: 194603 | |
|---|-------------|----------------|-------------------|
| Signature of Operator/Emergency Person: | | Date: | ☐ Refused to sign |
| Signature of Child Care Licensing Specialist: | Morin Phy O | Date: 12/14/23 | |