

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

Operator Name: Angela Grubb
Permit #: 25849

Date of Inspection: 6/24/25 Time of Inspection: 6:29 pm
Type of Inspection: ☐ Annual ☐ Complaint ☒ Renewal ☐ Follow Up (original inspection date _____)

Address: 273 Cameron Street SUMMERVILLE, SC 29486

Reason for Follow up: ☐ pending deficiencies ☐ self-report
Hours of Operation: M-O T- 6:00PM-10:00PM W-O Th-O F- 6:00PM-10:00PM

Telephone #: 843-693-6462 Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No Overnight Care? ☐ Yes ☒ No
Change in address? ☐ Yes ☒ No Zoning restrictions ☐ Yes ☒ No
Total Capacity: 5 Items to be posted: ☒ Registration
Verify the following: Verified Liability Insurance 63-13-210 ☒ Yes ☐ No If no, verify signed statements from parents. ☒ Yes ☐ No

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living room (no excessive clutter, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms (no children unsupervised, guns or drugs, etc)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Arrangements (no Pack-N-Plays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cribs meet CPSC requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathrooms (no visible mold, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage/Shed (secured if harmful items inside)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple floor levels?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
No suffocation /Poisonous hazardous materials around the house	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No major structural damages (Holes in floors or walls, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pets/Animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Up to date vaccination records?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Smoke Detectors/Fire Extinguishers? If not, TA provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any serious injuries requiring medical attention?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Any fatalities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DOCUMENTATION			
	C	N	N/A
DSS 2909 completed for all enrolled children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is medication administered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is the medication expired?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Permission forms from parents signed and dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STAFFING & SUPERVISION			
	C	N	
Staff observed were qualified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Training hours up-to-date? 63-13-825	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is provider over capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number of children observed:	0		
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit <input type="checkbox"/>			

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.

Signature of Operator/Emergency Person: Angela Grubb Date: 6/24/2025 ☐ Refused to sign
Signature of Child Care Licensing Specialist: Shanelle M. Ross Date: 6/24/2025

Division of Early Care and Education
Deficiency Correction

NAME OF PROVIDER/OPERATOR Angela GrubbPERMIT # 25849

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Emergency person/household member is missing health documents from file	Medical professional should be contacted as soon as possible to complete documents	6/30/2025

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist  Date 7/1/2025