

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

Operator Name: Genene W Harley
Permit #: 8696

Date of Inspection: 7-15-25 Time of Inspection: 4:45pm
Type of Inspection: ☐ Annual ☒ Complaint ☒ Renewal ☐ Follow Up (original inspection date _____)

Address: 6604 Old River Road FLORENCE, SC 29505

Reason for Follow up: ☐ pending deficiencies ☐ self-report
Hours of Operation: M-Sat. 6:00AM- 7:30AM 4:30PM to 9:00PM

Telephone #: 843-661-6855
Change in address? ☐ Yes ☒ No
Total Capacity: 6

Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No
Zoning restrictions ☐ Yes ☒ No
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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Is provider over capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number of children observed:	2		

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit ☐

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: Genene Harley Date: 7-15-25 ☐ Refused to sign
Signature of Child Care Licensing Specialist: Laura Davis Date: 7-15-25

Division of Early Care and Education Deficiency CorrectionNAME OF PROVIDER/OPERATOR Genene W HarleyPERMIT # 8696

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
An authorization form signed by the parent agreeing to the facility policies including discipline was needed on file for eight children.	Provider will have parent complete required form.	07/26/2025
A copy of immunization card of the child indicating required immunizations are completed, in process, or that the child is exempt is needed on file for nine children.	Provider will have parent bring copy of required form.	07/26/2025
A General Record Statement, DSS Form 2900 is needed on file for eight children.	Provider will have parent complete required form.	07/26/2025
A daily activity schedule is needed to include the times of activities and meals.	Provider will create schedule.	07/26/2025
A policy book is needed to include: Free and Full Access, Release of Children, Administration of Medication, and Discipline and Behavior Management	Provider will create policy book.	07/26/2025
Written evidence from a physician or health resource attesting that he/she is free from communicable tuberculosis is needed for two staff/residents.	Staff will complete required health document.	07/26/2025
A Staff Health Assessment (DSS Form 2926) is needed on file for two staff.	Staff will complete required health document.	07-26-2025
A Staff Medical Statement (DSS Form 2901) is needed on file for two staff.	Staff will complete required health document.	07/26/2025

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

Licensing Specialist



Date

7-15-25