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

Reason for Follow up: opending defi clancles obstitution from the May 230 - May changes in captact into Phone/Email/Fax/? Operation: Mr. F. 6:30a-8:00 p gen address? Operation: Mr. F. 6:30a-8:00 p Mr. Mr. F. 6:30a-8:00 p Mr. Mr. F. 6:30a-8:00 p Mr. Mr. Mr. G. Gold Frag. Mr. Mr. Mr. G. Gold Frag. Mr. Mr. Mr. Gold Frag. Mr. Mr. Mr. Mr. Mr. Gold Frag. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr	ator Name: Bernetra Boyd-Nowlin it #: 24783	e Type of Inspection: □ Annual o	Date of Inspection: 8	20-22 T	ime of Inspection:	1:39 1 date_	FM
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) Living room (no excessive clutter, etc.) Bedrooms (no children unsupervised, guns or drugs, etc) Sleep Arrangements (no Pack-N-Plays) Cribs meet CPSC requirements Bathrooms (no visible mold, etc.) Garage/Shed (secured if harmful litems inside) Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) Multiple floor levels? No suffication /Poisonous hazardous materials around the house No major structural damages (holes in floors or walls, etc.) Pets/Animals? Yes No Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No Any serious injuries requiring medical attention? Any serious injuries requiring medical attention? DOCUMENTATION DSS 2909 completed for all enrolled children? Emergency Preparedness Plan? Is medication administered? Yes No	hone #: 843-230-0873 ge in address? □ Yes ■ No Capacity: 6	Any changes in captact info Pho Zoning restrictions of Yes, WNo	one/Email/Fax)? Yes	rs of Operation No (n: M-F 6:30a-8:00 p Overnight Care?		/
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and having ready access to children in order to intervene when needed. Signature of Operator/Emergency Persons Signature of Child Care Licensing Specialists