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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Alexis Collier Permit #: 24195	Type of Inspection: □ Annual	Date of Inspection: 4/8/32 Time of Inspection: 9:19m -9:32m Complaint Renewal 4/Follow Up (original inspection date 4/6/38)
Address: 219 Sudlow Ridge Road NORTH AUGUSTA, SC 29841		Reason for Follow up: pending deficiencies self-report Hours of Operation: M-F7:00a-6:00p

Telephone #: 478-207-0534

Any changes in contact info (Phone/Email/Fax)? ☐ Yes 12/No Zoning restrictions - Yes 100

Overnight Care? ☐ Yes ¡☑ No

Change in address? □ Yes ☑ No

Total Capacity: 6 | Items to be posted: Presidential Registration |
Verify the following: Verified Liability Insurance 63-13-210 Pres | No | If no, verify signed statements from parents. Pres | No |

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)				
Viteban (above at i	C,	N	N/A	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	12	-		
Living room (no excessive clutter, etc.)	ø,			
Bedrooms (no children unsupervised, guns or drugs, etc)				
Sleep Arrangements (no Pack-N-Plays)			-	
Cribs meet CPSC requirements	,,,	-		
Bathrooms (no visible mold, etc.)			<del>                                     </del>	
Garage/Shed (secured if harmful items inside)	1/2			
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				
Multiple floor levels?				
No suffocation /Poisonous hazardous materials around the house		□ Yest No		
No major structural damages (Holes in floors or walls, etc.)	12		<u> </u>	
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?			D	
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No			NO.	
Any serious injuries requiring medical attention?				
Any fatalities?		□ Yes ☑ No		
DOCUMENTATION		Yes 🗷	'NO	
DSS 2909 completed for all enrolled children?	C	N	N/A	
Emergency Preparedness Plan?			_	
			0	
Is medication administered? Yes No If yes, is the medication expired?  Permission forms from parents signed and dated?				
Field Trips? If you gigged percental requirement			S CONTRACTOR	
Field Trips? If yes, signed parental permissions forms?   Yes No  STAFFING & SUPERVISION			W	
	C	N		
Staff observed were qualified?			1	
Training hours up-to-date? 63-13-825	IN IN	0	ł	
Is provider over capacity?			Mo.	
Number of children observed:		Yes No		
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visits.				

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:	<u>(\( \) '</u>	Date: 4/8/22	☐ Refused to sign
Signature of Child Care Licensing Specialist:		Date: 4/8/22	