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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Erin Ashley Jacqueline	Date of Inspection: 1-9 202 Time of Inspection: 10'.	2.5 0 4 4
	Type of Inspection: Annual	e 1
Address: 8 Vaille Dr Taylors, SC 29687	Pageon for Follow you manufact and effect to	es ⊟self-repo
Telephone #: 864-556-4605 Change in address? □ Yes ☑ No	Any changes in contact info (Phone/Email/Fax)?   Yes SUMO Overnight Care?   Division of the contact info (Phone/Email/Fax)?	m.No
Total Capacity: 6	Items to be posted: Registration	
Verify the following: Verified Liability Insu	rance 63-13-210 □ Yes ☑ No. If no, verify signed statements from parents □ Xes □ No.	

HOME INSPECTION (HEALTH, SANITATION,	& SAFETY)		100
	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			<del>                                     </del>
Living room (no excessive clutter, etc.)			<del>                                     </del>
Bedrooms (no children unsupervised, guns or drugs, etc)		0	+ -
Sleep Arrangements (no Pack-N-Plays)	9	-	<del>                                     </del>
Cribs meet CPSC requirements	N.		-
Bathrooms (no visible mold, etc.)	SV	<del></del> -	_
Garage/Shed (secured if harmful items inside)	- /		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to	o street)		<del>  -</del> -
Multiple floor levels?		Yes t	
No suffocation /Poisonous hazardous materials around the house			
No major structural damages (Holes in floors or walls, etc.)		0	<del>  -</del>
Pets/Animals? ☑ Yes ☐ No Up to date vaccination records?		0	<u> </u>
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No.			
Any serious injuries requiring medical attention?			L .
Any fatalities?		Yes t	
DOCUMENTATION			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	13		
Permission forms from parents signed and dated?			0
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			
STAFFING & SUPERVISION	₩ 🗸		
STATTING & SUPERVISION			
Staff observed were qualified?	C	N	
Training hours up-to-date? 63-13-825			
Is provider over capacity?	- I		]
Number of children observed:		Yes 🗷	No
The state of children observed.			
C = Compliant with Regulation - N = Noncompliant with Regulation No violation	noted at the time of visit BT/		

<u>Supervision</u>: 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:	Date: 7 97/ Refused to sign
Signature of Child Care Licensing Specialist:	Date: 7-9-202