

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

Operator Name: Linda L Vohs

Date of Inspection: 2/12/19

Time of Inspection: 9:21 AM

Permit #: 5158

Type of Inspection: Annual Complaint Follow Up

Address: 943 Kolb Road Sumter, SC 29154

Hours of Operation: M-F, 6:00a-6:00p

Telephone #: (803) 481-5234

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: 6

Items to be posted: License 114-528 D(2)

Verify the following: Verified Liability Insurance **63-13-45** 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? If yes, have they been vaccinated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoke Detectors/Fire Extinguishers? If not, TA provided <input checked="" 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 | | |

IMPORTANT DOCUMENTATION

| | C | N | N/A |
|--|-------------------------------------|--------------------------|-------------------------------------|
| Emergency Preparedness Plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is medication administered? If yes, is the medication Expired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Permission forms from parents signed and dated? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liability Insurance verified? If no, Signed Parent statement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Up to date on training for operator and emergency person? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | |
| Is provider over capacity? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Training hours up-to-date? 63-13-825 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Number of children observed: <u>3</u> | | | |

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: Linda L Vohs

Date: 2/12/19 Refused to sign

Signature of Child Care Licensing Specialist: [Signature]

Date: 2/12/19