South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Christal Simmons Ro	Simmons Rochelle Date Type of Inspection: Annual Con		ection: Au	930,2	Zime of Inspectio	n: <u>/</u> 0 i	28.
ermit #: 18060	Type of Inspection: Annual	□ Complaint	□Renewal	省 Follow	Up (original inspec	tion dat	e)
	- 3		Reaso	n for Follo	ow up: □pending de	ficienci	es uself-report
.ddress: 223 Two Hitch Rd. Goose Cr			Hour	s of Opera	ation: M-F6:30a-6:0	Ор	,
elephone #: 843-532-4919	Any changes in contact info (PI	hone/Email/Fa	x)? □ Yes	⊠No	Overnight Care?	□ Yes	r-No
hange in address? Yes No otal Capacity: 6	Zoning restrictions Yes No Items to be posted: Registratio	n					
erify the following: Verified Liability Ins	urance 63-13-210 v Yes □ No If i	no, verify signe	d statement	s from pare	ents Yes 🗆 No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)					
	С	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			0		
Living room (no excessive clutter, etc.)					
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)		0	10		
Cribs meet CPSC requirements					
Bathrooms (no visible mold, etc.)			0		
Garage/Shed (secured if harmful items inside)	1	_ 0			
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)					
Multiple floor levels?			□ Yes □ No		
No suffocation / Poisonous hazardous materials around the house	/6				
No major structural damages (Holes in floors or walls, etc.)	1		0		
Pets/Animals? ∠Yes □ No Up to date vaccination records?					
Smoke Detectors/Fire Extinguishers? If not, TA provided 💆 Tes 🗆 No			, 🗆		
Any serious injuries requiring medical attention?			□ Yes 🗷 No		
Any fatalities?			□ Yes 1 No		
DOCUMENTATION					
	_c	N	N/A		
DSS 2909 completed for all enrolled children?			0		
Emergency Preparedness Plan?			0		
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?					
Permission forms from parents signed and dated?	. 0	0			
Permission forms from parents signed and dated?		0			
Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes □ No		0			
Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes □ No	.0	0			
Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? STAFFING & SUPERVISION		N			
Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? STAFFING & SUPERVISION Staff observed were qualified?	. c	O N	No		
Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? STAFFING & SUPERVISION Staff observed were qualified? Training hours up-to-date? 63-13-825		0 N	No		
Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? STAFFING & SUPERVISION Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity?	. c	0 N	No		

<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: Refused to sig

Signature of Child Care Licensing Specialist:

Date: 4(19 30,2)