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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

)perator Name: Lisa Arrowood 'ermit #: 25004	Type of Inspection:   Annual	Date of Inspection: Complaint Renewal	8 22 Follow L	Time of Inspection: 4:30am  Jp (original inspection date)
iddress: 108 Young Acres Dr. WALHA elephone #: 864-280-2696 hange in address? Pyes No	LLA, SC 29691 Any changes in contact info (Pl Zoning restrictions = Yes	Reasc Hour hone/Email/Fax)? □ Yes	on for Follov s of Operati	w up: □pending deficiencies □self-repor on: M-F7:00a-4:30p Overnight Care? □ Yes ☑100
otal Capacity: 6 'erify the following: Verified Liability Insu	Items to be posted: Registration rance 63-13-210 Pes No. If it	n no, verify signed statements	s from paren	ts. 🗹 es 🗆 No

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		.ayA	Walter St.
	С	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			
Living room (no excessive clutter, etc.)			
Bedrooms (no children unsupervised, guns or drugs, etc)			<del>                                     </del>
Sleep Arrangements (no Pack-N-Plays)			<del>                                     </del>
Cribs meet CPSC requirements			
Bathrooms (no visible mold, etc.)	10	0	
Garage/Shed (secured if harmful items inside)			<del></del>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)			<u> </u>
Multiple floor levels?		_ □ Yes 🖼	
No suffocation /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?	12	Von V	l o
Any fatalities?	□ Yes ☑ No		
DOCUMENTATION		162 🗹	INO
	С	N	N/A
DSS 2909 completed for all enrolled children?			
Emergency Preparedness Plan?	<u>-</u>		
Is medication administered?   Yes No If yes, is the medication expired?	0		-
Permission forms from parents signed and dated?	$\rightarrow$		1
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			New Year
STAFFING & SUPERVISION			e e
	С	N	
Staff observed were qualified?			ı
Training hours up-to-date? 63-13-825	- W		
Is provider over capacity?			<u> </u>
Number of children observed:	□ Yes ☑ No		
	7_		
C = Compliant with Regulation - N = Noncompliant with Regulation  No violations noted at the time of visit C			

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:

Signature of Child Care Licensing Specialisty

☐ Refused to sign