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

ator Name: Stacie Szymanski Marie Type of Inspection: 7 Aprilal of Complete April	ection: <u>J</u>	2.7	5 pm
770 of inspection. 2 Aimdai 🗆 Complaint 🗀 Renewal 🗅 Follow Up (original in	spection	date_	
ess: 18 Cathriar Court SIMPSONVILLE, SC 29680 Reason for Follow up: pendir Hours of Operation: M. 57:00c	ng defici	encies	□self-re
hone #- 964-525-2200			11
e in address? Thes DANO Zoning restrictions The Yes DANO	are? 🗆 Y	es ⊿	Mo
Capacity: 6 Items to be posted: Registration			
the following: Verified Liability Insurance 63-13-210 pres of No. If no, verify signed statements from parents. of Yes of No. 15 no. 15 no. 16	o		
HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	STA		WAS DELL
Kitchen (sharp objects closeling quantice etc. in a suit to the state of the state	С	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) Living room (no excessive clutter, etc.)	Þ		
Bedrooms (no children unsupervised, guns or drugs, etc) Sleep Arrangements (no Pack-N-Plays)			В
Cribs meet CPSC requirements	0		
Bathrooms (no visible mold, etc.)		0	
Garage/Shed (secured if harmful items inside)			
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	1-2	0	
Multiple floor levels?		Yes □	
No suffocation /Poisonous hazardous materials around the house	0		
No major structural damages (Holes in floors or walls, etc.)	19		-
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?	1	0	0
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No			
Any serious injuries requiring medical attention?		Yes 🗓	
Any fatalities?		Yes 📭	
DOCUMENTATION	1202		J. S. S. S.
DSC 2000 consultation if the life of the l	С	N	N/A
DSS 2909 completed for all enrolled children?	D/		
Emergency Preparedness Plan?	D		
Is medication administered? Wes No If yes, is the medication expired?	D	. 🗆	
Permission forms from parents signed and dated?	B		
Field Trips? If yes, signed parental permissions forms? Thes I No	P/		
STAFFING & SUPERVISION	STEEL		A STATE OF
Conff absorption and the state of the state	С	N	
Staff observed were qualified?			
Training hours up-to-date? 63-13-825			
Is provider over capacity?		Yes op	No
Number of children observed:	5		
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit			
pervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for tild, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the oped having ready access to children in order to intervene when needed.	he ongoin rator and/	g activity or staff	y of each being nea
Signature of Operator/Emergency Person: Julie Juman R Date:	2		