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

Operator Name: Frances Beach	Dat	te of Inspection: 3-	Time of Inspection:	WITAN
Permit #: 22337	Type of Inspection: Annual Co	ombigiut □Keuemai i	□ Follow Up (original inspection)	date 1
		Reason	for Follow up: pending dieficie	ncies aself-rene
Address: 222 McDonald Drive BARNW	ELL, SC 29812	HOURS	Of Charation, M. ca.oo. c	_
Telephone #: 803-709-1078	Any changes in contact info (Dhana)	(C'1/C)0)/	Or Obergrious Mi-Letinga-2:00b	_
Change in address? □ Yes ☑/No	Any changes in contact info (Phone/I Zoning restrictions Yes No	'Email/Fax)? □ Yes 🕠	ø∕No Overnight Care? □ Y	es 🗹 No
	Learning restrictions 11 (63 (LAM)			
rotal Gapacity. 0	Items to be posted: Registration			
Verify the following: Verified Liability Insu	irance 63-13-210 □ Yes ☑ No If no, ve	erify signed statements t	from parents.	

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)					
	С	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			П		
Living room (no excessive clutter, etc.)			-		
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)			-		
Cribs meet CPSC requirements					
Bathrooms (no visible mold, etc.)					
Garage/Shed (secured if harmful items inside)			-		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)			0		
Multiple floor levels?			□ Yes ⊌ No		
No suffocation / Poisonous hazardous materials around the house			1000		
No major structural damages (Holes in floors or walls, etc.)	2	0			
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?	0	0	5		
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	7				
Any serious injuries requiring medical attention?			مالم		
Any fatalities?		□ Yes • No			
DOCUMENTATION		169-	INU		
		. A.I.	444		
DSS 2909 completed for all enrolled children?	С	N	N/A		
Emergency Preparedness Plan?	*e*				
Is medication administered? Yes No If yes, is the medication expired?					
Permission forms from parents signed and dated?			ug/		
Field Trips? If yes, signed parental permissions forms?			4		
STAFFING & SUPERVISION					
STALLING & SUPERVISION					
Staff observed were qualified?	С	N			
Training hours up-to-date? 63-13-825					
			<u> </u>		
Is provider over capacity? Number of children observed:			□ Yes 교 No		

pervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each
id, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision, also requires the operator and/or stoff being page
d having ready access to children in order to intervene when needed.
+ $($ $)$ $)$ $)$ $)$ $)$ $)$ $)$ $($ $)$
ignature of Operator/Emergency Person:
ignature of operator/Emergency Person: Refused to sign

Signature of Child Care Licensing Specialist: