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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Jacqueline Ancrum ermit #: 24086	Date of Type of Inspection:   Annual □ Comp	of Inspection: plaintRenewal	Follow Up (original	of Inspection:	
	,	Reas	on for Follow up:	pending deficiencies	self-report
.ddress: 1810 Dillway Street CHARLE	STON, SC 29407	Hou	s of Operation: M-F	6:00a-6: <b>①</b> 0p	oon roport
elephone #: 843-327-0014	Any changes in contact info Phone/Em	ail/Fax)?   Yes		ight Care? 🗆 Yes 🖼 🕅	0
hange in address?   Yes  No					
otal Capacity: 6	Items to be posted: Pregistration urance 63-13-210 Ves No If no, verify	والمستعدد المستعدد		- A1-	
erry the following. Vertiled Elablity his	diance 03-13-210 Tes Pro II no, veniy	signed statement	s from parents. Dre	S I NO	
300					
HC	OME INSPECTION (HEALTH, SANITATIO	N, & SAFETY)			
			White was to	C N	N/A
	g supplies, etc. inaccessible to children)			6/ 0	
Living room (no excessive clutt				6/0	
Bedrooms (no children unsupervised, guns or drugs, etc)			ď, o		
Sleep Arrangements (no Pack-I		<u>.</u>	<u> </u>	D/ 0	
Cribs meet CPSC requirements			<u> </u>		
Bathrooms (no visible mold, etc.)			8/0		
Garage/Shed (secured if harmf				d, o	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)					
Multiple floor levels?			p Yes d No	0	
	ardous materials around the house			e, o	
No major structural damages (				6/0	
Pets/Animals?  Yes  No	Up to date vaccination records?			ď o	
Smoke Detectors/Fire Extinguis		No		<b>C</b> 0	
Any serious injuries requiring m	nedical attention?			□ Yes ₪ No	
Any fatalities?				□ Yes 교 No	
	DOCUMENTATION				
				CN	N/A
DSS 2909 completed for all en	olled children?			C N	N/A
<b>Emergency Preparedness Plan?</b>	rolled children?			<del>/</del>	
Emergency Preparedness Plan? Is medication administered?	Yes No If yes, is the medication exp	ired?			
Emergency Preparedness Plan? Is medication administered?  Permission forms from parents	Yes No If yes, is the medication exp	sired?			0 /
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