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

Operator Name: Teresa Blackwell

Signature of Operator/Emergency Person

Signature of Child Care Licensing Specialist:

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Date of Inspection: 9.4.23 Time of Inspection: 11:50

on 400 Coddin Crook Bood Im	Type of Inspection: Annual c	Reas	on for Follo	ow up: □pending	d eficie	ncies	□Se
ss: 400 Caddis Creek Road Irn one #: 803-381-5424 e in address? □ Yes 🏚 No	Any changes in contact info (Pho Zoning restrictions & Yes Do _	Houl one/Email/Fax)?   Yes	rs of Opera	otion: M-F7:30a- Overnight Ca		es dyl	No
apacity: 5	Items to be posted: d Registration						
the following: Verified Liability fi	nsurance 63-13-210 🗆 Yes to No if no	o, verify signed statemen	ts from pare	ents.ab <sub>l</sub> Yes⊡ No	)		
Cally III - 2 Vily	HOME INSPECTION (HEALTH, SAN	ITATION & SAFETY)	- N	- 107773		Territor.	+ (1)
					С	N	N.
Kitchen (sharp objects, clear	ing supplies, etc. inaccessible to chi	ldren)			<del>-</del>		-
Living room (no excessive clutter, etc.)				<u> </u>	1 Ø		
Bedrooms (no children unsupervised, guns or drugs, etc)					<del>7</del>		
Sleep Arrangements (no Pack-N-Plays)					1 2		
Cribs meet CPSC requirements				1	-		
Bathrooms (no visible mold, etc.)				Ø			
Garage/Shed (secured if harmful items inside)					<del>  -</del>		1
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)					Z		-
Multiple floor levels?						Yes 🗆	
No suffocation /Poisonous h	azardous materials around the hou	se			Ø	- 7	
No major structural damage	s (Holes in floors or walls, etc.)	_			Ø		
Pets/Animals? Tyes Z No Up to date vaccination records?							
Smoke Detectors/Fire Extinguishers? If not, TA provided 💆 Yes 🗆 No					Z	0	- (
Any serious injuries requirin	g medical attention?			-		Yes 🗗	No
Any fatalities?						Yes b	No
	DOCUMENTATION	ON					
					С	N	N
DSS 2909 completed for all enrolled children?					ø		7
Emergency Preparedness Plan?					ø		(
Is medication administered?   Yes   No If yes, is the medication expired?						- 0	1
Permission forms from parents signed and dated?						0	
Field Trips? If yes, signed p	parental permissions forms? 🔲 Yes	□ No			C)		
	STAFFING & SUPER	/ISION					
					C	N	
Staff observed were qualific	ed?				Ø		1
Training hours up-to-date?	63-13-825				Ø	0	1
Is provider over capacity?						Yes 5	No
Number of children observe	ed:				8	<u>์</u>	
		<u> </u>					
C = Compliant with Regulation	- N = Noncompliant with Regulation	No violations noted at	the time of	vieit [/]			
0 - Compitals mai regulation	i - 11 - Hottoothpitalit mai Roganacon	The violetiene notes at	dio unio oi	11010 921			