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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Jodi Smith ermit #: 25260	Type of Inspection: Annual Co	e of Inspection: X 17 mplaint □Renewal □ F	123 Time of Inspection Time of Inspection	i: <u>4: 00 Am</u> tion date)
		Reason for	r Follow up: □pending def	ficiencies ⊐self-report
ddress: 241 McCall Drive WESTMINS	TER, SC 29693	Hours of (	Operation: Single Shift	
elephone #: 864-571-0518	Any changes in contact info (Phone/E	Email/Fax)? 🗹 Yes 🗆 №	No Overnight Care?	□ Yes 🗹 No
hange in address?  Yes No	Zoning restrictions  Yes No	<u> </u>		
. 4 - 1 O O O	Items to be posted:   Registration			
erify the following: Verified Liability Insu	irance 63-13-210 □ Yes 🗹 No If no, ve	erify signed statements from	m parents.	

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)				
	C	N	N/A	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	<b>d</b>			
Living room (no excessive clutter, etc.)	12			
Bedrooms (no children unsupervised, guns or drugs, etc)				
Sleep Arrangements (no Pack-N-Plays)	Var			
Cribs meet CPSC requirements				
Bathrooms (no visible mold, etc.)				
Garage/Shed (secured if harmful items inside)	18	0		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	8			
Multiple floor levels?			MYes □ No	
No suffocation /Poisonous hazardous materials around the house			0	
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			<u> </u>	
Any serious injuries requiring medical attention?			□ Yes 🗹 No	
Any fatalities?		□ Yes τo No		
DOCUMENTATION			No.	
	C	N	N/A	
DSS 2909 completed for all enrolled children?				
Emergency Preparedness Plan?				
Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?			D	
Permission forms from parents signed and dated?			8	
Field Trips? If yes, signed parental permissions forms?   Yes No			<u> </u>	
STAFFING & SUPERVISION	CALL STORY		HEARS.	
	C	N		
Staff observed were qualified?			1	
Training hours up-to-date? 63-13-825			<u> </u>	
Is provider over capacity?			□ Yes 🛂 🖺 Yo	
Number of children observed:				

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:	Date: 8/7/03	<b>5</b> 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of Operator/Emergency Person:	Date: (1) (1)	☐ Refused to sign
Wind I Than	0/15/02	
Signature of Child Care Licensing Specialist:	Date: 8 17 23	