South Carolina Department of Social Services

Office of Child Care Licensing INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| Address: 649 Garland Horton Road JEFFi Telephone #: 843-658-3491 A Change in address? D Yes & No Zo | ype of inspection: @Annual = ERSON, SC 29718 Iny changes in contact info (Phooning restrictions > ERSON = No | □ Complaint □Renewal Reaso Hours one/Email/Fax)? □ Yes | n for Follow up: □pendin s of Operation: M-F6:00a va No Overnight Ca | spection g deficient -6:00p are? a | n date_ encies |) _self-repor |
|--|--|---|--|---|---------------------------|-------------------------|
| | | | • | | | |
| НОМ | E INSPECTION (HEALTH) SANI | ITATION & SAFETY) | | | 5 S/A ARS. | (1.59° 1.59°). |
| | | | | | NI NI | AL/A |
| Kitchen (sharp objects, cleaning st | upplies, etc. inaccessible to chil | dren) | | C | N | N/A |
| Living room (no excessive clutter, etc.) | | | 100 | <u> </u> | | |
| Bedrooms (no children unsupervised, guns or drugs, etc) | | | VB | | <u> </u> | |
| Sleep Arrangements (no Pack-N-Plays) | | | 100 | 0 | | |
| Cribs meet CPSC requirements | | | V0 | | | |
| Bathrooms (no visible mold, etc.) | | | No. | | | |
| Garage/Shed (secured if harmful items inside) | | | | , | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | | | 10 | | | |
| Multiple floor levels? | | | ······································ | □ Yes Ver No | | 10 |
| No suffocation /Poisonous hazardous materials around the house | | | | | | |
| No major structural damages (Holes in floors or walls, etc.) | | | | | - - | |
| Pets/Animals? Yes Ya No Up to date vaccination records? | | | | 0 | Va 1 | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No | | | | V | | 0 |
| Any serious injuries requiring medical attention? | | | | | Yes \ ra | |
| Any fatalities? | | | | | Yes v a∕ | |
| Paragraphic Control (Control (| DOCUMENTATION | N - A S - A S - A S - A S - A S - A S - A S - A S - A S - A S - A S - A S - A S - A S - A S - A S - A S - A S | 12.00 | | | |
| | | | | С | Ν | N/A |
| DSS 2909 completed for all enroll | ed children? | | | \p | | |
| Emergency Preparedness Plan? | | | | 1/2 | | |
| | Is medication administered? ☐ Yes ☑ No If yes, is the medication expired? | | | | _ | 10- |
| | Permission forms from parents signed and dated? | | | | 0 | VO |
| Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No | | | | | Ö | 10 |
| | STAFFING & SUPERVI | SION | | | | 1000 |
| | Stranger Stranger and Stranger | | | С | N | |
| Staff observed were qualified? | | | | V | | |
| Training hours up-to-date? 63-13-8 | 825 | | | 10 | | |
| Is provider over capacity? | | | | | Yes 🍾 | No |
| Number of children observed: | | | (3 | | | |
| | | | | | | |
| C = Compliant with Regulation - N = N | oncompliant with Regulation | No violations noted at the | ime of visiAEI | | | |
| Supervision: Care provided to an individual child, knowledge of activity requirements and and having ready access to children in order | d children's needs and accountability | e supervision requires awaren of for their care. Adequate sup | ess of and responsibility for the arvision also requires the oper | ne ongoing rator and/ | g activity for staff t | y of each being near |