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

rator Name: Lula Conelia Washington Type of Inspection: Annual Complaint Renewal Follow Up (original Reason for Follow up: pend		2:0	
		date	
			□self-rep
ress: 825 Jenkins Avenue HARDEEVILLE, SC 29927 Hours of Operation: M-F6:3			,
	Care? □ Y	'es 🗹	No
ge in address? □ Yes 🗹 No Zoning restrictions □ Yes 🗹 No			
Capacity: 6 Items to be posted: Registration			
y the following: Verified Liability Insurance 63-13-210 🗆 Yes 🗹 No. If no, verify signed statements from parents. 🗹 Yes 🗅	No		
HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
	С	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			
Living room (no excessive clutter, etc.)			0
Bedrooms (no children unsupervised, guns or drugs, etc)			0
Sleep Arrangements (no Pack-N-Plays)			
Cribs meet CPSC requirements			0
Bathrooms (no visible mold, etc.)			0
Garage/Shed (secured if harmful items inside)	- 5		0
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)			
Multiple floor levels?		Yes 🖪	No
No suffocation /Poisonous hazardous materials around the house	8/		
No major structural damages (Holes in floors or walls, etc.)	e.	В	
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?	B		6
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	€		
			N ₀
Any serious injuries requiring medical attention?	_	Yes 🗹	
Any serious injuries requiring medical attention? Any fatalities?	_	Yes ₫ Yes ₫	
Any serious injuries requiring medical attention?		Yes 🗹	No
Any serious injuries requiring medical attention? Any fatalities? DOCUMENTATION	_		
Any serious injuries requiring medical attention? Any fatalities? DOCUMENTATION DSS 2909 completed for all enrolled children?		Yes 🗹	No
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