South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Carnetta Brooks	Type of Inspection: □ Annual	Date of Inspection:	10/21	Time of Inspection	7: 12:5	000
ermit #: 24824	Type of Inspection: Annual	□ Complaint □Renewa	Follow	Up (original inspec	tion date_	1/2021
		Reas	on for Follo	w up: pending de	ficiencies	self-report
.ddress: 1040 Kings Road ORANGEBI	JRG,SC 29115	Hou	irs of Operat	tion: M-F6:00a-6:00	Эр	
elephone #: 803-937-5123	Any changes in contact info (Pl	hone/Email/Fax)? Yes	₩ No	Overnight Care?	□ Yes œ	No
hange in address? ☐ Yes ☑ No	Zoning restrictions - Yes No	···				
otal Capacity: 6	Items to be posted: Registratio	n				
erify the following: Verified Liability Insu	rance 63-13-210 □ Yes 교/No If i	no, verify signed statemen	its from parei	nts, 🗹 Yes 🗆 No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		<u></u> .			
	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)					
Sleep Arrangements (no Pack-N-Plays)	4		<u> </u>		
Cribs meet CPSC requirements			a		
Bathrooms (no visible mold, etc.)		0	0		
Garage/Shed (secured if harmful items inside)	6	0			
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	Ь				
Multiple floor levels?		□ Yes □ No			
No suffocation / Poisonous hazardous materials around the house	ф				
No major structural damages (Holes in floors or walls, etc.)	ф	O			
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?	ф		_p		
Smoke Detectors/Fire Extinguishers? If not, TA provided	ф		0		
Any serious injuries requiring medical attention?		□ Yes □ No			
Any fatalities?		□ Yes □ No			
DOCUMENTATION					
	4	N	N/A		
DSS 2909 completed for all enrolled children?					
Emergency Preparedness Plan?					
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?					
Permission forms from parents signed and dated?					
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No					
STAFFING & SUPERVISION					
	Œ	N			
Staff observed were qualified?					
Training hours up-to-date? 63-13-825					
Is provider over capacity?			No		
Number of children observed:			5		
C = Compliant with Population N = Nancompliant with Population No violations noted at the time of violation	(Status III)	00187000110	DEIDHI T		

<u>Supervision</u>: 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: Comute Brokes Date: 6/10/2	7 ☐ Refused to sign
Signature of Child Care Licensing Specialist:	