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

Operator Name: Vanessa Montgomery Permit #: 8094  Date of Inspection: Date of Inspection: Complaint Reason for Follow Up (original inspection)  Reason for Follow Up: pending	spection dat	te <u>'                                    </u>
Address: 208 Leah's Loop Road GREELEYVILLE, SC 29056  Telephone #: 843-382-4290  Any changes in contact info (Phone/Email/Fax)?  Yes No Overnight Ca Zoning restrictions  Yes No Overnight Ca	-9:00p	
Total Capacity: 6 Items to be posted: Registration  Verify the following: Verified Liability Insurance 63-13-210 Pes No. 16 no, verify signed statements from parents. Pes Registration	<b>)</b>	
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HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		
	C 1	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)		<b>-</b>
Living room (no excessive clutter, etc.)	4/	<b>.</b>
Bedrooms (no children unsupervised, guns or drugs, etc)	4/1	
Sleep Arrangements (no Pack-N-Plays)		
Cribs meet CPSC requirements	0 0	
Bathrooms (no visible mold, etc.)		
Garage/Shed (secured if harmful items inside)	<u> </u>	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)		
Multiple floor levels?	n Ye	\$ □ No
No suffocation / Poisonous hazardous materials around the house	0/	
No major structural damages (Holes in floors or walls, etc.)	9/1	
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?	<del></del>	<u> </u>
Smoke Detectors/Fire Extinguishers? If not, TA provided    Yes   No	· · · · · · · · · · · · · · · · · · ·	
Any serious injuries requiring medical attention?  Any fatalities?		s to No
		s e-No
DOCUMENTATION		
		N N/A
DSS 2909 completed for all enrolled children?		
Emergency Preparedness Plan?	<del>                                     </del>	
Is medication administered? Tyes No If yes, is the medication expired?  Permission forms from parents signed and dated?	<del></del>	<u> </u>
Field Trips? If yes, signed parental permissions forms?		
STAFFING & SUPERVISION		
STATING SUCCESSION OF THE SUCC	C //	NI I
Staff observed were qualified?	/د	<u>N</u>
Training hours up-to-date? 63-13-825		<u> </u>
Is provider over capacity?		es GLAKO
Number of children observed:	7	
C = Compliant with Regulation - N = Noncompliant with Regulation   No violations noted at the time of visit []		
<u>Supervision</u> : Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the open and having ready access to children in order to intervene when needed.		
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Signature of Operator/Emergency Person: Nanasa Montgen, Date: 11 / 1	<u>23</u> □ R€	efused to sign
Signature of Child Care Licensing Specialist: Tenel James Date: 11/1/83		