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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| perator Name: Carnetta Brooks L<br>ermit #: 24824  | Type of Inspection: □ Annual □ Complaint □ Renewal □ Follow Up (   | me of inspection: 9:00 Amore   |
|--|--|--|
| .ddress: 1040 Kings Road ORANGEE   | RURG SC 20115  | p: pending d eficiencies self-report   |
| elephone #: 803-937-5123   |  | IVI-F6:00a-6:00p   |
| hange in address?  Yes No  |  | vernight Care? - Yes - No  |
| otal Capacity: 5   | Items to be posted:   Registration   |  |
|  | surance 63-13-210  Yes No If no, verify signed statements from parents.  | Age a No   |
| ,  | The state of the s | ps 103 🗀 140   |
|  |  |  |
| district the state of the  | CAAF INCRESTION (HEALT), SANDANIAN CAAF  |  |
| Samuel Committee of the | OME INSPECTION (HEALTH, SANITATION, & SAFETY)  | True 1 (10) (12) (10)  |
|  |  | C N N/A  |
| Kitchen (sharp objects, cleanin  | ng supplies, etc. inaccessible to children)  |  |
| Living room (no excessive clutt  | ter, etc.)   |  |
| Bedrooms (no children unsupe   | ervised, guns or drugs, etc)   |  |
| Sleep Arrangements (no Pack-I  |  |  |
| Cribs meet CPSC requirements   |  | <del> </del>   |
| Bathrooms (no visible mold, et   |  |  |
| Garage/Shed (secured if harmf  |  |  |
|  |  |  |
| Multiple floor levels?   | ges, rusty points, fence if ditches, accessible to street)   |  |
|  |  | Yes ₩No  |
| No suffocation / Poisonous hazardous materials around the house  |  |  |
| No major structural damages (Holes in floors or walls, etc.)   |  |  |
| Pets/Animals? Yes No   | Up to date vaccination records?  |  |
| Smoke Detectors/Fire Extinguis   |  |  |
| Any serious injuries requiring n   | nedical attention?   | □ Yes s≥4No  |
| Any fatalities?  |  | □ Yes □/No   |
| Textinized the Theory  | DOCUMENTATION  | AND THE RESERVE OF THE PARTY OF |
|  |  | C N N/A  |
| DCC 2000   | no llod alchida a 2  |  |
| DSS 2909 completed for all en  | rolled children?   |  |
| Emergency Preparedness Plan?   |  |  |
| Emergency Preparedness Plan?   | ? /  |  |
| Emergency Preparedness Plan? Is medication administered?   | ? I Yes No If yes, is the medication expired?  |  |
| Emergency Preparedness Plan? Is medication administered?  Permission forms from parents  | ? I Yes No If yes, is the medication expired? s signed and dated?  |  |
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