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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Signature of Child Care Licensing Specialist:

s: 13 Wildhorse Court IRMO, Si	C 29063 Hours of Operation	v up: □pending deficier on: M-F7:30a-5:330p		/	
one #: 803-749-0981 Any changes in contact info (Phone/Email/Fax)?   Yes tyles of the address of		Overnight Care? - Ye	:Care? □ Yes 赵No		
in address?   Yes   No  apacity: 6	Zoning restrictions   Yes No  Items to be posted: A Registration				
apacity. 0 he following: Verified Liability Ins	urance 63-13-210 v Yes   No If no, verify signed statements from paren	to - Voo - No			
no lonoving. Volumes Elebiney inc	arance so-10-210 to 10 to 10 to, verily signed statements from paren	IS TES - NO			
н	OME INSPECTION (HEALTH, SANITATION, & SAFETY)				
		C	N	N/A	
Kitchen (sharp objects, cleaning	g supplies, etc. inaccessible to children)	9			
Living room (no excessive clutter, etc.)					
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)				. 🗆	
Cribs meet CPSC requirements					
Bathrooms (no visible mold, etc.)					
Garage/Shed (secured if harmful items inside)				-	
Outside/Playground (sharp ed	ges, rusty points, fence if ditches, accessible to street)	· · · · · · · · · · · · · · · · · · ·			
Multiple floor levels?			Yes □		
No suffocation /Poisonous haz	ardous materials around the house	10		T o	
No major structural damages (Holes in floors or walls, etc.)		VZ			
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?		VZ,		-	
Smoke Detectors/Fire Extinguishers? If not, TA provided		7			
Any serious injuries requiring	medical attention?	<del></del>	 Yes ⊯	/	
Any fatalities?			Yes op		
	DOCUMENTATION				
	24. 从19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	C	, · N	N/A	
DSS 2909 completed for all enrolled children?		G/	/ -		
Emergency Preparedness Plan?					
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?				14	
Permission forms from parents signed and dated?			0	5/	
Field Trips? If yes, signed par	ental permissions forms?   Yes   No			D'	
	STAFFING & SUPERVISION	The second second			
A STATE OF THE STA		C	N		
Staff observed were qualified	?	g/	, 0	1	
Training hours up-to-date? 63	-13-825	50/			
Is provider over capacity?		ت ا	Yes 🖼	Νo	
Number of children observed			5		
		/			
C = Compliant with Regulation -	N = Noncompliant with Regulation No violations noted at the time of visi	H 17			
	A A A A A A A A A A A A A A A A A A A				
upervision: Care provided to an indi-	vidual child or group of children. Adequate supervision requires awareness of and i	responsibility for the ongoin	g activit	y of ea	
mo, knowledge or activity requiremen	its and children's needs and accountability for their care. Adequate supervision also order to intervene when needed.	o requires the operator and/	or staff	being r	