South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

)perator Name: Eva L Johnson	,	Date of Inspection: 2	22/74	_ Time of Inspection: _	01:10 am
'ermit #: 24772	Type of Inspection: 🗹 Annual	□ Complaint □Renewa	l □ Follov	W Up (original inspection	n date)
ddress: 350 North Stribling St. SENE		Reas	ion for Foll	low up: □pending defici	encies aself-repoi
'elephone #: 864-247-3040		HUU hono/Email/Eav\2 — V	iis oi Opei.	ation: M-F6:00a-6:00p	
hange in address? Yes No	Any changes in contact info (P Zoning restrictions Yes	none/⊑maii/rax)? □ Yes	M2NO	Overnight Care?	Yes ip No
otal Capacity: 6	Items to be posted: Registration	on			
'erify the following: Verified Liability In:	surance 63-13-210 - Yes No If	no, verify signed statemen	its from par	ents. > Yes n No	

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	100 M	30.		
	C	N	N/A	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			 	
Living room (no excessive clutter, etc.)				
Bedrooms (no children unsupervised, guns or drugs, etc)				
Sleep Arrangements (no Pack-N-Plays)				
Cribs meet CPSC requirements			<u> </u>	
Bathrooms (no visible mold, etc.)			-	
Garage/Shed (secured if harmful items inside)				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	18	-	-	
Multiple floor levels?		□ Yes ₺ No		
No suffocation / Poisonous hazardous materials around the house				
No major structural damages (Holes in floors or walls, etc.)	10/		-	
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?			 	
Smoke Detectors/Fire Extinguishers? If not, TA provided ☑Yes ☐ No				
Any serious injuries requiring medical attention?			 1No	
Any fatalities?			□ Yes to No	
DOCUMENTATION		NWW.		
	C	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	TEST LINE		D/	
	C	N		
Staff observed were qualified?]	
Training hours up-to-date? 63-13-825				
Is provider over capacity?	5	Yes 🐧	No	
Number of children observed:				
= Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visitive	1	100		

<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:_

Signature of Child Care Licensing Specialist:

TRAFfused to sig

ate: 1/1/2/