South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Date of Inspection: 1.13.14

Operator Name: Windy Lee

| | | Date of Inspe | СЦОП. <u>Б. Б</u> | 7. 10 | - Time of itisp | ecaon | T. 7 | <u> </u> |
|--|--|----------------------------|-------------------|-------------|-----------------|---|----------|--|
| nit #: 24278 | Type of Inspection: Annual | □ Complaint | Renewal | □ Follow | Up (original in | spectio | n date_ | |
| ess: 1632 Baldwin Road SCRAN | TON CC 20504 | | Reaso | n for Follo | ow up: □pendir | ng defic | iencies | □self- |
| | |) } | Hours | s of Opera | tion: M-F7:00a | -6:00p | | , |
| ohone #: 843-389-9418, ge in address? □ Yes ☑ No | Any changes in contact info (P | 'none/Email/Fax) | i? □ Yes | r No | Overnight Ca | are? 🗆 | Yes 🖬 | No |
| Capacity: 6 | Zoning restrictions Yes No Items to be posted: Registration | | | | | | - | |
| y the following: Verified Liability Ins | ticins to be posted. By Registration 11.210 - Voc of No. 11 | UI) f.no. vozify signod | atatamanta | from nasa | | la. | | |
| y are removing. Vermed Elability ins | Sciance 03-13-210 Tes M NO II | . no, venty signed | statements | s from pare | nts. Mares 🗆 N | 0 | | |
| | | | | | | | | |
| | No. of the last of | | | | | | | |
| H. | OME INSPECTION (HEALTH, SA | ANITATION, & S | AFETY) | Alconomic | | | | 1988 |
| Kitchen (sharp objects, cleaning | ng supplies, etc. inaccessible to c | hildren) | | | | C, | N | N/A |
| Living room (no excessive clut | | maren | - | | | 13 | | |
| Bedrooms (no children unsupe | | | | -1/2/200 | | 1 80 | | -0 |
| Sleep Arrangements (no Pack- | | | | | | - | | 0 |
| Cribs meet CPSC requirements | | | | | | - | | 냅 |
| Bathrooms (no visible mold, e | | | | 11-000 | | 99 | <u> </u> | |
| | | | | | | 100 | | 0 |
| Garage/Shed (secured if harm | | | | | 17.1 | 8 | 0 | <u> </u> |
| Multiple floor levels? | ges, rusty points, fence if ditches | s, accessible to st | treet) | | | l sd | | |
| | zardous materials around the ho | 7, 33.1 | | | | | Yes 5 | /No |
| | | use | | | 888 | e, | | |
| No major structural damages Pets/Animals? Yes No | | | | | | 121 | | |
| Smoke Detectors/Fire Extingu | | | | 1 | | 1 - | 0 | ₹ |
| | | Yes No | | | | ₩. | | |
| Any serious injuries requiring Any fatalities? | medical attention? | | | | | | Yes 🖬 | |
| Any ratalities? | | | | 0.00 | | _ [| Yes d | No |
| | DOCUMENTAT | ION | | | | | Li Atl | 11/A |
| DSS 2909 completed for all er | rolled shildren? | | | | | - | N | N/A |
| Emergency Preparedness Plan | | | | | | 4 | | <u> </u> |
| | Yes No If yes, is the medi | | | 27.74 | XV | + | | 7 |
| Permission forms from parent | | cation expired? | | | | | | ø, |
| | | , | | | | | | g/ |
| Field Trine2 If you signed nor | antal narmissians forms? E.V. | · of No | | alama si | | <u> </u> | | |
| Field Trips? If yes, signed par | | A SHALL SHOW A SHALL SHOW | | | | | | |
| Field Trips? If yes, signed par | ental permissions forms? Yes STAFFING & SUPER | A SHALL SHOW A SHALL SHOW | | | | | | <u>a</u> |
| | STAFFING & SUPER | A SHALL SHOW A SHALL SHOW | | | | C | N | NY VANCOUS AND ASSESSMENT OF THE PARTY OF TH |
| Staff observed were qualified | STAFFING & SUPER | A SHALL SHOW A SHALL SHOW | | | | | | |
| | STAFFING & SUPER | A SHALL SHOW A SHALL SHOW | | | | C | N | |
| Staff observed were qualified Training hours up-to-date? 63 | STAFFING & SUPER? -13-825 | A SHALL SHOW A SHALL SHOW | | | | C | N | |
| Staff observed were qualified? Training hours up-to-date? 63 Is provider over capacity? | STAFFING & SUPER? -13-825 | A SHALL SHOW A SHALL SHOW | | | | C | N | |
| Staff observed were qualified? Training hours up-to-date? 63 Is provider over capacity? Number of children observed: | STAFFING & SUPER? -13-825 | A SHALL SHOW A SHALL SHOW | | | | C | N | |