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

)perator Name: Lisa Braeckelaere 'ermit #: 24753	Town of the same of the same	Date of Inspection: 1.29.	Time of Inspection: 11.4	Dam
emii #. 24755	ype of inspection: Annual	□ Complaint □Renewal □ F	ollow Up (original inspection date	
	•	Reason for	Follow up: pending deficiencies	eolf rope
.ddress: 2705 Bensmin Drive WEST		Hours of (Decation: M-E7:00a-5-30a	,
elephone #: 803-348-2112	Any changes in contact info (P	hone/Email/Eax\2 \(\tau\) Ves \(\sim \)	Overnight Care? Yes	
hange in address? □ Yes ✓ No	Zoning restrictions TYes DNo	Tonoremain dxy: 6 Tes	Overnight Cale? Tyes ON	10
otal Capacity: 6	Items to be posted: Registration	D		
erify the following: Verified Liability Ins	surance 63-13-210	no, verify signed statements from	parents, A Yes 🗆 No	
	1	• •	F 122 = 1.00	

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	\$ (12 0	ii ė, ji	
			N/A	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			0	
Living room (no excessive clutter, etc.)			0	
Bedrooms (no children unsupervised, guns or drugs, etc)			0	
Sleep Arrangements (no Pack-N-Plays)			<u> </u>	
Cribs meet CPSC requirements				
Bathrooms (no visible mold, etc.)	<u>P</u>			
Garage/Shed (secured if harmful items inside)				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<u>ď</u>		0	
Multiple floor levels?			_ Ø │ □ │ □ □ □ □ □ □ ✓ No □ □	
No suffocation / Poisonous hazardous materials around the house				
No major structural damages (Holes in floors or walls, etc.)				
Pets/Animals?				
Smoke Detectors/Fire Extinguishers? If not, TA provided 🗹 Yes 🗆 No			<u> </u>	
Any serious injuries requiring medical attention?		Ves of		
Any fatalities?	□ Yes 🗹 No			
DOCUMENTATION		100 /	NO	
	С	N	NIZA	
DSS 2909 completed for all enrolled children?			N/A	
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 A No				
STAFFING & SUPERVISION			ø	
	С	N		
Staff observed were qualified?				
Training hours up-to-date? 63-13-825	P			
Is provider over capacity?	Ø			
Number of children observed:			□ Yes No	
		<u> </u>		
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit 1/1	_	_		

<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.

Ali U. Diag al O	
Signature of Operator/Emergency Person Div Bull Bull December Date: 1 29 134 Rec	efused to sign
Signature of Child Care Licensing Specialist MMW Jumps Date: 1/24/24	Toola to oigi