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

|)perator Name: Erica Crawford 'ermit #: 24800 | Type of Inspection: Annual | Date of Inspection: | Sallay . | Time of Inspection:) |
|--|-------------------------------------|---------------------|---------------------------------|---|
| ddress: 246 Cherry Hill Road SPART elephone #: 864-809-2659 | | Reaso Hou | on for Follow rs of Operatio | up: pending deficiencies self-reportin: M-F7:00a-5:30p Overnight Care? Self-ves Alo |
| hange in address? Yes No otal Capacity: 6 'erify the following: Verified Liability Ins | Litems to be posted: ✓ Registration | <u> </u> | | |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY) | | | | | |
|--|-------------|------------|--|--|--|
| | C | N | N/A | | |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) | V | 0 | | | |
| Living room (no excessive clutter, etc.) | 12 | | | | |
| Bedrooms (no children unsupervised, guns or drugs, etc) | 1/2 | | | | |
| Sleep Arrangements (no Pack-N-Plays) | W | - | | | |
| Cribs meet CPSC requirements | 1 | | | | |
| Bathrooms (no visible mold, etc.) | | | | | |
| Garage/Shed (secured if harmful items inside) | 12 | 0 | | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | <u>v</u> | | | | |
| Multiple floor levels? | | | No | | |
| No suffocation / Poisonous hazardous materials around the house | | Yes z | | | |
| No major structural damages (Holes in floors or walls, etc.) | 4 | | | | |
| Pets/Animals? Yes No Up to date vaccination records? | 707 | | | | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided TI Yes TI No | 122 | | 0 | | |
| Any serious injuries requiring medical attention? | V- | Voc. of | No | | |
| Any fatalities? | | □ Yes ☑ No | | | |
| DOCUMENTATION | | 162 1/2 | INU | | |
| | С | N | NI/A | | |
| DSS 2909 completed for all enrolled children? | | | N/A | | |
| Emergency Preparedness Plan? | VZ/ | | 0 | | |
| Is medication administered? Yes No If yes, is the medication expired? | 4 | | | | |
| Permission forms from parents signed and dated? | | | V | | |
| Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No | | | 12 | | |
| STAFFING & SUPERVISION | 0 | | Ø | | |
| | C | N | _ | | |
| Staff observed were qualified? | | | | | |
| Training hours up-to-date? 63-13-825 | | | | | |
| Is provider over capacity? | | | | | |
| Number of children observed: | | | □ Yes 🗹 No | | |
| | | > | | | |
| C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit \(\omega \) | | | | | |

Supervision: 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:_ | grica m. Crawtout | Date: _ | 8/21/24 | ☐ Refused to sign |
|--|-------------------|---------|---------|-------------------|
| Signature of Child Care Licensing Specialist | - Opilatily | Date: _ | 8/21/24 | |