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:

| me of Inspection: (original inspection) | On date | Dai |
|--|--|--|
| p: pending defic | | ⊓self- |
| 7:30 AM - 5:00 | | |
| vernight Care? 🗆 | | MO |
| | | |
| | | |
| Yes 🗆 No | | |
| | | |
| | | |
| | | |
| С | N | N/A |
| 1.00 | - - - - - - - - - - | |
| V. | 기 | |
| VP | 기 | 1 - |
| V | 거 🚡 | - |
| Var | 기 | ╅╌ |
| | オ゠ | |
| <u> </u> | | ia |
| | _ | - |
| | □ Yes ve | |
| | - | 1 |
| V2 | | |
| Var | | |
| <u> </u> | | |
| | | <u> </u> |
| $\overline{}$ | □ Yes v | |
| | U 162 | PNU |
| | - | 1514 |
| С | | , N/A |
| V | \rightarrow | |
| <u>\</u> | | 0 |
| | | V2 |
| | | Y |
| | | 12 |
| | | |
| C | s N | |
| | | ╛ |
| | | <u> </u> |
| | □ Yes 😮 | a No |
| | <u></u> | |
| | | |
| | | C PAUL |
| | | |
| | | |
| ponsibility for the one | going activ | ity of ea |
| equires the operator a | and/or stat | if being r |
| | | |
| equ | ires the operator | nsibility for the ongoing activities the operator and/or state |

Felecio Bridges Date: 8[23] 2024