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

Operator Name: Sandra Spann Mcki	night	Date of Inspe	ection: <u>1/27/20</u>	128 Time of I	nspection:/0:08A	12-10:46 sr
App #: CC048346	Type of Inspection: Annual	□ Complaint □		Follow Up (origin	nal inspection dat	te)
			Reason	tor Follow up: p	ending deficienci	es oself-report
Address: 8023 Caughman Rd. Colur	nbia, SC 29209		Hours o	of Operation: 7am	- 5:30pm	1
Telephone #: 839-810-9709 /	Any changes in contact info (PI Zoning restrictions a Yes O No )	hone/Email/Fax	)? - Yes La	No Overnic	tht Care? _ Yes	12 No
Change in address?   Yes   No	Zoning restrictions Yes No !	CLENT PICKIND	dranoff u	will not abother	of traffiction	A adjacent
Total Capacity: N/A	Items to be posted: a Registratio	n 0	, ,			ublichoad.
Verify the following: Verified Liability In:	surance 63-13-210 🙃 Yes 🕁 No 🗆	If no, verify sign	ed statements	from parents. D Ye		
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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  Bathrooms (no visible mold, etc.)  Garage/Shed (secured if harmful items inside)  Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)  Multiple floor levels?  No suffocation /Poisonous hazardous materials around the house  No major structural damages (Holes in floors or walls, etc.)  Pets/Animals?	HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		Al	NII.
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nature of Child Care Licensing Specialist:			Date: 1/21/	1015	
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