South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES Date of Inspection: 3-3-25 Time of Inspection: 10-00am

ator Name: Belinda Harris	Date of Inspection:	I III (a minimal in a paction	data	27.75	
it #: 25735	Type of Inspection: Annual Complaint Renewal Foll	low Up (original inspection Follow up: □pending deficie	udie_	nself-rer	
		ollow up: perioning denote	HCIGS	□3¢H-1¢k	
ess: 200 Pine Creek Court Ext	J140 GREENVILLE, SC 29605 Hours of Op	Overnight Care?	10° n	No	
phone #: 864-593-5895	Any changes in contact info (Phone/Email/Fax)? Yes No	- Overnight odic: 10-1	C5 L	, 10	
ge in address? Yes Ho	Zoning restrictions - Yes - No				
Capacity: 6	ltems to be posted: ☑ Registration Insurance 63-13-210 ☐ Yes ᡚ 16 If no, verify signed statements from p	parents. □ Yes ⊙ No			
the following: Verified Liability I	Insurance 63-13-210 Tes tano li 110, verny signed statemente nom p				
description of the state of the state of	HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		地色	1	
	HOME INSPECTION (HEALTH, SANTIATION, & SALETT)	C	N	N/A	
	i	W.		0	
Kitchen (sharp objects, clear	ning 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 ha	rmful items inside)				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)		1,000	□ Yes □ No		
Multiple floor levels?					
No suffocation /Poisonous	hazardous materials around the house		-		
No major structural damage	es (Holes in floors or walls, etc.)				
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?		10	1 7		
Smoke Detectors/Fire Extinguishers? If not, TA provided			□ Yes to No		
Any serious injuries requiring medical attention?			Yes D No		
Any fatalities?			3 103 15		
and a sup out the out to	DOCUMENTATION	C	N	N/A	
位的思想以及		A THE STATE OF THE	-	+	
DSS 2909 completed for all enrolled children?		- P	-		
Emergency Preparedness Plan?					
Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?				1	
Permission forms from par	ents signed and dated?			1	
Field Trips? If yes, signed	parental permissions forms? Des 🗆 No	19/			
THE RESERVE	STAFFING & SUPERVISION			ALC: NAME OF	
SHEET STREET,		C	l N	-	
Staff observed were qualif	ied?	-	-	4	
Training hours up-to-date? 63-13-825			V-23-4/2		
Is provider over capacity?			□ Yes I No		
Number of children observ	ved:		-		

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:

Date: 3-3-25

Refused to sign Date: 3-3-25

C = Compliant with Regulation - N = Noncompliant with Regulation

No violations noted at the time of visit 🗸