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

Operator Name: Ashley Hartley		Date of Inspe	ection: 8/22/	/24 Time of	f Inspection; 1208 -	-(2:30	
Permit #: 25883	Type of Inspection:   Annual	□ Complaint	Renewal	□ Follow Up (	original inspection dat	(e)	
			Reaso	n for Follow u	p: pending deficienci	es eself-repor	
Address: 546 Foremost Dr LEXINGTON	1, SC 29073		Hours	s of Operation:	M-F 7:00AM-5:00PM		
Telephone #: 803-960-4287 /	Any changes in contact info (Pl	hone/Email/Fax	()? 🗆 Yes	No O	vernight Care?   Yes	to No	
	Zoning restrictions Yes No		•				
Total Capacity: 5	Items to be posted: Registratio	n					
Verify the following: Verified Liability Insurance 63-13-210 \( \text{Yes} \square No. \) If no, verify signed statements from parents, \( \text{T} \) Yes \( \text{Yes} \) No.							

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? Ves □ No Up to date vaccination records?  Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No  Any serious injuries requiring medical attention?  DOCUMENTATION  C N N//  DSS 2909 completed for all enrolled children?  Emergency Preparedness Plan?  Is medication administered? □ Yes ☑ No If yes, is the medication expired?  Permission forms from parents signed and dated?  Permission forms from parents signed and dated?  Fleld Trips? If yes, signed parental permissions forms? ☑ Yes □ No  STAFFING & SUPERVISION  Staff observed were qualified?  Training hours up-to-date? 63-13-825  Is provider over capacity?		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS				
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Is provider over capacity?	Training hours up-to-date? 63-13-825					
	Is provider over capacity?			No		
	Number of children observed:					
			STREET, PARTY	-		

Supervision: Care provided to an individual child or group of child, knowledge of activity requirements and children's needs	children. Adequate supervision requires awarers and accountability for their care. Adequate sup	ness of and responsibility for the operator	ongoing activity of each or and/or staff being near
and having ready access to children in order to intervene when	n needed.	,	•
	FRUM FRUTA	Date: 8-22-24	
Signature of Operator/Emergency Person:	10001	Date:	☐ Refused to sign

Signature of Child Care Licensing Specialist: