South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Susie Mosley	Date	f Inspection:	14/25	Time of Inspection: 12	:45 PM		
Permit #: 25962	Type of Inspection: Annual Com	iaint 🛭 Renewa	Follow	Up (original inspection da	ite)		
	£ **			w up: pending deficienc			
Address: 121 Dogwood Circle WEST C	COLUMBIA, SC 29170	Hou	irs of Operat	ion: M-F 7:30AM – 6PM	•		
Telephone #: 803-546-5689	Any changes in contact info (Phone/En	ail/Fax)? Yes	₫ No	Overnight Care? Yes	No		
Change in address? Yes No	Zoning restrictions of Yes 🗆 No	<u> </u>	- I				
Total Capacity: 6	Items to be posted: Registration			4			
Verify the following: Verified Liability Insurance 63-13-210 □ verify signed statements from parents. ✓ Yes □ No							
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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? Yes No Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided (Yes No No Any serious injuries requiring medical attention? Any fatalities? DOCUMENTATION C N N//	HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
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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: 5. Mybs. Signature of Child Care Licensing Specialist: County Specialist: Co	Date: □ Refused to sign Date: