## South Carolina Department of Social Services Office of Child Care Licensing

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Capacity: 6	Any changes in contact info (P	6:00AM-11:5	6:00AM-11:55PM Th- 6	:00AM	1-11:5
phone #: 864-525-7034 ge in address? Tyes No Capacity: 6	Any changes in contact info (P		TEDMA		
Capacity: 6	Any changes in contact info (P				
Capacity: 6		'hone/Email/Fax)? □ Yes    □ /No	Overnight Care?	les 🗆	No
capacity, o , the following: Verified Liability I	Zoning restrictions Yes No Items to be posted: Registration	20			
	nems to be posted: 12 Registration	on no verify signed statements from pa	rents, Wes of No.		
The following. Vertice Elability i	madiance 03-13-210 a resigno ii	no verify signed statements from pa	icition of Test 140		
1837 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	HOME INSPECTION (HEALTH, SA	NITATION & SAFETY)		1	10
CONTRACTOR DE L'ANGE DE L'	HOWE MUSTECTION (HEALTH, SA	MITATION, & SAILIT	DESAUTADA CONTRACTOR C	Al	NIZA
			C	N	N/A
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					
					18
Bathrooms (no visible mold, etc.)					
Garage/Shed (secured if harmful items inside)  Outside/Playare and (short edges must applied force if ditabas assessible to street)					-
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				₽ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Multiple floor levels?  No suffocation / Poisonous hazardous materials around the house				T	7
No major structural damages (Holes in floors or walls, etc.)			<u> </u>	1	
Pets/Animals?  Yes  No  Up to date vaccination records?				<u> </u>	
Smoke Detectors/Fire Extinguishers? If not, TA provided			1,0	1 -	- 0
Any serious injuries requiring medical attention?				Yes 🖢	1/
Any fatalities?	8 *************************************			Yes 😰	
THE THE PARTY	DOCUMENTAT	ION	S. N. C. II.	HIE	
NEEDS STREET,		RANGE STATE OF STATE	C	N	N/A
DSS 2909 completed for all	enrolled children?	AND ADDRESS OF SHAPE OF SHAPE OF SHAPE			
Emergency Preparedness Plan?			10	1 -	-
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?				Ö	
Permission forms from parents signed and dated?			the state of the s		D
Field Trips? If yes, signed parental permissions forms? Ves 🗆 No			V		0
	STAFFING & SUPER	RVISION			
SALE SHOULD SHOU		COST STATE OF THE	C	N	
Staff observed were qualifie	d?		D'	0	1
	Training hours up-to-date? 63-13-825				1
		Is provider over capacity?			140
Training hours up-to-date? 6					
Training hours up-to-date? 6		227	3		
Training hours up-to-date? 6 Is provider over capacity?			3		