South Carolina Department of Social Services

Office of Child Care Licensing INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| t#: 26038 | Type of Inspection: Annua | al □ Complaint □Re | | / Up (original inspe ow up: □pending d | | | امعا | |
|--|---|----------------------------------|------------------------------|---|----------|------------|--|--|
| ss: 149 Windridge Road COLL | JMBIA, SC 29223 | | | ation: M-8:00AM- | | | | |
| • | | | | 00AM-5:30PM Th | | | | |
| | | | 8:00AM-5:30 | | | | , | |
| hone #: 803-767-3562 | Any changes in contact info (| [Phone/Email/Fax)? 🗆 | Yes p/No | Overnight Care | ? 🗆 \ | es d | No | |
| e in address? Yes No Zoning restrictions Yes No | | | | | | | | |
| Capacity: 5 | Items to be posted: Registral nsurance 63-13-210 Yes No | tion If no worldy signed stat | omonto from nar | onto Avon - No | | | | |
| the following. Verified Liability is | insurance 03-13-210 1es p 110 | ii no, veniy signed stat | ements irom pan | ents. A res u no | | | | |
| | | | | | | | | |
| | HOME INSPECTION (HEALTH, S | ANITATION. & SAFE | TY) | Mark to Section | in Jai | | 9 | |
| | | | | | С | N | N/A | |
| Kitchen (sharp objects, clean | ning supplies, etc. inaccessible to | children) | ACCES TO A SOURCE DE LA CON- | Service of the service of Const. | d | | | |
| Living room (no excessive clu | | | | 740 | 1 | | _ | |
| Bedrooms (no children unsu | | | | | | | _ | |
| Sleep Arrangements (no Pac | k-N-Plays) | | | | | | | |
| Cribs meet CPSC requiremen | nts | | | | | | 1 | |
| Bathrooms (no visible mold, | etc.) | | | | 1 | | | |
| Garage/Shed (secured if har | mful items inside) | | | | | | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | | | | | 0 | 1 | | |
| Multiple floor levels? | | | | | | Yes 🗅 | No | |
| No suffocation /Poisonous h | azardous materials around the h | ouse | | | Ø. | | | |
| No major structural damages | s (Holes in floors or walls, etc.) | | | | 138 | | | |
| Pets/Animals? ☐ Yes ☐ No Up to date vaccination records? | | | | | | 1 | | |
| Smoke Detectors/Fire Exting | uishers? If not, TA provided | Yes 🗆 No | | | 1 | | | |
| Any serious injuries requiring medical attention? | | | | | | Yes z | No | |
| Any fatalities? | | | | | | Yes 🗖 | No | |
| | DOCUMENTA | TION | | | 100 | | | |
| | | | | | С | N | N/A | |
| DSS 2909 completed for all e | enrolled children? | | | | M | | | |
| Emergency Preparedness Pla | | | | | M | | D | |
| Is medication administered? | | dication expired? | | | D | | 31 | |
| Permission forms from parents signed and dated? | | | | | | ij | | |
| Field Trips? If yes, signed pa | arental permissions forms? 🗆 Ye | | | | | | A | |
| | STAFFING & SUPE | RVISION | | | | | DAY. | |
| | 是是於於於於 | | | | С | N | | |
| Staff observed were qualified | | | | | Z | | | |
| Training hours up-to-date? 63-13-825 | | | | | | | <u>. </u> | |
| Is provider over capacity? | | | | | | Yes 🗹 | No | |
| Number of children observed: | | | | | 2 | | - | |
| | | | | | | | | |
| C = Compliant with Regulation - | N = Noncompliant with Regulation | No violations note | d at the time of vi | sit 🛭 | | | | |
| | | | | / | | | | |
| manufatans Caro provided to an ind | dividual shild or group of shildren. Adoc | ulata augandaian raquira | awaranaa of an | rooponoihilib, for the | :- | مان بنام م | | |
| | dividual child or group of children. Adeq ents and children's needs and accounta | | | | | | | |
| | n order to intervene when needed. | 7 | | quite and opolium | _, uniu | . J. J. G. | 9 ' | |
| ia naving ready access to children in | TO COLOR TO THE COLOR TO THE COLOR | | | | | | | |
| Signature of Operator/Emer | | La | | 9/4/25 | - | ⊒ Refu | | |