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

erator Name: Annie Adams Ruth mit #: 8845	Date of Inspection: 8/30/21 Time of Type of Inspection: Annual Complaint Renewal Follow Up (origin	f Inspection: nal inspection	8: L	0	
ress: 211 Jessup Court Greenwood	Reason for Follow up: □p d, SC 29649 Hours of Operation: M-F:	ending deficie 5:30a-5:30p	encies		
ephone #: 864-229-5021 nge in address? ☐ Yes ☐ No	Zoning restrictions   Yes   Yo	ght Care? □ Y ————	es o	<b>∜</b> o	
l Capacity: 6 fy the following: Verified Liability Ins	Items to be posted:   Registration  rance 63-13-210   Yes □ No if no, verify signed statements from parents. □ Yes	s re-No			
		, , , , ,			
НС	OME INSPECTION (HEALTH, SANITATION, & SAFETY)		到底多	107.5	
		С	N	N/A	
Kitchen (sharp objects, cleanin	g supplies, etc. inaccessible to children)	3/			
Living room (no excessive clutter, etc.)					
Bedrooms (no children unsupervised, guns or drugs, etc)				0	
Sleep Arrangements (no Pack-N-Plays)			<u> </u>	-	
Cribs meet CPSC requirements					
Bathrooms (no visible mold, etc.)					
Garage/Shed (secured if harmful items inside)			0		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				IE €	
Multiple floor levels?	es, ruscy points, refree it diteries, accessible to street)	<u> </u>			
No suffocation /Poisonous hazardous materials around the house			Yes p		
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				0/	
Any serious injuries requiring n		9/1			
Any fatalities?			□ Yes to No		
	DOCUMENTATION		Yes 🗷	NO	
	BOCONENTATION				
DSS 2000 completed for all an	Part to the state of the state	C	N	N/A	
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?			0	12/	
Field Trips? If yes, signed parental permissions forms?  Yes No				12	
rieid imps: ii yes, signed pare	The state of the s			52/	
	STAFFING & SUPERVISION	40-53-20 H32H		NE TO	
Staff observed were qualified?		C	. N		
Training hours up-to-date? 63-	12.925	0/	0		
	13-023			<u>/</u>	
			Yes ⊕/No		
transcript children observed.			<u>U</u>		
Is provider over capacity?  Number of children observed:  C = Compliant with Regulation - N	■ Noncompliant with Regulation No violations noted at the time of visit			No No	
and having ready access to children in o	dual child or group of children. Adequate supervision requires awareness of and responsibility and children's needs and accountability for their care. Adequate supervision also requires the role to intervene when needed.  by Person:  Date: 8-36-  Date: 7 36	the operator and/	or staff I	being ne	
Signature of Child Care Licensin	g Specialist: Dava O LM Date: \$\int 30	12/			