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

Operator Name: Jaquetta Squire Permit #: 25264	Type of Inspection: 🛭 Annual		al 🗖 Follow l	Jp (original insp	ection	date_	
Address: 841 Redbud Lane SUMME Telephone #: 803-348-8078 Change in address? Yes No Total Capacity: 5	Any changes in contact info (PI Zoning restrictions of Yes On No Items to be posted: A Registration	Ho hone/Email/Fax)? □ Yes <u>- <i>V p to .5 obildre o</i></u> on	urs of Operati	Overnight Care	? _Y		
Verify the following: Verified Liability I	nsurance 63-13-210 p¥es □ No I	If no, verify signed statem	nents from pare	ents. 🗆 Yes 🗆 No)		
H	OME INSPECTION (HEALTH, SAI	NITATION, & SAFETY)		70.0	1		11
	The state of the s		TOO IN THE		С	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)					5		
Living room (no excessive clutter, etc.)							
Bedrooms (no children unsupervised, guns or drugs, etc)							. 🗆
Sleep Arrangements (no Pack-N-Plays)						ם כ	-
Cribs meet CPSC requirements							
Bathrooms (no visible mold, etc.)							
Garage/Shed (secured if harmful items inside)					10		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)							
Multiple floor levels?					2		
No suffocation /Poisonous hazardous materials around the house					Yes □ No		
No major structural damages (Holes in floors or walls, etc.)							
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?				 -	<u> </u>		
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No							
Any serious injuries requiring medical attention?					<u> </u>		<u> </u>
Any fatalities?					□ Yes ☎No		
, my racontrop.	DOCUMENTATION	ON				res 🗖	NO
	DOCOMENTATION						10 10
DSS 2000 completed for all or	velled skilder v2				C	<u>N</u> .	N/A
DSS 2909 completed for all enrolled children? Emergency Preparedness Plan?					, 🛮	<u>D</u>	
Is medication administered? \(\text{Yes} \) No \(\text{If yes, is the medication expired?} \)			'	8	D		
Permission forms from parents signed and dated?							
Field Trips? If yes, signed parental permissions forms? Yes No				-			
The state of the s							₩
A Company of the Comp	STAFFING & SUPER	VISION		A			
					<u> </u>	N	
Staff observed were qualified?					12/		
Training hours up-to-date? 63-13-825					4		
Is provider over capacity?					□ Yes □ No		
Number of children observed:					4		
C = Compliant with Regulation - N	= Noncompliant with Regulation	No violations noted at t	he time of visit	D/	Market State	30000	0 - 9
Supervision: Care provided to an individual child, knowledge of activity requirement and having ready access to children in the contract of th	s and children's needs and accountabil	ate supervision requires awa lity for their care. Adequate	reness of and re supervision also	esponsibility for the requires the opera	ongoing tor and/c) activity or staff t	of each eing near
Signature of Operator/Emergen	7 1		Date:8	20/20/20	_	efused	to sign
				you	-/		