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

Operator Name: Marian Smalls L

Permit #: 9965

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Type of Inspection: Lol21 | Time of Inspection: Lo7pm

Type of Inspection: XAnnual Complaint Renewal Follow Up (original inspection date Reason for Follow up: pending deficiencies self-report

	HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	C N N/A
Kitchen (sharp objects, cle	eaning supplies, etc. inaccessible to children)	<b>y</b> □ □
Living room (no excessive clutter, etc.)		
Bedrooms (no children unsupervised, guns or drugs, etc)		X D
Sleep Arrangements (no P		2 0 0
Cribs meet CPSC requirem		- X
Bathrooms (no visible mol	ld, etc.)	X
Garage/Shed (secured if h	A STATE OF THE STA	
	p edges, rusty points, fence if ditches, accessible to street)	<b>3</b>
Multiple floor levels?		□ Yes ★ No
	s hazardous materials around the house	
	iges (Holes in floors or walls, etc.)	<b>X</b> 0 0
Pets/Animals? ☐ Yes 🐧		D   O   X
	inguishers? If not, TA provided ☐ Yes ☐ No	<b>X</b>
Any serious injuries requir		□ Yes ऒ No
Any fatalities?		□ Yes 🍇 No
	DOCUMENTATION	
AND REPORT OF THE PERSON NAMED IN		C N N/A
DSS 2909 completed for a	all enrolled children?	
Emergency Preparedness		
Is medication administere		
Permission forms from pa		
	I parental permissions forms?    Yes  No	
ricia rrips: 11 yes, signed	STAFFING & SUPERVISION	
	STAITING & SOFERVISION	C
Ct off a transport		CN
Staff observed were qualif		<b>X</b> -
Training hours up-to-date		* -
Is provider over capacity?		□ Yes W No
Number of children observ	vea:	6