South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

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Operator Name: Sylvia Anderson Permit #: 21767	Type of Inspection: Annual	Date of Inspection: //	5/23 To Follow	Time of Inspectio	n: _C	3/3 date_	4 py
		Reaso	on for Follo	w up: pending de	ficie	ncies	□self-rep
Address: 301 Pepper Hill Road ANDREWS, SC 29510 Hours of Og				tion: M-F5:30a-5:3	Ор		_
Telephone #: 843-325-5900 Change in address? ☐ Yes ☐ No Total Capacity: 6	Any changes in contact info (Pho	one/Email/Fax)? Yes	2 NO	Overnight Care?	□ Ye	es e	NO
Change in address? ☐ Yes → No	Zoning restrictions Yes No						
Total Capacity: 6	Items to be posted: Registration			_			
Verify the following: Verified Liability Ins	surance 63-13-210 🗆 Yes 🖬 📈 o If no	o, verify signed statement	s from pare	nts. Yes 🗆 No			
н	OME INSPECTION (HEALTH, SANI	ITATION. & SAFETY)					
MARKET STATE OF THE STATE OF TH			SECOND SECOND		7	N	N/A
Kitchen (sharp chiests claanir	ng supplies, etc. inaccessible to chil	ldron)			-		
		dreiti					
Living room (no excessive clut				4			[]
Bedrooms (no children unsupe	ervised, guns or drugs, etc)						
Sleep Arrangements (no Pack-	N-Plays)			6	3/		

kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	- F	7 🗆		
Living room (no excessive clutter, etc.)			0	
Bedrooms (no children unsupervised, guns or drugs, etc)				
Sleep Arrangements (no Pack-N-Plays)		10		
Cribs meet CPSC requirements			0-	
Bathrooms (no visible mold, etc.)				
Garage/Shed (secured if harmful items inside)				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)		1 0	1 0	
Multiple floor levels?		□ Yes ♣No		
No suffocation /Poisonous hazardous materials around the house		10		
No major structural damages (Holes in floors or walls, etc.)		10		
Pets/Animals? Tyes No Up to date vaccination records?			Illur	
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No				
Any serious injuries requiring medical attention?		□ Yes □ No		
Any fatalities?		□ Yes ® No		
DOCUMENTATION				
	C	N	N/A	
DSS 2909 completed for all enrolled children?				
Emergency Preparedness Plan?		-	0	
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?			1	
Permission forms from parents signed and dated?			10-	
Permission forms from parents signed and dated?				
Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? Yes No			3	
		+	3	
Field Trips? If yes, signed parental permissions forms? Yes No	0	+	3	
Field Trips? If yes, signed parental permissions forms? Yes No	п п	N	3	
Field Trips? If yes, signed parental permissions forms?	0		3	
Field Trips? If yes, signed parental permissions forms?	C	N D		
Field Trips? If yes, signed parental permissions forms?	C	N D		

Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being near and having ready access to children in order to intervene when needed. Signature of Operator/Emergency Person:

Signature of Child Care Licensing Specialist: