

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

	Date of Inspection: Annual Complaint	Reason for Fol	itom rib: ⊓beuging genicieucii	e) es oself-report
Operator Name: Avis Miles E Permit #: 10527	Type of Inspection: Annual Complaint	Reason for Fol	itom rib: ⊓beuging genicieucii	r) e) es □self-report
Address: 931 Battery Ave. Charleston Telephone #: 843-852-5294	Any changes in contact into Phone/Email/Fax	Hours of Oper ()? □ Yes □-No	ration: M-F7:30a-5:30p Overnight Care? Yes	æNo_
Change in address? Yes No Total Capacity: 6 Verify the following: Verified Liability In:	Zoning restrictions □ Yes □No Items to be posted: □Registration surance 63-13-210 □ Yes □No If no, verify sign	ed statements from p	parents Yes - No	

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		, jest	
	С	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)			
Living room (no excessive clutter, etc.)			
Bedrooms (no children unsupervised, guns or drugs, etc)			
Sleep Arrangements (no Pack-N-Plays)			0
Cribs meet CPSC requirements			
Bathrooms (no visible mold, etc.)	K)		
Garage/Shed (secured if harmful items inside)			0
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)		0	<u> </u>
Multiple floor levels?	□ Yes □-No		
No suffocation /Poisonous hazardous materials around the house		0	
No major structural damages (Holes in floors or walls, etc.)		₽	D
Pets/Animals? Des D No Up to date vaccination records?			
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No			
Any serious injuries requiring medical attention?		Yes E	
Any fatalities?		Yes £	NO
DOCUMENTATION	التاح		
	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?			100
Permission forms from parents signed and dated?			<u> </u>
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			3
STAFFING & SUPERVISION			Щ.
	С	, N	
Staff observed were qualified?			_
Training hours up-to-date? 63-13-825			
Is provider over capacity?		Yes	9-NO
Number of children observed:	-		
Number of clines of outs.			
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit	Sinta.	1970	er all

Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of eac child, knowledge of activity requirements and children's needs and accountability for their care, Adequate supervision also requires the operator and/or staff being not be accountable to the control of the control o	ich near
and having ready access to children in order to intervene when needed.	
Signature of Operator/Emergency Person: Aug Date: 12/26 Refused to signature of Operator/Emergency Person: Pate: 12-22	sign
Signature of Operator/Emergency (cross 2 4 4 2 - 22	
Signature of Child Care Licensing Specialist: Date:	