South Carolina Department of Social Services

	Carolina Den		
Pperator Name: Hannah Peeler Fermit #: 25319	INSPECTION VISIT FORM FOR REG	artment of Social Services ild Care Licensing	
ermit #: 25318	- ALCO	NOTERED FAMILY CHILD CO.	
	Type of Inspection: Annual C	ate of Inspection: (c/7/2)	Time of Inspection: 0:/50m
Siephone #: 864-492-6407	SC 29341	Omplaint Menewal Deall	Time of Inspection, LOCA
otal O " address? D Yes - L	Any changes in contact info (Phone/I Zoning restrictions Yes No Items to be posted:	Reason for Fall	Time of Inspection: 0:150m Up (original inspection date) w up: pending deficiencies pself-report
otal Capacity: 6 erify the following: Verified Liability Insur	Zoning restriction	Hours of Open	w up: pending definition date
erry the following: Verified Linking	Items to be posted Yes KNo	Email/Fax)? Yes Man	ion: uself-report
insur	ance 63-13-240 Registration	JC NO	Overnight Care? Yes No
	Yes No If no yes	i6 ·	Yes No
		iry signed statements from -	
	The State of the S	parent	S. D Yes D No.
HOM	E INSPECTION (HEALTH SAN		110
The state of the s			

	wern parents. □ Yes □ No	
HOME INSPECTION (HEALTH, SANITATION, & SAFETY) Kitchen (sharp objects, cleaning supplies	. 30 🖸 140	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) Bedrooms (no children unsuppri	35	
Living room (Starp objects, cleaning supply		
Living room (no excessive clutter, etc.) Bedrooms (no children and the company of the children)		100
Bedrooms (no excessive clutter, etc.) Sleep Arrangements (no Pack-N-Plays) Cribs meet CPSC rooms (no Pack-N-Plays)		
Sieep Arrange	CN	1 T
Sleep Arrangements (no Pack-N-Plays) Bathrooms (no requirements	X D	_
Bathrooms (no. : in a significant signific	X D	
Bathrooms (no visible mold, etc.)	X o	+-
Sarage/Shed (secured if harmful items inside) Jutside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) Suffocation /Poisonous hazardous materials		
usside/Playground (sharp edge		+-
Ultiple floor (Tuety m -		\perp
Suffocation / Poisonous Land Suffocation / Po	* 0	Γ
D suffocation /Poisonous hazardous materials around the house	À □	_
s/Animals2 any	X	
Oke Detact	□ Yes 💌	4.
oke Detectors/Fire Extinguishers? If not, TA provided Yes No Serious injuries requiring medical attention?		No
serious injuries requiring medical introt, TA provided TV		
fatalities?	X o	
	8 0	
DOCUM	X D	
DOCUMENTATION 2909 CONTRACTOR	□ Yes ★ No	0
2909 completed for all enrolled children?	□ Yes o No	<u> </u>
gency Preparedness Plan?		
" Adminiate	CNIA	
ssion forms from parents No If yes, is the mod	C N N	V/A
ssion forms from parents signed and dated? If yes, is the medication expired?		0
, signed parental normal	lin I	7
permissions forma	10 0	
STATE Yes No	in the second	
- OX SUPEDIAL	X C]
Served were qualificate		
Served were qualified? hours up-to-date? 53.43	X 0 0	
served were qualified? hours up-to-date? 63-13-825 er over capacity?		
served were qualified? hours up-to-date? 63-13-825 er over capacity?	E N	
served were qualified? hours up-to-date? 53.12		
served were qualified? hours up-to-date? 63-13-825 er over capacity? of children observed:	E N	
served were qualified? hours up-to-date? 63-13-825 er over capacity? of children observed:		
served were qualified? hours up-to-date? 63-13-825 er over capacity? of children observed: It with Regulation - N = Noncompliant with D	C N Xi Yes MNo	
hours up-to-date? 63-13-825	C N Xi Yes MNo	

provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each solution and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being peak provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being near

re Licensing Specialist: ☐ Refused to sign