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

Operator Name: Linda Quick A		Date of Inspe	ction: 9 a	12/2020	Time of Inspection:	MGOG:61
Permit #: 25440	Type of Inspection: Annual	Complaint t	□Renewal	🛘 Follow l	Up (original inspection	on date
Address: 4067 Ebenezer Road BENNE	TTSVILLE, SC 29512		Hours	งก for Folloง s of Operati	w up: ⊡pending defic	≥iencies
Change in address? □ Yes to No	Any changes in contact info (P Zoning restrictions - Yes - No	<u> </u>	)? □ Yes	G-No	Overnight Care?	Yes A-No
Total Capacity: 6	Items to be posted: \a Registration	n				
Verify the following: Verified Liability Insu	irance 63-13-210 □ Yes No If	no, verify signed	statements	s from paren	nts. Yes - No	

	C	N	N/A	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	V	0	D	
Living room (no excessive clutter, etc.)	10-	0	0	
Bedrooms (no children unsupervised, guns or drugs, etc)	W	0	- 0	
Sleep Arrangements (no Pack-N-Plays)	Varia	0	-	
Cribs meet CPSC requirements	0	_	10	
Bathrooms (no visible mold, etc.)		0	-	
Garage/Shed (secured if harmful items inside)		П	n	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	Var-	0	a	
Multiple floor levels?	V .	<u> </u>	LI	
No suffocation /Poisonous hazardous materials around the house		□ Yes v→No		
No major structural damages (Holes in floors or walls, etc.)	Var		0	
Pets/Animals?   Yes Va No Up to date vaccination records?	V		0	
Simoke Detectors/Fire Extinguishers? If not, TA provided			Ver	
Any serious injuries requiring medical attention?	18	0		
Any fatalities?		Yes 🔽		
	0	C) Yes (C) No		
DOCUMENTATION				
	C	N	N/A	
DSS 2909 completed for all enrolled children?	VA	a	O	
mergency Preparedness Plan?	Ver	O O	G	
s medication administered?  Yes No If yes, is the medication expired?	(7-	0	UH	
Permission forms from parents signed and dated?	· · ·	n	100	
ield Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No	0	0	100	
STAFFING & SUPERVISION	OPPOSITION OF THE PARTY OF THE		90.1	
	C C	N		
itaff observed were qualified?		N	ŀ	
	I Ver	D		
		()	-	
raining hours up-to-date? 63-13-825 s provider over capacity?	1000	() Yes Into		

Supervision: Care provided to an individual child or group or child, knowledge of activity requirements and children's need and basics much provided to activity requirements.	75 890 accountability for their care. Adequate suc	ness of and responsibility for pervision also requires the control of the control	or the ongoing activity of each
Sun internal reserve secrets to complete an error to this table Mile	1907T0090000 A		•
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Signature of Operator/Emergency Person:	into Uxit	Dato 9/20	Refused to sign
Signature of Child Care Licensing Specialist:	Jaluain Buil ON	nua glasi	