South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| Operator Name: Alvatine Ham | | Date of Inspection: | ion: 11933 Time of Inspection: 10:17 | | | |
|---|----------------------------------|-------------------------------|--------------------------------------|--|--|--|
| Permit #: 25560 | Type of Inspection: Annual | □ Complaint □Renewal | □ Follow l | Jp (original inspection date) | | |
| | | Reaso | on for Follow | w up: □pending deficiencies □self-repo | | |
| Address: 1205 Oleander Drive DARLINGTON, SC 29540 | | Hours of Operation: 7:30-5:50 | | | | |
| Telephone #: 843-496-7266 | Any changes in contact info (P | | | Overnight Care? Yes | | |
| Change in address? □ Yes □ No | Zoning restrictions - Yes ANO | | | | | |
| Total Capacity: 6 | Items to be posted: Registration | | <u> </u> | 41- | | |
| Verify the following: Verified Liability Insu | | | s from paren | ts. Yes D No | | |

| | C | N | N/A | |
|--|----|------------|----------|--|
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) | P | | | |
| Living room (no excessive clutter, etc.) | | ā | 0 | |
| Bedrooms (no children unsupervised, guns or drugs, etc) | | | 0 | |
| Sleep Arrangements (no Pack-N-Plays) | | 0 | | |
| Cribs meet CPSC requirements | | 0 | 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) | 2 | | 0 | |
| Multiple floor levels? | | □ Yes □ No | | |
| No suffocation /Poisonous hazardous materials around the house | | | 0 | |
| No major structural damages (Holes in floors or walls, etc.) | P. | 0 | 0 | |
| Pets/Animals? ☐ Yes ☐ No Up to date vaccination records? | 8 | 0 | | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No | | 0 | 0 | |
| Any serious injuries requiring medical attention? | | □ Yes ≥No | | |
| Any fatalities? | | □ Yes pMo | | |
| DOCUMENTATION | | | | |
| | C | N | N/A | |
| DSS 2909 completed for all enrolled children? | 1 | | 0 | |
| Emergency Preparedness Plan? | W | | Ø | |
| Is medication administered? Yes No If yes, is the medication expired? | | | | |
| Permission forms from parents signed and dated? | | | <u>-</u> | |
| Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No | | | ₽/ | |
| STAFFING & SUPERVISION | | | | |
| | C | N | | |
| Staff observed were qualified? | | 0 |] | |
| Training hours up-to-date? 63-13-825 | | | | |
| Is provider over capacity? | | □ Yes No | | |
| Number of children observed: | < | £ | 10 | |

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: White Date: 1-19-13 Date: 1-19-23 Date: 1-19-23