South Carolina Department of Social Services

Office of Child Care Licensing INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

| perator Name: Lisa Arrowood ermit #: 25004 | Type of inspection: Annual | Date of Inspection: | 18 23 Follow | Time of Inspection Up (original inspec | n: <u>4</u> ; | Ssam (|
|--|------------------------------------|-----------------------------|-----------------|--|---------------|-----------------|
| dd 100 V | | Rease | on for Follo | w up: □pending de | ficienci | es □self-report |
| ddress: 108 Young Acres Dr. WAL | | Hou | rs of Operat | ion: M-F7:00a-4:3 | QD | |
| elephone #: 864-280-2696 | Any changes in contact info (F | Phone/Email/Fax)? □ Yes | № No | Overnight Care? | . Yes | ID-NO |
| hange in address? Yes No | Zoning restrictions □ Yes ☑ No | | | _ | | |
| otal Capacity: 6 | Items to be posted: Registration | on | | | | |
| erify the following: Verified Liability | Insurance 63-13-210 □ Yes No If | no, verify signed statement | ts from parer | nts.v⊒Yes □ No | | |
| | | | | | | |
| | HOME INSPECTION (HEALTH, SA | NITATION, & SAFETY) | | | | |
| THE PARTY OF THE P | | | | | C N | N/A |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY) | | | | | |
|---|----|---|-------------|--|--|
| | | | 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) | 16 | | | | |
| Sleep Arrangements (no Pack-N-Plays) | Ve | 0 | | | |
| Cribs meet CPSC requirements | | | | | |
| Bathrooms (no visible mold, etc.) | | | | | |
| Garage/Shed (secured if harmful items inside) | V2 | | | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | 16 | | | | |
| Multiple floor levels? | | | □ Yes D-No | | |
| No suffocation /Poisonous hazardous materials around the house | | | 0 | | |
| No major structural damages (Holes in floors or walls, etc.) | | | | | |
| Pets/Animals? ☑ Yes □ No Up to date vaccination records? | | | _ | | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided | | | 0 | | |
| Any serious injuries requiring medical attention? | | | □ Yes च1No | | |
| Any fatalities? | | | □ Yes ta No | | |
| DOCUMENTATION | | | | | |
| | С | N | N/A | | |
| DSS 2909 completed for all enrolled children? | | | | | |
| Emergency Preparedness Plan? | | | | | |
| Is medication administered? Yes No If yes, is the medication expired? | | | - | | |
| Permission forms from parents signed and dated? | | | 10 | | |
| Field Trips? If yes, signed parental permissions forms? Yes No | | | 42 | | |
| STAFFING & SUPERVISION | | | | | |
| | | | | | |
| Staff observed were qualified? | | | | | |
| Training hours up-to-date? 63-13-825 | | | | | |
| Is provider over capacity? | | | □ Yes vz No | | |
| Number of children observed: | | | 7_ | | |
| | | | | | |
| C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit | | | | | |

| 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 no | :h ear |
|---|-----------|
| and having ready access to children in order to intervene when needed. | |
| of all all and a short as | |

Signature of Child Care Licensing Specialist:

Signature of Operator/Emergency Person:

Date: $\frac{5|28|23}{3|23}$ \square Refused to sign