## South Carolina Department of Social Services Office of Child Care Licensing

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

<b>3</b>	o, ital homes			
Operator Name: Jessica Williams		20.00		
<sup>3</sup> ermit #: 25589	Towns and the same of	Date of Inspection: 4/10/23 Time of Inspection: 9.5000		
20000	ype of Inspection: \( Annual	□ Complaint □Renewal □ Follow Up (original inspection date)		
		Pollow Up (original inspection date		
Address: 200 Pine Creek Court Ext.	G 97 CDEENVILLE GO COCCE	Reason for Follow up: □pending deficiencies □self-repo		
elephone #: 864-516-0456	O 37 GREENVILLE, SC 29605	Hours of Operation:		
	Any changes in contact info (P)	hone/Email/Eav\2 = V > At		
hange in address? ☐ Yes to No	Zoning restrictions  Yes No Items to be posted: Registratio	hone/Email/Fax)? □ Yes 📉No Overnight Care? □ Yes 📉No		
otal Capacity: 6	Itoma to be asset if the service in			
/erify the following: VestEast 1: 122	Registratio	no, verify signed statements from parents. Yes  No		
Tomy the following. Verified Liability In	nsurance <b>63-13-210</b> □ Yes <b>1</b> 6 No. If i	NO Verify signed statements from		
	- 100 Mil	to, voiny signed statements from parents. X Yes No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)				
Kitchen Isharn objects also in a little of the state of t			N/A	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)  Living room (no excessive clutter, etc.)			10//	
Bedrooms (no children unsure a in al				
Bedrooms (no children unsupervised, guns or drugs, etc) Sleep Arrangements (no Pack-N-Plays)			<del>                                     </del>	
Cribs meet CPSC requirements			<del>                                     </del>	
			<del>                                     </del>	
Bathrooms (no visible mold, etc.)			<del> </del>	
Garage/Shed (secured if harmful items inside)				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				
watche noot levels.				
No suffocation /Poisonous hazardous materials around the house			No	
No major structural damages (Holes in floors or walls, etc.)				
Pets/Animals?  Yes  No  Un to date vaccination records?				
Smoke Detectors/Fire Extinguishers? If not, TA provided T Ves T No.				
Any serious injuries requiring medical attention?				
Any fatalities?			□ Yes ptoNo □ Yes ptoNo	
DOCUMENTATION			No	
	С			
DSS 2909 completed for all enrolled children?			N/A	
Emergency Preparedness Plan?				
Is medication administered? ☐ Yes M No If yes, is the medication expired?				
Permission forms from parents signed and dated?				
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			_X	
STAFFING & SUPERVISION			X	
Staff observed were qualified?				
Training hours up-to-date? 63-13-825			1	
Is provider over capacity?			_	
Number of children observed:			□ Yes M(No	
			5	
C = Compliant with Develop				
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 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:

Signature of Child Care Licensing Specialist:

Date: 410 23 Prefused to sign Date: 410 23