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

•	TABLE FABILITY CHILD CARE HOMES			
Operator Name: Amanda Tate Permit #: 25499	Zimo et l	Date of Inspection: 11/16 /27	Time of Inspection: 10:00 AM	
		410101	7 WW 105101000 105000000000 July . /. /. /. /	
Address: 324 Pittsdowne Road COLU	MRIA SC 20240	Reason for Fol	low up: pending deficiencies pself-re	
Telephone #: 803-497-4309	Anu atu atu	Hours of Oper	Stion.	
Telephone #: 803-497-4308 Change in address? a Yes a No	Any changes in contact info/Ph	ODE/Empil/Egyl2 - Vac	Constitute -	
Total Committees? In the DANO	Zoning restrictions a Yes w No		ation: Overnight Care? Yes No	
Total Capacity: 0	Items to be sented /			
Verify the following: Verified Liability Ins.	III AND 63-12-240 - Van - Van - Van		/	
Verify the following: Verified Liability Ins	ALTERNATION OF LES IN VIOLEN	o, verify signed statements from par	ents, to Yes o No	

HOME INSPECTION (SIDALTH, SANITATION, & SAFETY)				
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	C	N	T N/	
Living room (no excessive clutter, etc.)		П		
Bedrooms (no children unsupervised, guns or drugs, etc)	-	0	1 6	
Sleep Arrangements (no Pack-N-Plays)		-	1 6	
Cribs meet CPSC requirements	-	-		
Bathrooms (no visible mold, etc.)				
Garage/Shed (secured if harmful items Inside)	9	n		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)		-		
Multiple floor levels?		<u> </u>	- 0	
No suffocation /Poisonous hazardous materials around the house		g¥es ∎No		
No major structural damages (Holes in floors or walls, etc.)	6	D	0	
Pets/Animals? Yes No Up to date vaccination records?	0		-	
Smake Detectors/Sire Entire viol	0	_	10	
Any serious injuries requiring medical attention?		0	. 0	
Any fatalities?	0,	Yes er		
DOCAMENATION	□ Yes su-Alto			
DSS 2909 completed for all enrolled children?	C	N	NA	
Emergency Preparedness Plan?		0	0	
a manufilment and a second sec		-	0	
s medication administered? of Yes () No If yes, is the medication expired? Permission forms from parents signed and dated?		-	0	
Field Trips? If yes, signed parental permissions forms? Yes No		-	7	
Yes No		-	-	
STARRING & SUPERVISION				
staff observed were qualified?	C	N		
Training hours up-to-date? 63-13-825		_		
s provider over capacity?		0	//	
Number of children observed:		es m	No	
	3			