South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Mary Brown		Date of Inspection: 4	121/02	Time of Inspection:/ C	1-1001
ermit #: 25758	Type of Inspection: Annual	□ Complaint □Renewal	🗖 Follow U	p (original inspection dat	ie)
		Reaso	on for Follow	up: □pending deficienci	es ⊐self-repoi
.ddress: 7804 Expedition Drive NORT	H CHARLESTON, SC 29420	20 Hours of Operation: lfo (Phone/Email/Fax)? w Yes □ No Overnight Cal		on:	
elephone #: 843-224-7982	Any changes in contact info (P	hone/Email/Fax)? r Yes	□ No	Overnight Care? Yes	₽ No
hange in address? ☐ Yes ► No	Zoning restrictions Yes \ No				
otal Capacity: 6	Items to be posted: Registration	on			
erify the following: Verified Liability Inst	urance 63-13-210 🛭 Yes 🗹 N o If	no, verify signed statement	ts from parent	s. 🗹 Yes 🗆 No	
	Children Co.	A CONTRACTOR OF THE PARTY OF TH			

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		110		
	С	N	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)				
Sleep Arrangements (no Pack-N-Plays)				
Cribs meet CPSC requirements			E	
Bathrooms (no visible mold, etc.)				
Garage/Shed (secured if harmful items inside)	8			
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)		p		
Multiple floor levels?	¥Yes □ No			
No suffocation / Poisonous hazardous materials around the house	D/			
No major structural/damages (Holes in floors or walls, etc.)	V			
Pets/Animals? Yes □ No Up to date vaccination records?				
Smoke Detectors/Fire Extinguishers? If not, TA provided 🗆 Yes 🔲 No				
Any serious injuries requiring medical attention?	□ Yes No			
Any fatalities?			□ Yes ob No	
DOCUMENTATION		18		
	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?	9			
Permission forms from parents signed and dated?			TSF	
Field Trips? If yes, signed parental permissions forms? 🗆 Yes 🔽 No				
STAFFING & SUPERVISION				
	С	Ν		
Staff observed were qualified?				
Training hours up-to-date? 63-13-825				
Is provider over capacity?			□ Yes 🗹 No	
Number of children observed:				
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: