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

Permit #: 25677

nit #: 25677	Date of Inspection: 10 107 123 Time of Inspection: Type of Inspection: Annual Complaint Renewal Follow Up (original in	ection:	<u>3;r</u>	1 p.h
	Type of Inspection: □ Annual □ Complaint □ Renewal □ Follow Up (original in	spection d	ate	
	Reason for Follow up: □pendir	ig deficien	cies c	∋self-rep
ess: 1414 Orange Circle FLOREN		_		_
phone #: 843-713-5322 ge in address? 🗅 Yes 🙀 No	Any changes in contact info (Phone/Email/Fax)? Yes PNo Overnight Carloing restrictions Yes PNo	are? □ Yes	s d∤	46
Capacity: 6	Items to be posted: Registration			
y the following: Verified Liability Ins	surance 63-13-210 🗆 Yes 🗆 🗚 If no, verify signed statements from parents. 🏚 Yes 🗆 N	.0		
	OME INSPECTION (HEALTH, SANITATION, & SAFETY)			
		C	N	N/A
Kitchen (sharp objects, cleanir	ng supplies, etc. inaccessible to children)			
Living room (no excessive clutter, etc.)		1 12/		
Bedrooms (no children unsupe	ervised, guns or drugs, etc)	0/		
Sleep Arrangements (no Pack-N-Plays)		P	_	
Cribs meet CPSC requirements				T.
Bathrooms (no visible mold, etc.)			ā	<u> </u>
Garage/Shed (secured if harmful items inside)				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)		10/		
Multiple floor levels?				
			es 📭	Ne
No suffocation / Poisonous hazardous materials around the house		32/		
No major structural damages (Holes in floors or walls, etc.)				
Pets/Animals? No Up to date vaccination records?				
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No			C	
Any serious injuries requiring medical attention?			es d⊾	Mo
Any fatalities?		ΩY	es д,	No
	DOCUMENTATION			
English Company of Company		С	Ν	N/A
DSS 2909 completed for all ea	nrolled children?			0
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?		0		
rield imps? If yes, signed par				
	STAFFING & SUPERVISION		i ve de	
		С	N	
Staff observed were qualified	?	a/		
	3-13-825	G/		
Training hours up-to-date? 63			,	
Training hours up-to-date? 63 Is provider over capacity?		Ya	'es 🗓	NO
	l:	>	'es p	NQ