South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

ator Name: Alvatine Ham		Date of Inspection: 1	1424	Time of Inspec	tion:	pr	<u>r)</u>		
it#: 25560	Type of Inspection: VAnnual	. □ Complaint □Renewa	al □ Follow	Up (original insp	ection	date_			
4005.01				w up: pending		ncies	⊒self		
ess: 1205 Oleander Drive DAF	•	Hor	urs of Operat	tion: 7:30am-5:3	0pm				
hone #: 843-496-7266 pe in address? □ Yes 🗷 🗚 6	Any changes in contact info (F	²hone/Email/Fax)? □ Yes	□ No	Overnight Care	e? □ Y	es 🗷	Νo		
ge in address? □ Yes _myrb Capacity: 6	Zoning restrictions - Yes - No		 -	·					
the following: Verified Lightlity	Items to be posted: Registrati	on fine, vesify signed statemen							
and following. Formed Elability	11301 Blice 03-13-210 1 1 1 1 1 1 1 1 1	i no, venily signed statemen	its from parei	illa des □ No					
	HOME INSPECTION (HEALTH, SA	ANITATION, & SAFETY)		All the second					
ali.					С	N	N/A		
Kitchen (sharp objects, clea	ning supplies, etc. inaccessible to o	:hildren)			10	, 			
Living room (no excessive clutter, etc.)					10	_ -			
Bedrooms (no children unsupervised, guns or drugs, etc)					42	0			
Sleep Arrangements (no Pack-N-Plays)					12				
Cribs meet CPSC requirements				15	0				
Bathrooms (no visible mold, etc.)				16					
Garage/Shed (secured if harmful items inside)				-		10			
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				10/	<u>.</u>	<i>برر</i> 0			
Multiple floor levels?					Yes 🗖				
No suffocation /Poisonous hazardous materials around the house				آگھا					
No major structural damages (Holes in floors or walls, etc.)				18		0			
Pets/Animals? Varyes No Up to date vaccination records?			*****		<u></u>				
Smoke Detectors/Fire Extinguishers? If not, TA provided \□ Yes □ No				10		.0			
Any serious injuries requiring medical attention?				□ Yes ⊅No					
Any fatalities?				□ Yes ÆNo					
	DOCUMENTA	TION.				100 17	140		
	EMANUS MANUS MEDICAL STREET				С	N	N//		
DSS 2909 completed for all enrolled children?							-		
Emergency Preparedness Plan?					10-		-		
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?					12				
Permission forms from parents signed and dated?					_		<u> </u>		
Field Trips? If yes, signed parental permissions forms? Yes					0		42		
	STAFFING & SUPE	NAME OF THE OWNER, WHEN THE PROPERTY OF THE PARTY OF THE					10		
							i e		
Staff observed were qualify	od3				С	N	1		
Staff observed were qualified? Training hours up-to-date? 63-13-825				105	ם	1			
Is provider over capacity?	03-13-023				ا کتا		<u> </u>		
				□ Yes t No					
Number of children observ	ad.			i i	٠ ،	_	3		

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

☐ Refused to sign

and having ready access to children in order to intervene when needed.

Signature of Operator/Emergency Person:

Signature of Child Care Licensing Specialist: