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

rator Name: Patricia Bethea Colvin  Date of Inspection: 1-3-24  Time of Inspection: Complaint Renewal Follow Up (original properties)	f Inspection: \(\frac{1}{2}\)	<u>:0</u>	<u> </u>
Reason for Follow up: pp	nai inspectior	oate_	W
ress: 1311 Tyler Road Dillon, SC 29536 Hours of Operation: M-F	enaing derick	encies	□sen-re
1 040 700 0004	ght Care? 🗆 `		Ata.
ge in address? Tes VNo Zoning restrictions Yes VNo	gitt Care: 🗓	ies 🔛	TNO
Capacity: 6 Items to be posted:   Registration			
y the following: Verified Liability Insurance 63-13-210 🗆 Yes 😾 No. If no, verify signed statements from parents. 🗸 Yes	s 🗆 No		
HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	L.S. 6		1000
	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	V		
Living room (no excessive clutter, etc.)	V	-	
Bedrooms (no children unsupervised, guns or drugs, etc)	120	-	
Sleep Arrangements (no Pack-N-Plays)		-	
Cribs meet CPSC requirements	1		0
Bathrooms (no visible mold, etc.)	المحا	<u> </u>	0
Garage/Shed (secured if harmful items inside)		<u> </u>	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	Va-		
Multiple floor levels?		Yes &	
No suffocation /Poisonous hazardous materials around the house			- C
No major structural damages (Holes in floors or walls, etc.)	Variable 1	-	
Pets/Animals?  Yes  No  Up to date vaccination records?		0	-
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No	ve/	0	
Any serious injuries requiring medical attention?		Yes p	
Any fatalities?		Yes 🖪	
DOCUMENTATION			70
	C	N	N/A
DSS 2909 completed for all enrolled children?	8	0	
Emergency Preparedness Plan?	V		
Is medication administered? Tes No If yes, is the medication expired?		0	V
D1-1			V
Permission forms from parents signed and dated?			0
Field Trips? If yes, signed parental permissions forms?  Yes  No		0	
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