## South Carolina Department of Social Services Office of Child Care Licensing

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES Date of Inspection: 3.7.24 Time of Inspection: 9:15 Type of Inspection: Date of Inspection: 9:15

Reason for Follow up: pending deficiencies self-report

Operator Name: Harriet K Wooldridge

Address: 317 Oriole Street Barnwell, SC 29812

Permit #: 9647

phone #: 803-259-9343 ge in address? 🗆 Yes 🕩 📆		tion: M-F7:00a-4:00p		
	ddress?   Yes   Zoning restrictions   Yes   Ho  Vernight			Мб
Capacity: 6	Items to be posted: Registration			_
the following: Verified Liability In	nsurance 63-13-210   Yes Do If no, verify signed statements from pare	nts.41 Yes 🗆 No		
ā <sup>‡</sup>				
H	HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
		C	N	3.1
Kitchen (sharp objects, clean	ing supplies, etc. inaccessible to children)			N
Living room (no excessive clu		<u> </u>		- (
Bedrooms (no children unsupervised, guns or drugs, etc)				- (
Sleep Arrangements (no Paci		4		- 1
Cribs meet CPSC requiremen	<del></del>			- (
Bathrooms (no visible mold,	······································			-
Garage/Shed (secured if harmful items inside)			0	. (
		<u> </u>	0	- 1
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)  Multiple floor levels?				
No suffocation /Poisonous hazardous materials around the house			Pes ±1No	
No major structural damages (Holes in floors or walls, etc.)				* 4
Pets/Animals?  Pes  No  Up to date vaccination records?				- 1
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No		<u></u>	0	1
Any serious injuries requiring				
Any fatalities?	5 medical accentions		Yes 🗹	
	DOCUMENTATION		Yes 🗈	INO
	DOCUMENTATION			
DSS 2909 completed for all o	enrolled children?	Ç	N O	N
Emergency Preparedness Pla	an?		_	
Emergency Preparedness Plans Is medication administered?		Ø.	0	
Emergency Preparedness Plans Is medication administered?  Permission forms from parents	Y □ Yes ☑ No If yes, is the medication expired?	<b>&amp;</b>	0	-
Is medication administered? Permission forms from pare	Y ☐ Yes ☑ No If yes, is the medication expired?  nts signed and dated?	Ø Ø		4
Is medication administered? Permission forms from pare	Y □ Yes ☑ No If yes, is the medication expired?	<b>&amp;</b>	0	4
Is medication administered? Permission forms from pare	P □ Yes ☑ No If yes, is the medication expired?  nts signed and dated?  arental permissions forms? □ Yes □ No	# # # # # # # # # # # # # # # # # # #		4
Is medication administered? Permission forms from pare Field Trips? If yes, signed pare	P _ Yes _ No _ If yes, is the medication expired?  Ints signed and dated?	g g g		4
Is medication administered? Permission forms from parel Field Trips? If yes, signed parel Staff observed were qualifie	P U Yes  No If yes, is the medication expired?  Ints signed and dated?	# # # # # # # # # # # # # # # # # # #		4
Is medication administered? Permission forms from pare Field Trips? If yes, signed pare Staff observed were qualifie Training hours up-to-date?	P U Yes  No If yes, is the medication expired?  Ints signed and dated?		N 0	1
Is medication administered? Permission forms from parel Field Trips? If yes, signed parel Staff observed were qualifie	Y _ Yes _ No If yes, is the medication expired? Ints signed and dated? Ints signed and date			1
Is medication administered? Permission forms from pare Field Trips? If yes, signed positive and pare Staff observed were qualified training hours up-to-date? Is provider over capacity?	Y _ Yes _ No If yes, is the medication expired? Ints signed and dated? Ints signed and date		N 0	1
Is medication administered? Permission forms from parel Field Trips? If yes, signed possible Staff observed were qualifie Training hours up-to-date? Good is provider over capacity? Number of children observe	Y _ Yes _ No If yes, is the medication expired? Ints signed and dated? Ints signed and date	C & D	N 0	1