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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☐ You

Zoning restrictions Yes No Items to be posted: Registration

Operator Name: Tamika Evans

Telephone #: 839-399-0228

Change in address? ☐ Yes ☐ No

Address: 614 Valleybridge Road Columbia, SC 29223

Permit #: 23719

Total Capacity: 5

Date of Inspection: 2/21/2024 Time of Inspection: 11:15 AM

Type of Inspection: Annual Complaint Renewal Follow Up (original inspection date\_\_\_\_\_\_

Reason for Follow up: □pending deficiencies □self-report

Overnight Care? - Yes - No

Hours of Operation: M-F7:00a-6:00p

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			П
	С	N	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	2		Г
Living room (no excessive clutter, etc.)		0	Γ
Bedrooms (no children unsupervised, guns or drugs, etc)			Γ
Sleep Arrangements (no Pack-N-Plays)	<b>1</b>		Γ
Cribs meet CPSC requirements	<b>2</b>		Г
Bathrooms (no visible mold, etc.)			Γ
Garage/Shed (secured if harmful items inside)			t
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<b>1</b>		t
Multiple floor levels?		□ Yes 🖃 🕅	
No suffocation / Poisonous hazardous materials around the house	<b>4</b>	0	Ë
No major structural damages (Holes in floors or walls, etc.)		0	t
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?	0	0	t
Smoke Detectors/Fire Extinguishers? If not, TA provided	K		t
Any serious injuries requiring medical attention?	0	Yes 🗷	木
Any fatalities?		Yes p	_
DOCUMENTATION			
	С	N	Г
DSS 2909 completed for all enrolled children?	1		t
Emergency Preparedness Plan?	<b>1</b>		t
Is medication administered? ☐ Yes ☑ No   If yes, is the medication expired?			t
Permission forms from parents signed and dated?	<b>3</b>		t
Field Trips? If yes, signed parental permissions forms? ZYes No		0	T
STAFFING & SUPERVISION		-71	
	С	N	Т
Staff observed were qualified?		0	1
Training hours up-to-date? 63-13-825		П	1
Is provider over capacity?	П	Yes 🖪	Ϫ
Number of children observed:		3	
			_
C = Compliant with Regulation - N = Noncompliant with Regulation   No violations noted at the time of visit (2)			=
C = Compliant with Regulation - N = Noncompliant with Regulation   No violations noted at the time of visit (2)			_
pervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ild, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the oper d having ready access to children in order to intervene when needed.	e ongoir	ng activi I/or staff	ty I b
Signature of Operator/Emergency Person: Viniko Care Date: 2019004	_ 0	Refus	ed