## South Carolina Department of Social Services

## Office of Child Care Licensing INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

	rator Name: Jacqueline Ancrum nit #: 24086	Type of Inspection: □ Annual	Date of Inspection  ☐ Complaint ☐ K	enewal 🗆 Fo	ollow Up (o	e of Inspection: riginal inspection	n date	<i>(10</i>	
ele har otal	ress: 1810 Dillway Street CHARLE phone #: 843-327-0014 nge in address? ☐ Yes ☐/No Capacity: 6 y the following: Verified Liability Insu	Any changes in contact info (P Zoning restrictions Per No Items to be posted: Registration	on	Hours of C ☐ Yes ☐ M	Operation: No Ove	pending defic d-F6:00a-6:00p rnight Care? Yes  No			
		ME INSPECTION (HEALTH, SA	NITATION, & SAFE	 ETY)					
						C	N	N/A	
	Kitchen (sharp objects, cleaning	supplies, etc. inaccessible to ch	nildren)				1- 0		
	Living room (no excessive clutte								
	Bedrooms (no children unsuper					8	1 -		
	Sleep Arrangements (no Pack-N	-Plays)							
	Cribs meet CPSC requirements					G/			
	Bathrooms (no visible mold, etc	:.)				0/			
	Garage/Shed (secured if harmfu						<del>                                     </del>		
	Outside/Playground (sharp edge	es, rusty points, fence if ditches,	, accessible to stree	et)		<b>3</b>			
	Multiple floor levels?						□ Yes □ No		
	No suffocation /Poisonous haza		ıse					0	
	No major structural damages (H					3	0		
	Pets/Animals? ☐ Yes ☐-No	Up to date vaccination reco				3			
	Smoke Detectors/Fire Extinguish		Yes 🗆 No			ď	0	0	
		ous injuries requiring medical attention?					Yes 🗷	₩o	
	Any fatalities?	ny fatalities?					□ Yes ⊡ No		
		DOCUMENTATIO	ON			C	N	N/A	
	DSS 2909 completed for all enro	olled children?							
	Emergency Preparedness Plan?							0	
	Is medication administered? ☐ Y		ation expired?				0		
	Permission forms from parents s							<u>-</u>	
	Field Trips? If yes, signed paren	ital permissions forms?   Yes	☑ No				_		
	STAFFING & SUPERVISION								
40)						C	N		
	Staff observed were qualified?	and the second second second							
	Training hours up-to-date? 63-13	3-825		<del>.</del>			0	. 1	
	Is provider over capacity?						□ Yes □ No		
	Number of children observed:					3	3		
	C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit								
•		Principal Princi	1 110 Violationa notes	at the time c	NI VISIT LA	and the state of t	ar-colour-r		
an	pervision: Care provided to an individu ild, knowledge of activity requirements a d having ready access to children in ord	and children's needs and accountabilities to intervene when needed.	te supervision requires ty for their care. Adequ	awareness of late supervisio	and respons	ibility for the ongoin es the operator and	g activity or staff b	of each leing near	
Signature of Operator/Emergency Person: ### Option   Date: 1/15/24  Signature of Child Care Licensing Specialist: Date: 4/15/24						1/24	□ Refused to sign		
		X/U				•			