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

perator Name: Lisa Walls ermit #: 22761	Type of Inspection: Annual	□ Complaint □Renewa	76.23 Time of Inspection: 9 40 au 10 0
		Reas	son for Follow up: pending deficiencies pself-report
ddress: 905 S. Jones Avenue ROCK I	HILL, SC 29730	Hou	urs of Operation: M-F7:30a-5:30p
elephone #: 803-324-8072	Any changes in contact info (D	hana/Email/Eas/2 — Va-	are or operation, IVI-77.304-3.30p
	Zonina anatisticana di	nune/Enlan/Fax)? D Yes	☑No Overnight Care? ☐ Yes ☑No
	Zoning restrictions Yes No	5 is the limited	the of children
Otal Capacity. 5	Items to be posted: ⋈ Registration	n .	
erify the following: Verified Liability Insu	rance 63-13-210 □ Yes ☑ No If	no, verify signed statemen	nts from parents. befes 🛘 No

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		= =	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	C	N	N/A
Living room (no excessive clutter, etc.)			
Bedrooms (no children unsupervised, guns or drugs, etc)	D		
Sleep Arrangements (no Pack-N-Plays)		0	
Cribs meet CPSC requirements			
Bathrooms (no visible mold, etc.)			•
Garage/Shed (secured if harmful items inside)			
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)			
Multiple floor levels?			<u>□</u> rNo
No suffocation /Poisonous hazardous materials around the house			$\overline{}$
No major structural damages (Holes in floors or walls, etc.)			<u> </u>
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?		0	
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No			
Any serious injuries requiring medical attention?			-K10
Any fatalities?		□ Yes □-No	
DOCUMENTATION		103 6	140
	C C	N	N/A
DSS 2909 completed for all enrolled children?		<u> </u>	
Emergency Preparedness Plan?			
Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?			-
Permission forms from parents signed and dated?			-
Field Trips? If yes, signed parental permissions forms? ☑ Yes ☐ No			<u> </u>
STAFFING & SUPERVISION	-	ij	
	C	N	
Staff observed were qualified?	<u> </u>	_	1
Training hours up-to-date? 63-13-825			1
Is provider over capacity?			rNo
		2	140

C = Compliant with Regulation - N = Noncompliant with Regulation	No violations noted at the time of visit
Supervision: Care provided to an individual child or group of children. Adequate hild, knowledge of activity requirements and children's needs and accountabilind having ready access to children in order to intervene when needed.	ate supervision requires awareness of and responsibility for the ongoing activity of each lity for their care. Adequate supervision also requires the operator and/or staff being near
Signature of Operator/Emergency Person: Signature of Child Care Licensing Specialist:	Date: $\frac{160003}{10003}$ \square Refused to sign