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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Date of Inspection: 10/13/23 Time of Inspection: 1:45

Type of Inspection: Date of Inspection: Pannual Complaint Renewal Deliver Up (original inspection date

Hours of Operation:

Reason for Follow up: pending deficiencies pself-report

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□ Yes □•No

Any changes in contact info (Phone/Email/Fax)?  Any changes in contact info (Phone/Email/Fax)?  Yes No Zoning restrictions Yes No Items to be posted: Registration The following: Verified Liability Insurance 63-13-210  Yes No If no, verify signed statements from proceedings of the statements of the statement of the			_
o to low ring. To find Elability insurance 33-13-210 in 1es is 140 in 110, Verilly signed statements from p	parents. Pryes - No		
HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
	C	N	Г
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	8,		T
Living room (no excessive clutter, etc.)	5.		T
Bedrooms (no children unsupervised, guns or drugs, etc)	P'		T
Sleep Arrangements (no Pack-N-Plays)	08		1
Cribs meet CPSC requirements	138		十
Bathrooms (no visible mold, etc.)	9		T
Garage/Shed (secured if harmful items inside)	. 0		十
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	P		十
Multiple floor levels?		□ Yes ⊪No	
No suffocation /Poisonous hazardous materials around the house	P'		Ť
No major structural damages (Holes in floors or walls, etc.)	10/		T
Pets/Animals? ☐ Yes ☐ No Up to date vaccination records?		0	T
Smoke Detectors/Fire Extinguishers? If not, TA provided   ☐ Yes ☐ No	B'	0	T
Any serious injuries requiring medical attention?		□ Yes ⊯1No	
Any fatalities?		□ Yes D-No	
DOCUMENTATION			
	C	N.	T
DSS 2909 completed for all enrolled children?	8		$\dagger$
Emergency Preparedness Plan?			十
Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?			t
Permission forms from parents signed and dated?		+ =	╆

Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being near and having ready access to children in order to intervene when needed. Signature of Operator/Emergency Person: 10 Date: 12-13-23 

Refused to sign Date: 12/13/23

No violations noted at the time of visit 12

**STAFFING & SUPERVISION** 

Staff observed were qualified?

Number of children observed:

Is provider over capacity?

Training hours up-to-date? 63-13-825

Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No

C = Compliant with Regulation - N = Noncompliant with Regulation

Operator Name: Aqueelah Goins

Address: 111 Wheat Road WINNSBORO, SC 29180

Permit #: 25831