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

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

	tor Name: Kimberly Ross	une of Inspection: # Annual	Date of Inspection:	1/26/24 Time of	of Inspection:	0:2	CA	
0,,,,,	1)	ype of Inspection: ⊯ Annual	□ Complaint □ Kenew	al - Follow Up (orig	inal inspection	date_	)	
ddre	ss: 240 St. David Drive WEST COLU	JMBIA. SC 29170	Ho	son for Follow up:	pending dieficie	ncies	□self-repo	
elepl	elephone #: 803-957-6078 Any changes in contact info (Phone/Email/Fax)?   Yes Tho Overnight Care hange in address?   Yes Tho Overnight Care					,	(.	
hang	hange in address?   Yes va No Zoning restrictions va Yes lo			ignt Care? □ Y	es 🗹	No		
otal Capacity: 6 Items to be posted: **Registration**								
erify	the following: Verified Liability Insurar	nce 63-13-210 - Yes of No If I	no, verify signed stateme	nts from parents x	s I No			
			, ,	The state of the s				
	HOM	E INSPECTION (HEALTH, SAF	MITATION & CAFETY)				Α	
:		FILLS, ECTION (HEALIN, JAI	VITATION, & SAFETT)					
	Kitchen (charn chiests, cleaning or	maliae ata innone (1)			C	N	N/A	
	Kitchen (sharp objects, cleaning su	ipplies, etc. inaccessible to ch	oildren)					
	Living room (no excessive clutter, etc.)							
	edrooms (no children unsupervised, guns or drugs, etc) leep Arrangements (no Pack-N-Plays)				LD/			
					18			
	Cribs meet CPSC requirements							
	Bathrooms (no visible mold, etc.)			10/	0			
	Garage/Shed (secured if harmful items inside)				a			
-0.	Outside/Playground (sharp edges,	rusty points, fence if ditches	, accessible to street)			0		
	Multiple floor levels?					□ Yes v No		
	No suffocation / Poisonous hazardous materials around the house						0	
	No major structural damages (Holes in floors or walls, etc.)				10/		0	
	Pets/Animals? ☑ Yes □ No Up to date vaccination records?				10/		0	
	Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No				14		<i>(</i> 0	
	Any serious injuries requiring medical attention?					Yes day	4	
	Any fatalities?				Yes No			
Ω.		DOCUMENTATIO	ON			100 \$	110	
	DSS 2909 completed for all enroll	od shildren?			C	N	N/A	
	Emergency Preparedness Plan?							
							0	
	Is medication administered?   Yes  No If yes, is the medication expired?  Permission forms from parents signed and dated?					0	0/	
	Field Trips? If yes, signed parental permissions forms?   Yes Vo						8	
							to/	
		STAFFING & SUPERY	VISION					
					C	N		
	Staff observed were qualified?				4	, 0		
	Training hours up-to-date? 63-13-825				65/	, 0		
	Is provider over capacity?				5/	v Yes □ No		
	Number of children observed:			3	5			
			9	/	/			
	C = Compliant with Regulation - N = N	oncompliant with Population	No violations noted at	the time of the fa				
		ottooniphant Will Negulation	140 Aldigridita Hofed af	rue ruue of Alait (7)				
<u>s</u>	upervision: Care provided to an individua	l child or group of children. Adequa	ate supervision requires aw	areness of and responsib	oility for the ongoin	a activit	v 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.								
а	nd having ready access to children in orde	r to intervene when needed.					•	
		01/10						
	Signature of Operator/Emergency	Person: X w	75	1/25/4/26/	24 _	_		
	organization of operation Line igentry	GIOUII.		Date:	OF	₹efuse	d to sign	
	Signature of Child Care Licensing	Specialist:	m Bron	Date: 4 26	6/24			