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

| Operator Name: Angela Lott                    |                                  | Date of Inche     | etion: M-      | 25/24        | Time of Inspection:       |                  |
|---|----------------------------------|-------------------|----------------|--------------|---------------------------|------------------|
| Permit #: 25525                               | Type of Inspection:   Annual     | □ Complaint       | t≱Renewal*     | □ Fóllow U   | p (original inspection of | late )           |
| Address: 208 Sandy Hill Court NORTH           |                                  |                   | Reaso          | n for Follow | vup: □pending deficien    | cies pself-repor |
|   | Any changes in contact info (P   | bono/Email/East   | 10015<br>10015 |              | on: 6:30 am – 6:00 pm     |                  |
| Change in address? □ Yes ♠ No                 | Zoning restrictions   Yes   No   |                   | } r □ res      | <b>P</b> NO  | Overnight Care?   Ye      | s ne-Mo          |
| Total Capacity: 6                             | Items to be posted: Registration | on                |                |              |                           |                  |
| Verify the following: Verified Liability Insu | rance 63-13-210 - Yes - No If    | no, verify signed | statements     | from parent  | s.⊮Yes □ No               |                  |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY)   |       |             |          |
|--|-------|-------------|----------|
| Vitabon (about a bisa)   | С     | N           | N/A      |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)              |       | 0           |          |
| Living room (no excessive clutter, etc.)   | D/    |             | 0        |
| Bedrooms (no children unsupervised, guns or drugs, etc)                                | 8     |             | 0        |
| Sleep Arrangements (no Pack-N-Plays)   | Q'    |             | -        |
| Cribs meet CPSC requirements   |       |             | 0        |
| Bathrooms (no visible mold, etc.)  | Ser . | _           | <u>-</u> |
| Garage/Shed (secured if harmful items inside)  |       | <del></del> | 8        |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) |       |             |          |
| Multiple floor levels?   |       | Yes &       |          |
| No suffocation /Poisonous hazardous materials around the house                         |       |             |          |
| No major structural damages (Holes in floors or walls, etc.)                           | - 1   | <u> </u>    |          |
| Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?                               |       |             |          |
| Smoke Detectors/Fire Extinguishers? If not, TA provided   ☑ Yes □ No                   |       |             | 8        |
| Any serious injuries requiring medical attention?                                      |       |             |          |
| Any fatalities?  |       | □ Yes erNo  |          |
| DOCUMENTATION  |       | Tes e       | TNO      |
|  |       |             |          |
| DSS 2909 completed for all enrolled children?  | C     | N           | N/A      |
| Emergency Preparedness Plan?   |       |             |          |
| Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?              |       |             |          |
| Permission forms from parents signed and dated?  |       |             | 2        |
| Field Trips? If yes, signed parental permissions forms? ☐ Yes ☑ No                     |       |             | 22       |
| STAFFING & SUPERVISION   | D     |             |          |
| STATING & SOFERVISION  |       |             |          |
| Staff observed were qualified?   | C     | N           |          |
| Training hours up-to-date? 63-13-825   |       |             |          |
| Is provider over capacity?   |       |             |          |
| Number of children observed:   |       | Yes 🌬       | Ńο       |
|  |       | 4           |          |

<u>Supervision</u>: 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:  | Date: 06/25/24  | ☐ Refused to sign |
|--|-----------------|-------------------|
| Signature of Operator/Emergency Person:  Signature of Child Care Licensing Specialist: | Date: 010/25/24 | — Nordsou to aign |