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

perator Name: Ashley Fields

ermit #: 25911

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Date of Inspection: 10 1 (24 Time of Inspection: 11.30 a

Type of Inspection: □ Annual □ Complaint □ Renewal □ Follow Up (original inspection date \_\_\_\_\_\_

Reason for Follow up: pending deficiencies pself-report

	OME INSPECTION (HEALTH, SA	NITATION, & SAFETY)		С	N	N
Kitchen (sharp objects, cleaning	ng supplies, etc. inaccessible to cl	nildren)	NO E REPORT			110
Living room (no excessive clut				3		
Bedrooms (no children unsupervised, guns or drugs, etc)				1		
Sleep Arrangements (no Pack						
Cribs meet CPSC requirement				2		
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?					Yes.z	_
<del></del>	zardous materials around the hou	ise		7	0	
No major structural damages (Holes in floors or walls, etc.)				13/		
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?			_	□ Yes ☑ No		
Any fatalities?					Yes 🗹	
	DOCUMENTATI	ON	ME JOHN ST	1-11-1		31
			an private and the	С	N	N
DSS 2909 completed for all er	nrolled children?			3		
Emergency Preparedness Plan?						
Is medication administered? ☐ Yes ☑ No ☐ If yes, is the medication expired?						
Permission forms from parents signed and dated?					ä	1
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No						
	STAFFING & SUPER		JEI	Į II.	II.	
			No. of Contract of	С	N	
Staff observed were qualified?	?			3		
	-13-825			7		
Training hours up-to-date? 63					Yes ∠	No
Iraining hours up-to-date? 63 Is provider over capacity?					3	
					2	
Is provider over capacity?				_	2	