South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

perator Name: Amy K Garvin

ermit #: 24967

Type of Inspection:

Date of Inspection:

Date of Inspection:

Oscillation:

Oscillation:

Reason for Follow up: pending deficiencies self-report

	owie mot content (menerin, or	NITATION, & SAFETY)				
			С	N	N	
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)					1-	
Living room (no excessive clutter, etc.)			V	- 0	- (
Bedrooms (no children unsupervised, guns or drugs, etc)						
Sleep Arrangements (no Pack-N-Plays)						
Cribs meet CPSC requirements			19/			
Bathrooms (no visible mold, etc.)			W			
Garage/Shed (secured if harmful items inside)			5		\vdash	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)			7		†	
Multiple floor levels?				Yes 🖪	_	
No suffocation /Poisonous hazardous materials around the house			V		1	
No major structural damages (Holes in floors or walls, etc.)			~		_	
Pets/Animals? ► Yes □ No Up to date vaccination records?					1-	
Smoke Detectors/Fire Extinguishers? If not, TA provided					1	
Any serious injuries requiring i	medical attention?			Yes ∌		
Any fatalities?				Yes 🏚	_	
	DOCUMENTATI	ON	MIDELLES WEET		10	
			C	N	N	
DSS 2909 completed for all enrolled children?						
Emergency Preparedness Plan?						
Is medication administered? ☐ Yes No If yes, is the medication expired?					1	
Permission forms from parents signed and dated?					1	
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No					[
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10000	AND		C	N		
Staff observed were qualified?						
Training hours up-to-date? 63-13-825			-			
Is provider over capacity?			3	/00 =	Ma	
Number of children observed:				□ Yes ✓No		
Number of children observed:						
Number of children observed:						