South Carolina Department of Social Services Office of Child Care Licensing

Signature of Operator/Emergency Person:

Signature of Child Care Licensing Specialist

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

ator Name: Pam Tasker		Date of Inspection: 1232	Time of Inspection:	7.30	a-7	
it #: 23678	Type of Inspection: VAnnua	al □ Complaint □Renewal □ Fo	llow Up (original inspection	on date_		
			Follow up: □pending defic		□self	
ess: 171 Pebble Creek Drive W	·		peration: M-F7:00a-6:00p			
phone #: 803-319-5606 Any changes in contact info (Phone/Email/Fax)? Yes Overnight Zoning restrictions Yes No Items to be posted: Registration			Overnight Care?	ht Care? □ Yes		
		If no, verify signed statements from	parents. Yes No			
,		,				
CO DAY IN PROPERTY OF	HOME INSPECTION (HEALTH, 5	SANITATION & SAFETY)	THE RESERVE THE PARTY OF THE	100 380	- EXXIII	
	HOME INSPECTION (HEALTH, S	ANITATION, & SAFETT	C	N	N/A	
Kitchen (sharp objects, clear	ning supplies, etc. inaccessible to	children)	<u> </u>		18/7	
Living room (no excessive clutter, etc.)			P.			
Bedrooms (no children unsupervised, guns or drugs, etc)				0		
Sleep Arrangements (no Pack-N-Plays)			8	-		
Cribs meet CPSC requirements			V			
Bathrooms (no visible mold, etc.)			e e	_	0	
Garage/Shed (secured if harmful items inside)						
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)			e/	, ,	-	
Multiple floor levels?				□ Yes D No		
No suffocation /Poisonous hazardous materials around the house			8			
No major structural damages (Holes in floors or walls, etc.)			Ø			
Pets/Animals? ✓ Yes □ No Up to date vaccination records?			₽	-		
Smoke Detectors/Fire Extinguishers? If not, TA provided 🖂 Yes 🖂 No			8	0		
Any serious injuries requiring medical attention?				□ Yes ♠No		
Any fatalities?				□ Yes 🗹 No		
	DOCUMENTA	TION				
大震荡器等的心态强力。			C	N	N/A	
DSS 2909 completed for all	enrolled children?		₽	-		
Emergency Preparedness Plan?			<u> </u>	0		
Is medication administered? ☐ Yes ☑ No ☐ If yes, is the medication expired?						
Permission forms from parents signed and dated?					12	
Field Trips? If yes, signed p	arental permissions forms? 🗖 Yo	es 🗆 No			•	
	STAFFING & SUPE	ERVISION				
	经对于他类型,还是是		C C	N		
Staff observed were qualifie	d?		E'	-	1	
Training hours up-to-date? 63-13-825			P	-	1	
ls provider over capacity?				□ Yes 🗷	No	
Number of children observed:				5		
C = Compliant with Penulation	- N = Noncompliant with Regulation	No violations noted at the time of	f vielt fO	in the same		
- compliant must requisiton		THE STATE OF THE PARTY OF THE PROPERTY OF THE PARTY OF TH	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	O'S ASSESSED.	THE PERSON NAMED IN	

☐ Refused to sign