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

Operator Name: Teresa Blackwell

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

it #: 22975	1)ate at Inspection: 1/21/21 T:-	U	11.7	1 11
it ii.	Type of Inspection: Date of Inspection: 7/21/21 Tim	ne or inspection:	<u> </u>	יה כ
400 0 11 0 15	Descent for Fall	nding inspection	gate	
ess: 400 Caddis Creek Road Irmo	HOURE Of I Ingrestions	44 CT 30 C		
hone #: 803-381-5424	Ally Cridinges in contact into (Phone/Email/Eav)2 a Voc. — Allo	بدأ مصاداتين	ac ==	Ma
je in address? □ Yes 🖙No Capacity: 5			50 <u>m</u>	INU
the following: Verified Liability Inc				
the lonewing. Vermed Liability ins	surance 63-13-210   Yes No If no, verify signed statements from parents.	Yes 🗆 No		
ļ H	OME INSPECTION (HEALTH, SANITATION, & SAFETY)			
		С		ALLA
Kitchen (sharp objects, cleanir	ng supplies, etc. inaccessible to children)		N	N/A
Living room (no excessive clut	ter, etc.)			
Bedrooms (no children unsupervised, guns or drugs, etc)				
Sleep Arrangements (no Pack-N-Plays)				
Cribs meet CPSC requirements			<u> </u>	
Bathrooms (no visible mold, etc.)				0
Garage/Shed (secured if harmful items inside)			_0	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)				9
Multiple floor levels?	ges, rusty points, rence if ditches, accessible to street)		0	/0
		٥	es z	No
No suffocation /Poisonous hazardous materials around the house  No major structural damages (Holes in floors or walls, etc.)			0	0
Pets/Animals?  Yes No			0	0
	The state of the s		7	
Smoke Detectors/Fire Extingui	ishers? If not, TA provided □ Yes □ No	2		
Any serious injuries requiring I	medical attention?		es ₽	_
Any fatalities?			es 🗹	
	DOCUMENTATION			
		С	N	N/A
DSS 2909 completed for all enrolled children?				_
Emergency Preparedness Plan?				
Is medication administered?   Yes No If yes, is the medication expired?			-	0
Permission forms from parents signed and dated?		<del></del>		9
Field Trips? If yes, signed pare	ental permissions forms?   Yes   No			
			a 1	
	STAFFING & SUPERVISION			
	STAFFING & SUPERVISION			
		C	N	
Staff observed were qualified?		C		
Staff observed were qualified? Training hours up-to-date? 63-			N	_
Staff observed were qualified? Training hours up-to-date? 63- Is provider over capacity?	-13-825		N	_
Staff observed were qualified? Training hours up-to-date? 63-	-13-825		N	_
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