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

Reason for Follow up: pending deficiencies of Hours of Operation: M-F6:30a-5:3Op Telephone #: 843-723-9859	Operator Name: Almanda Green Permit #: 18528	Type of Inspection: Annual	Date of Inspe	ection:	8/10/21	_ Time of Inspe	ction: _	/6:	00
Address: 588 Rulledge Ave. CHARLESTON, SC 29403 Change in address? " Yes of No Overnight Care? " Yes of No Overnight Care? " Yes of No Total Capacity: 6 Change in address? " Yes of No Items to be posted: " Registration Verify the following: Verified Liability Insurance 63-13-210 " Yes of No If No, verify signed statements from parents. of Yes of No HOME INSPECTION (HEALTH, SANIHATION, & SAFETY) Kitchen (sharp objects, cleaning supplies, etc. Inaccessible to children) Living room (no excessive clutter, etc.) Bedrooms (no children unsupervised, guns or drugs, etc) Bedrooms (no children unsupervised, guns or drugs, etc) Bedrooms (no children unsupervised, guns or drugs, etc) Cois meet CPSC requirements Bathrooms (no visible moid, etc.) Garage/Shed (secured if harmful items inside) Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) Multiple floor levels? No suffocation /Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Dets/Animals? " If so M D Up to date vaccination records? Snoke Detectors/Fire Extinguishers? If not, TA provided "Yes " No Any serious injuries requiring medical attention? Any serious injuries requiring medical attention? DSS 2909 completed for all enrolled children? Emergency Preparedness Plan? Is medication administered? "Yes " No If yes, is the medication expired?" Permission forms from parents signed and dated? Training hours up-to-date? 63-13-825 Is provider over capacity? No violations noted at the time of visit of the original address of the composition of the original address of the compositio	Ferriit #. 10520	Type of inspection. Annual	□ Complaint)
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