South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Operator Name: Asia Carree	g g	Date of Inspection:	8/10/21	Time of Inspection: 12:20 CM	
Permit #: 23415	Type of Inspection: Annual	□ combiguir □KéueMs	II 🗆 FOIIOW (JD (Original inspection date	١.
A.I. 4051011		Reas	son for Follow	w up: opending deficiencies oself-re	_/
Address: 105 Hidden Pines Road Colui	mbia, SC 29229	Lla	**** ** O= - · · · · ·	and obstaining delictencies oself-Le	port
	Any changes in contact into (P	none/Email/Earl? - Yes	n Ma	Overnight Care? Yes	
	Zoning restrictions Yes No		4010	Overright Gale? 11 fes 27NO	
Total Capacity: 5	Items to be posted:				
Verify the following: Verified Liability Inc.	issues 62 42 048	JN			
Verify the following: Verified Liability Insu	nance 03-13-210 - Yes D/No If	no, verify signed statemen	its from paren	ts Twee T No	
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Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) Living room (no excessive clutter, etc.) Bedrooms (no children unsupervised, guns or drugs, etc) Clibs meet (PSC requirements 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? No suffocation /Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets/Animals?	HOME INSPECTION (HEALTH, CANITATION, A ALL		
Any fatalities? DOCUMENTATION Discrepting and market grown of the provider o	HOME INSPECTION (HEALTH, SANITATION, & SAFETY)		
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	C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit IV		

<u>Supervision</u>: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing activity of each child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires the operator and/or staff being near and having ready access to children in order to intervene when needed.

CA JOAN CO	
Signature of Operator/Emergency Person:	Date: \$\(1012\)
	Date: Refused to sign
Signature of Child Care Licensing Specialist:	Date: _ <u>}/(0/2/</u>