## South Carolina Department of Social Services

Office of Child Care Licensing

## INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HUMES	10.2000
INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES  Date of Inspection: 5222 Time of Inspection: Follow Up (original to Follow	f Inspection: U: DWYI
Date of Inspection: Follow In (original property)	inal inspection date)
ator Name: Rayven Gillard	pending deficiencies pself-report
Illauro et Chetalion.	
ess: 1742 Labor Camp Road Mount Pleasant, SC 29464  Any changes in contact info (Phone/Email/Fax)?  Yes Va No Overn	night Care?   Yes No
ess. 1742 Labor Tarris Any changes in Contact IIIIo (Friorio Little	
1	
ltems to be posted: Registration   R	es 🗆 NO
Zoning restrictions = Yes = No = Zoning restrictions = Yes = No = Registration   Registration   Registration   Capacity: 6   Yes = No   If no, verify signed statements from parents, if yethe following: Verified Liability Insurance 63-13-210 = Yes = No   If no, verify signed statements from parents   Yes = No   If no, verify signed statements from parents   Yes = No   If no, verify signed statements from parents   Yes = No   If no, verify signed statements from parents   Yes = No   If no, verify signed statements from parents   Yes = No   If no, verify signed statements from parents   Yes = No   If no, verify signed statements from parents   Yes = No   If no, verify signed statements from parents   Yes = No   If no, verify signed statements from parents   Yes = No   If no, verify signed statements from parents   Yes = No   If no, verify signed statements   Yes = No   If no   Yes = No   If n	
A tile tollowing.	
COLUMN CONTENTY)	
HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	C N N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	<b>Z</b> 0 0
Kitchen (sharp objects, cleaning supplies, etc. modes	2 0 0
the children unsupervised, gains of the children unsupervised unsupervised unsupervised under the children	
Sleep Arrangements (no Pack-N-Plays)	Z 0 0
Cribs meet CPSC requirements	
- de avec (no visible mold, etc.)	
Garage/Shed (secured if harmful items inside)  Garage/Shed (secured if harmful items inside)	□ Yes □No
Garage/Shed (secured if harmful items inside) Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	163 710
Multiple floor levels?	
No major structural damages (Holes III Hooss and III)	
No major structural damages (Holes in Noors 5, West)  Pets/Animals?   Yes   No	□ Yes Z No
- A - A / Fire Evring (INIC) 31 1) (10 V)	Yes No
Smoke Detectors/Fire Extinguished Any serious injuries requiring medical attention?	1 resulting
	N/A
Any fatalities? DOCUMENTATION	C N N/A
DSS 2909 completed for all enrolled children?	
DSS 2909 completed for different plan?	0 0
Emergency Preparedness Plan?  Is medication administered?   Yes No If yes, is the medication expired?  Is medication administered?	
Is medication administered.  Permission forms from parents signed and dated?  Permission forms from parents signed and dated?  Permission forms?   Yes  No	
Field Trips? If yes, signed parental perturbation STAFFING & SUPERVISION	CN
	6 0
nor 12	
Staff observed were qualified?	□ Yes 🗷 No
Training hours up-to-date? 63-13-023	
is provider over capacity?	
Number of children observed:	and the second second second second second second
No violations noted at the time of visit	
All Degulation - N = NONCOMPHIBIT With ING	
C = Compliant with Regulation 14  Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and re  Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and re  Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and re	osponsibility for the ongoing activity of each
and the state of t	requires the operator and/or staff being nea
Supervision: Care provided to an individual child of group of annual supervision. Care provided to an individual child of group of annual supervision.	
Abild knowledge of governy for the control of the c	
and having ready access to children in creations and having ready access to children in creations.	- 1 a 1 a 2
Date: C	5 2 4 L Refused to sig
Signature of Operator/Emergency Person: Rayur Date: Date: Date:	Takia.
Signature of Operator Lines 9 Date: Date:	5   2   22
Signature of Child Care Licensing Specialist:	
Signature or State	