South Carolina Department of Social Services Office of Child Care Licensing

INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

)perator Name: Tara Green

'ermit #: 25479

Type of Inspection: Date of Inspection: 1/13/22 Time of Inspection: 10:5501

Type of Inspection: Follow Up (original inspection date _____)

Reason for Follow up: pending deficiencies pelf-report

	OME INSPECTION (HEALTH, SANITATION, & SAFETY)	C N N/
Kitchen (chara chiects, cleani	ng supplies, etc. inaccessible to children)	
Living room (no excessive clut		1 0 0
Bedrooms (no children unsup		
Sleep Arrangements (no Pack		2 0
Cribs meet CPSC requirement		
Bathrooms (no visible mold, e		
Garage/Shed (secured if harn		
	dges, rusty points, fence if ditches, accessible to street)	
Multiple floor levels?	uges, rusty points, rence il ditolies, accessible to streety	©YES □ No
	azardous materials around the house	
	(Holes in floors or walls, etc.)	
Pets/Animals? Yes No		
	uishers? If not, TA provided	
Any serious injuries requiring		□ Yes ☑ No
Any fatalities?	, modical decention	□ Yes , I No
Any localities.	DOCUMENTATION	新。1915年12日 - 1915年 - 1915日 -
		CNN
DSS 2909 completed for all e	enralled children?	0 0
Emergency Preparedness Pla		
	☐ Yes ☐ No ☐ If yes, is the medication expired?	
Permission forms from parer		
	arental permissions forms? Yes No	
field frips: If yes, signed pe	STAFFING & SUPERVISION	
		CN
Staff observed were qualifie	43	0 0
Training hours up-to-date?		
Is provider over capacity?		□ Yes d No
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Number of children observe		$\overline{\mathcal{U}}$