

South Carolina Department of Social Services
Office of Child Care Licensing
**VIRTUAL INSPECTION VISIT FOR REGISTERED FAMILY CHILD CARE HOMES
DUE TO THE COVID19 EMERGENCY**

Operator Name: Katie Becker
Permit #: 24426

Type of Inspection: Renewal

Date of Inspection: 11.15.22 Time of Inspection: 1 pm
 Follow Up (original inspection date _____)

Address: 427 Crawley Lane CHAPIN, SC 29036

Hours of Operation: M-F:7:00a-5:00p

Telephone #: 636-699-3823
Change in address? Yes No

Any changes in contact info (Phone/Email/Fax)? Yes No

Overnight Care? Yes No

Total Capacity: 5

Zoning restrictions Yes No

Items to be posted: Registration

Verify the following: Verified Liability Insurance 63-13-210 Yes No If no, verify signed statements from parents. Yes No

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)			
	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	C	<input type="checkbox"/>	<input type="checkbox"/>
Living room (no excessive clutter, etc.)	C	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms (no children unsupervised, guns or drugs, etc)	C	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Arrangements (no Pack-N-Plays)	C	<input type="checkbox"/>	<input type="checkbox"/>
Cribs meet CPSC requirements	C	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms (no visible mold, etc.)	C	<input type="checkbox"/>	<input type="checkbox"/>
Garage/Shed (secured if harmful items inside)	C	<input type="checkbox"/>	<input type="checkbox"/>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	C	<input type="checkbox"/>	<input type="checkbox"/>
Multiple floor levels?	C	<input type="checkbox"/>	<input type="checkbox"/>
No suffocation /Poisonous hazardous materials around the house	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
No major structural damages (Holes in floors or walls, etc.)	C	<input type="checkbox"/>	<input type="checkbox"/>
Pets/Animals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Up to date vaccination records?	C	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors/Fire Extinguishers? If not, TA provided <input type="checkbox"/> Yes <input type="checkbox"/> No	C	<input type="checkbox"/>	<input type="checkbox"/>
Any serious injuries requiring medical attention?	C	<input type="checkbox"/>	<input type="checkbox"/>
Any fatalities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DOCUMENTATION			
	C	N	N/A
DSS 2909 completed for all enrolled children?	C	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness Plan?	C	<input type="checkbox"/>	<input type="checkbox"/>
Is medication administered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is the medication expired?	C	<input type="checkbox"/>	<input type="checkbox"/>
Permission forms from parents signed and dated?	<input type="checkbox"/>	<input type="checkbox"/>	C
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	C	<input type="checkbox"/>	<input type="checkbox"/>
STAFFING & SUPERVISION			
	C	N	
Staff observed were qualified?	C	<input type="checkbox"/>	
Training hours up-to-date? 63-13-825	C	<input type="checkbox"/>	
Is provider over capacity?	C	<input type="checkbox"/>	
Number of children observed:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	3		

C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit

Supervision: 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.

Signature of Director/Operator/Designee: (no signature required due to virtual inspection completed)

Signature of Child Care Licensing Specialist: [Signature] Date: 11.15.22