

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: **Alexis Collier**
Permit #: **24195**

Type of Inspection: **Renewal** **Follow Up (original inspection date _____)**
Date of Inspection: **10/5/23** Time of Inspection: **9:32am - 10:04am**

Address: **219 Sudlow Ridge Road, N. Augusta, SC 29841**

Hours of Operation: **7:00am - 6:00pm**

Telephone #: **803-292-2649**
Change in address? Yes **No**

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

Overnight Care? Yes **No**

Total Capacity: **6**

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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living room (no excessive clutter, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedrooms (no children unsupervised, guns or drugs, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Arrangements (no Pack-N-Plays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cribs meet CPSC requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms (no visible mold, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage/Shed (secured if harmful items inside)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple floor levels?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
No suffocation /Poisonous hazardous materials around the house	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No major structural damages (Holes in floors or walls, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pets/Animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Up to date vaccination records?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors/Fire Extinguishers? If not, TA provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any serious injuries requiring medical attention?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Any fatalities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DOCUMENTATION

	C	N	N/A
DSS 2909 completed for all enrolled children?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is medication administered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the medication expired?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission forms from parents signed and dated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAFFING & SUPERVISION

	C	N	
Staff observed were qualified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Training hours up to date? 63-13-825	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is the provider over capacity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Number of children observed:	4		

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:  Date: **10/5/2023**

Division of Early Care and Education
Deficiency Correction

NAME OF PROVIDER/OPERATOR Alexis Collier
PERMIT # 24195

Deficiency Cited	Corrective Action Needed	Expected Date of Correction
Provider lacks 5.50hrs for 2023 renewal study. Emergency sub lacks 4.50hrs for 2023 renewal	Operator and Emergency person must complete training hours annually.	10/20/2023
Provider listed phone number disconnected.	Working listed telephone number must be available to parents.	10/20/2023
Provider and Emergency sub central registry DSS 2924 form not submitted at time of renewal	Central registry check should be requested by operator at time of renewal.	COB
Original or Renewal registration DSS 2922 form page 2 not submitted at time of renewal.	Completed DSS 2902 should be submitted to department at renewal times.	10/16/2023
Consumer parent statement DSS 2909 form section II for new enrollee incomplete.	DSS 2909 section II should be signed/dated by parent and submitted to the dept. A new form must be completed annually.	10/16/2023

Providers/Operators are required by regulations and statutes to be in compliance at all time.

Licensing Specialist  **Date** 10/10/2023