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

perator Name: Patricia Harrison		Date of Inspection: 21	27/21	Time of Inspection	n: <u>ԼՄ</u>	<u>0</u> 3am
ermit #: 23752	Type of Inspection: Renewal	□ Follow Up (orig	jinal inspect	tion date	_)	
.ddress: 270 Plantation Drive ORANGI	EBURG, SC 29118	Hour	s of Operati	ion: 24 hours M-F		
elephone #: 803-662-9725	Any changes in contact info (Pho	ne/Email/Fax)? Yes	ø No	Overnight Care?	≰ Yes	□ No
hange in address? □ Yes ø No	Zoning restrictions ☐ Yes ☑ No	<u> </u>	-		<u> </u>	
otal Capacity: 6	Items to be posted: 🗩 Registration					_
erify the following: Verified Liability Insu	rance 63-13-210 a Yes a No If no	o, verify signed statements	s from paren	its. pf Yes □ No		

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)					
	С	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)					
Living room (no excessive clutter, etc.)					
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)	2				
Cribs meet CPSC requirements					
Bathrooms (no visible mold, etc.)					
Garage/Shed (secured if harmful items inside)			ø		
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)					
Multiple floor levels?			□ Yes 🗷 No		
No suffocation /Poisonous hazardous materials around the house	ø	0			
No major structural damages (Holes in floors or walls, etc.)	P				
Pets/Animals? ☐ Yes No Up to date vaccination records?			Ø		
Smoke Detectors/Fire Extinguishers? If not, TA provided TYPES INO	8				
Any serious injuries requiring medical attention?			□ Yes 🗷 No		
Any fatalities?			□ Yes ⊿ No		
DOCUMENTATION					
	С	N	N/A		
DSS 2909 completed for all enrolled children?					
Emergency Preparedness Plan?			0		
Emergency reparted to the control of	2				
Is medication administered? ☐ Yes No If yes, is the medication expired?			7		
		0	7		
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Is medication administered? Yes No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? Yes No STAFFING & SUPERVISION	0 0 C	O N	7		
Is medication administered?	C 8	0 0 N	1		
Is medication administered?	C 8	N .	1		
Is medication administered? Yes No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? Yes No STAFFING & SUPERVISION Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity?	C	N .	1		

<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.

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

Signature of Child Care Licensing Specialist: Holly Hutchinson | | Man Date: 5127/2021