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

| Permit #: 25310 | Type of Inspection: Renewal | Date of Inspection:Follow Up (orig | 6 22 ginal inspe | _ Time of Inspection: <u>10: 35</u> ction date) | _ |
|--|---|------------------------------------|---------------------|--|---|
| Address: 35 Royal Hill Lane WINNSBC | | Hour | rs of Opera | ation: | |
| Telephone #: 803-635-2408 Change in address? Yes A | Any changes in contact info (Pho Zoning restrictions - Yes 15-70) | one/Email/Fax)? Yes | o⊳No | Overnight Care? □ Yes 🛂 No | |
| Total Capacity: 6 Verify the following: Verified Liability Inst | Items to be posted: Registration | | s from pare | ents. Le Yes D No | _ |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY) | Summer of the | | |
|--|---------------|-------------|----------|
| | C | N | N// |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) | 12 | | |
| Living room (no excessive clutter, etc.) | 6 | | |
| Bedrooms (no children unsupervised, guns or drugs, etc) | D' | 0 | |
| Sleep Arrangements (no Pack-N-Plays) | 4 | | |
| Cribs meet CPSC requirements | 0 | | |
| Bathrooms (no visible mold, etc.) | 1 | п | |
| Garage/Shed (secured if harmful items inside) | B | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | 0 | | |
| Multiple floor levels? | | □ Yes tz No | |
| No suffocation / Poisonous hazardous materials around the house | 10 | | <u> </u> |
| No major structural damages (Holes in floors or walls, etc.) | 1 | 0 | 0 |
| Pets/Animals? ☐ Yes ☑ No Up to date vaccination records? | | - | ь |
| Smoke Detectors/Fire Extinguishers? If not, TA provided □Yes □ No | b | | |
| Any serious injuries requiring medical attention? | | Yes d | √No |
| ny fatalities? | | □ Yes ta No | |
| DOCUMENTATION | | | |
| | C | Ň | N/A |
| DSS 2909 completed for all enrolled children? | 12 | | |
| Emergency Preparedness Plan? | | | |
| Is medication administered? Yes You lifyes, is the medication expired? | | | |
| Permission forms from parents signed and dated? | | | b |
| Field Trips? If yes, signed parental permissions forms? Yes D No | | | |
| STAFFING & SUPERVISION | 1 | | (6) |
| | C | N | |
| Staff observed were qualified? | 1 | | |
| Training hours up-to-date? 63-13-825 | | | |
| Is provider over capacity? | | □ Yes ₺ | Mo |
| Number of children observed: | | | INU |

<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 Director/Operator/Designee: (no signature required due to virtual inspection completed). Signature of Child Care Licensing Specialist. ** ** ** ** ** ** ** ** ** ** ** ** ** | 106 | 122 |
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