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: Pamala W Mercer Permit #: 23688 | Type of Inspection: Renewal | Date of Inspection: 2 | Time of Inspection: | 10an |
|---|--|----------------------------|---------------------|-----------|
| Address: 7425 Patricia Drive COLUME Telephone #: 803-403-4428 Change in address? Yes No Total Capacity: 5 Verify the following: Verified Liability Ins | Any changes in contact info (Phe Zoning restrictions of Personal Property Contact of P | one/Email/Fax)? □ Yes □ No | | Yes Le No |

| itichen (sharp objects, cleaning supplies, etc. inaccessible to children) iving room (no excessive clutter, etc.) idedrooms (no children unsupervised, guns or drugs, etc) ideep Arrangements (no Pack-N-Plays) iribs meet CPSC requirements ideathrooms (no visible mold, etc.) idearage/Shed (secured if harmful items inside) idearage/Shed (secured if harmful items insid | | , N | N/. |
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| dedrooms (no children unsupervised, guns or drugs, etc) leep Arrangements (no Pack-N-Plays) cribs meet CPSC requirements lathrooms (no visible mold, etc.) diarage/Shed (secured if harmful items inside) Dutside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) Multiple floor levels? lo suffocation /Poisonous hazardous materials around the house lo major structural damages (Holes in floors or walls, etc.) ets/Animals? □ Yes ② No Up to date vaccination records? moke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No any serious injuries requiring medical attention? any fatalities? DOCUMENTATION DOCUMENTATION DOSS 2909 completed for all enrolled children? mergency Preparedness Plan? semedication administered? □ Yes □ No If yes, is the medication expired? etermission forms from parents signed and dated? | w/ | | |
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| DOCUMENTATION DOCUMENTATION DOSS 2909 completed for all enrolled children? mergency Preparedness Plan? medication administered? Permission forms from parents signed and dated? | 7 | | , [|
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| ield Trips? If yes, signed parental permissions forms? IT yes IT No. | | | |
| Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No | | | |
| STAFFING & SUPERVISION | 1 | | |
| | 0 | 4.44 | |
| taff observed were qualified? | C | N | |
| raining hours up-to-date? 63-13-825 | 1-12/ | | |
| s provider over capacity? | <u>e</u> | | / |
| lumber of children observed: | | Yes 🗷 | No |

<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: | 4 | 23 |
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