## 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: Sheilah P Carlander<br>Permit #: 7924   | Type of Inspection: ⊯Renewal                                     | Date of Inspection: 2   Follow Up (orig | 8 23<br>ginal inspec | Time of Inspection:                          | 0/2am       |
|--|--|---|----------------------|--|-------------|
| on real filt and ress in the state of the st | Any changes in contact info (Ph<br>Zoning restrictions - Yes DNo | ione/Email/Fax)? □ Yes                  | rs of Operat<br>□ No | ion: M-F7:30a-5:30p<br>Overnight Care? 🛛 Yes | <b>₽</b> No |
| Total Capacity: 6<br>Verify the following: Verified Liability Ins  | Items to be posted:  | ı<br>no, verify signed statement        | ts from parer        | nts. □ Yes □ No                              |             |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY)  |                |                            |                |  |  |
|---|----------------|----------------------------|----------------|--|--|
|   | С.             | N                          | N/A            |  |  |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)                                 | b'.            | _ <del>''</del>            | ———            |  |  |
| Living room (no excessive clutter, etc.)  |                |                            |                |  |  |
| Bedrooms (no children unsupervised, guns or drugs, etc)   |                |                            |                |  |  |
| Sleep Arrangements (no Pack-N-Plays)  |                |                            |                |  |  |
| Cribs meet CPSC requirements  | 62 / _<br>12 . | 0                          |                |  |  |
| Bathrooms (no visible mold, etc.)   | E.             |                            | <del>-</del>   |  |  |
| Garage/Shed (secured if harmful items inside)   | <u> </u>       |                            |                |  |  |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)                    | E P            |                            |                |  |  |
| Multiple floor levels?  |                | Yes 🗆                      | No             |  |  |
| No suffocation / Poisonous hazardous materials around the house   | 4              |                            |                |  |  |
| No major structural damages (Holes in floors or walls, etc.)  | 4/             |                            |                |  |  |
| Pets/Animals?   Yes □ No Up to date vaccination records?  | - 4/           | _                          |                |  |  |
| Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No  | 70             |                            |                |  |  |
| Any serious injuries requiring medical attention?   |                |                            |                |  |  |
| Any fatalities?   |                | □ Yes no No<br>□ Yes no No |                |  |  |
| DOCUMENTATION   |                | ico il                     | 110            |  |  |
|   | C              | N                          | NIZA           |  |  |
| DSS 2909 completed for all enrolled children?   |                |                            | N/A            |  |  |
| Emergency Preparedness Plan?  |                |                            |                |  |  |
| 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  |                |                            | D/             |  |  |
| STAFFING & SUPERVISION  |                |                            | D/             |  |  |
|   | 0              |                            |                |  |  |
| Staff observed were qualified?  | -C             | N                          |                |  |  |
| Training hours up-to-date? 63-13-825  | ₩<br>V         |                            |                |  |  |
| Is provider over capacity?  |                |                            | <del>/</del> _ |  |  |
| Number of children observed:  |                |                            | □ Yes 10/No    |  |  |
|   |                | <del>J</del> _             |                |  |  |
| C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit | 13-11-0        | - Ingan                    | Nievos         |  |  |

<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: _  | 8/7 | • | 2 | 8 | 23 |  |  |  |  |