

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: Janie Morrison  
Permit #: 24743

Type of Inspection:  Renewal  Follow Up (original inspection date \_\_\_\_\_)  
Date of Inspection: 4/11/23 Time of Inspection: 10am

Address: 333 Anchor Bend Drive CHAPIN, SC 29036 Hours of Operation: M-F7:00a-4:30p  
Telephone #: 803-413-4941 Any changes in contact info (Phone/Email/Fax)?  Yes  No Overnight Care?  Yes  No  
Change in address?  Yes  No Zoning restrictions?  Yes  No  
Total Capacity: 5 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 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No                   | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/>  | <input type="checkbox"/> |                                     |
| Is provider over capacity?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          |                          |                                     |
| Number of children observed:   | <u>3</u>   |                          |                                     |
| Summary  |  |                          |                                     |
| C = Compliant with Regulation - N = Noncompliant with Regulation   | No violations noted at the time of visit <input checked="" type="checkbox"/> |                          |                                     |

**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: [Signature] Date: 4/11/23