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

Signature of Child Care Licensing Specialist:

perator Name: Essie F Deese ermit #: 23305	Type of inspection:	Date of Inspection: 10.17.	73 Time of Inspection date	tion: _(<u>lo:c</u>	Sa
		a remote op fortgingt	mapection date	/		
ddress: 856 Kneece Mill Rd. BATE elephone #: 803-295-2550 hange in address? 🏿 Yes 🗹 No	Any changes in contact info (Pho	Hours of 0 one/Email/Fax)? □ Yes └□ K	Operation: M-F6:30a-5 Overnight Care		<u>۔</u>	Мо
otal Capacity: 6	Items to be posted: Registration					
erify the following: Verified Liability	nsurance 63-13-210 - Yes No If n	O verify signed statements from	n noroniaWaa Na			
		o, verily signed statements from	n pareille er tes 🗆 No			
	HOME INSPECTION (HEALTH, SAN	HTATION & CAFETY				
	Power was certain (HEACTH, SAN	ITTATION, & SAFETY	NAMES OF TAXABLE PARTY.			
Kitchen (sharp objects close	ing supplies at a least the same of the sa			·C	N	N/A
Living room (no excessive cl	ning supplies, etc. inaccessible to chi	idren)		0/		
Living room (no excessive clutter, etc.) Bedrooms (no children unsupervised, guns or drugs, etc)			0/		0	
Sleep Arrangements (no Pack-N-Plays)						
				1		
	Cribs meet CPSC requirements				0	ig/
Bathrooms (no visible mold, etc.)			8	0		
Garage/Shed (secured if harmful items inside)			-D/			
Outside/Playground (sharp e	edges, rusty points, fence if ditches,	accessible to street)		2		
Multiple floor levels?				□ Yes □ No		
No suffocation /Poisonous hazardous materials around the house				न्द्र	0	
No major structural damage	s (Holes in floors or walls, etc.)			3		
Pets/Animals? ☐ Yes ☑ N		rds?	V 25 25		0	<u></u>
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No				<u> </u>	0	
Any serious injuries requiring medical attention?				□ Yes vz/No		
Any fatalities?				□ Yes ver No		
	DOCUMENTATIO	N			10342	140
				С	N	N/A
DSS 2909 completed for all	enrolled children?		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1			
Emergency Preparedness Plan?			. 190	18		
Is medication administered?	Is medication administered? Yes No If yes, is the medication expired?			<u> </u>		
	Permission forms from parents signed and dated?					42
Field Trips? If yes, signed pa	Field Trips? If yes, signed parental permissions forms? Yes No			17		
	STAFFING & SUPERV	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW				
				4		
Staff observed were qualified	42			С	N	
Training hours up-to-date? 6				9/		
Is provider over capacity?	3-13-623					
Number of children observed:			□ Yes □ No			
Homber of children observer	ul.					
The second of th			/_			
C = Compliant with Regulation	N = Noncompliant with Regulation	No violations noted at the time	of visit 🗆			
					_	
0						
<u>Supervision</u> : Care provided to an inc	dividual child or group of children. Adequat	te supervision requires awareness	of and responsibility for the	e ongoin	g activity	y of each
and having ready access to children i	zula anu Chiluren s needs and acconnrahii:	ty for their care. Adequate supervis	sion also requires the opera	itor and/	or staff	being nea
						201, 150
Signature of Director/Operator/E	Designee: (no signature required due to	o virtual inspection completed)				

Date: 10-17-23