

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: Lisa Nelson
Permit #: 25346

Date of Inspection: 9/18/23 Time of Inspection: 11:00
Type of Inspection: **Renewal** **Follow Up (original inspection date _____)**

Address: 196 Glencrest Drive GASTON, SC 29053

Telephone #: 347-348-5692

Change in address? Yes No

Total Capacity: 6

Verify the following: Verified Liability Insurance 63-13-210 Yes No If no, verify signed statements from parents. Yes No

Hours of Operation: _____

Any changes in contact info (Phone/Email/Fax)? Yes No

Zoning restrictions Yes No

Items to be posted: Registration

Overnight Care? Yes No

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)

	C	N	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No suffocation /Poisonous hazardous materials around the house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/>
Any serious injuries requiring medical attention?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any fatalities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DOCUMENTATION

	C	N	N/A
DSS 2909 completed for all enrolled children?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Permission forms from parents signed and dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Field Trips? If yes, signed parental permissions forms? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

STAFFING & SUPERVISION

	C	N	N/A
Staff observed were qualified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training hours up-to-date? 63-13-825	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is provider over capacity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Number of children observed:	<u>0</u>		

C = Compliant with Regulation - N = Noncompliant with Regulation **No violations noted at the time of visit**

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: 9/18/23