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: | Tayronnia Oree Type of Inspection: ### Renewal | Date of Inspection: <u>09</u> - | 21-21 Time of Inspecti | on: 2:3000 | |
|---|--|---------------------------------|----------------------------|---------------|--|
| Permit #: 23423 | Type of inspection: dRenewal | □ Follow Up (origin | nal inspection date |) | |
| | *** | | 3000 · 00 · 00 3000 | , | |
| Address: 15 Trillium Court ELGIN, SC 2 | 29045 | Hours | of Operation: 7 days6:00a- | -8:00p | |
| Telephone #: 803-397-7527 | Any changes in contact info (Pho | one/Email/Fax)? Yes | | ? □ Yes ₽/No | |
| Change in address? □ Yes p/No | Zoning restrictions a Ves. a No _ | | | living in the | |
| Total Capacity: 6 | Items to be posted: Registration | home. | | 0 | |
| Verify the following: Verified Liability Insurance 63-13-210 Pes and If no, verify signed statements from parents, of Yes Rolling | | | | | |

| FIOME INSPECTION (HEALTH, SANITATION, & SAFETY) | | | (3))/v |
|---|------------|----------|----------|
| | C | N | N/A |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) | | | |
| Living room (no excessive clutter, etc.) | D/ | æ | 0 |
| Bedrooms (no children unsupervised, guns or drugs, etc) | D | 0 | 0 |
| Sleep Arrangements (no Pack-N-Plays) | 130 | 70 | |
| Cribs meet CPSC requirements | 0 | 10 | 0 |
| Bathrooms (no visible mold, etc.) | P/ | 6 | |
| Garage/Shed (secured if harmful items inside) | | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | 9 | D | 0 |
| Multiple floor levels? | | | No |
| No suffocation /Poisonous hazardous materials around the house | B | | 0 |
| No major structural damages (Holes in floors or walls, etc.) | В | | 0 |
| Pets/Animals? ☐ Yes | 0 | -0 | 10 |
| Smoke Detectors/Fire Extinguishers? If not, TA provided | 9/ | 0 | B |
| Any serious injuries requiring medical attention? | 0 | Yes p | No. |
| Any fatalities? | | Yes p | 10 |
| DOCUMENTATION | | | |
| | C | N | N/A |
| DSS 2909 completed for all enrolled children? | | | |
| Emergency Preparedness Plan? | | | - |
| Is medication administered? Yes No If yes, is the medication expired? | | | 5 |
| Permission forms from parents signed and dated? | | | - |
| Field Trips? If yes, signed parental permissions forms? Yes No | <i>B</i> / | <u> </u> | <u>-</u> |
| STAFFING & SUPERVISION | | | |
| | C | A | |
| Staff observed were qualified? | 1 | - | 1 |
| Training hours up-to-date? 63-13-825 | | | 1 / |
| Is provider over capacity? | | | INC |
| Number of children observed: | | | |
| | 1 | · | |
| C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit | 7 | | |

<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 regulfred due to yirtual inspection completed) | |
|---|---------|
| | |
| Signature of Child Care Licensing Specialist: | 4-28-71 |
| Date: | |