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

Perator Name: Michelle Barnhill Permit #: 25134	Type of Inspection: Renewal	□ Follow Up (original insp		
.ddress: 701 Glen Eagle Circle IRMO, elephone #: 803-603-9226	Any changes in contact info (Pho	Hours of Operation: M-F 6:30a-6:30p none/Email/Fax)? □ Yes d Overnight Care? □ Yes		
hange in address? • Yes • Yoo otal Capacity: 5	Zoning restrictions of es ONO Items to be posted: The Registration	-		
erify the following: Verified Liability Insu	urance 63-13-210	o, verify signed statements from pa	rents. Yes D No	

DOCUMENTATION C SS 2909 completed for all enrolled children? mergency Preparedness Plan? medication administered? Yes No If yes, is the medication expired? ermission forms from parents signed and dated? eld Trips? If yes, signed parental permissions forms? Yes No STAFFING & SUPERVISION C aff observed were qualified? anining hours up-to-date? 63-13-825 provider over capacity?		11	
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provider over capacity?	N		
provider over capacity?		1	
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Number of children observed:		4	
		Yes P	

<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:	1	. /	1
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Signature of Child Care Licensing Specialist:	ate: 🏒	0/9	4024