

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: Janice Singletary  
Permit #: 9435

Date of Inspection: 8-24-2020 Time of Inspection: 1:00PM  
 Follow Up (original inspection date 7-29-2020)

Address: 520 West Independence Avenue Lake City, SC 29560

Hours of Operation: MTuWThFSa, 6:00a-8:00

Telephone #: (843) 374-7879

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: 6

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Living room (no excessive clutter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bedrooms (no children unsupervised, guns or drugs, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sleep Arrangements (no Pack-N-Plays)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cribs meet CPSC requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathrooms (no visible mold, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Garage/Shed (secured if harmful items inside)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Multiple floor levels?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
No suffocation /Poisonous hazardous materials around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No major structural damages (Holes in floors or walls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pets/Animals? <input type="checkbox"/> Yes <input type="checkbox"/> No Up to date vaccination records?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Smoke Detectors/Fire Extinguishers? if not, TA provided <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Preparedness Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is medication administered? <input type="checkbox"/> Yes <input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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>2</u>		
<b>C = Compliant with Regulation - N = Noncompliant with Regulation</b>			
<b>No violations noted at the time of visit <input checked="" type="checkbox"/></b>			

**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 Operator/Emergency Person: \_\_\_\_\_ Date: \_\_\_\_\_  Refused to sign

Signature of Child Care Licensing Specialist: Sharon Bushman Date: 8/24/2020