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

erator Name: Donna Henderson Hawkins mit #: 9414 Type of Inspection: Rénewal Date of Inspection: 5120 202\ Time of Inspection date_)	W	<u>AM</u>
Any changes in contact info (Phone/Email/Fax)? Per Vo Overnight ange in address? Yes Vo Items to be posted: Registration Per Volume Info (Phone/Email/Fax)? Yes Volume Items to be posted: Registration Per Volume Items to be posted: Yes Volume Items to be posted: Yes Volume Items to be posted: Yes Volume Items It	t Care? □ Ye	es ₽4 ———	16
146		RES.	
HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	С	N	N/A
	CONTROL OF THE PERSON NAMED IN		¥
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)	₩ .		
Living room (no excessive clutter, etc.)			
Bedrooms (no children unsupervised, guns or drugs, etc)			
Sleep Arrangements (no Pack-N-Plays)			
Cribs meet CPSC requirements	D/		
Bathrooms (no visible mold, etc.)	□,	0	
Garage/Shed (secured if harmful items inside)	Ø	□	
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)	14		
Multiple floor levels?		□ Yes ☑ No	
No suffocation /Poisonous hazardous materials around the house	■ 🕏		
No major structural damages (Holes in floors or walls, etc.)	√		□
Pets/Animals? Yes Yo Up to date vaccination records?	0		4
Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No			<u> </u>
Any serious injuries requiring medical attention?		Yes t	_
Any fatalities?	C	Yes a	√No
DOCUMENTATION	The Course	Section 1	RATE SEL
The second section is the second seco	C	N	N/A
DSS 2909 completed for all enrolled children?	D /		
Emergency Preparedness Plan? Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?			D/
Permission forms from parents signed and dated?			R
Field Trips? If yes, signed parental permissions forms? Yes No		0	ا ا
STAFFING & SUPERVISION			
STATING & SOLENOSION	C	N	
	0/	1 -	7
Staff observed were qualified?	9/	/ 	7
Training hours up-to-date? 63-13-825		□ Yes	D-No
Is provider over capacity?			
Number of children observed: 4			
		PAPE AW	W.C. MCG. of Core Co.
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit 1		Sile of the	State Tal
Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsit child, knowledge of activity requirements and children's needs and accountability for their care. Adequate supervision also requires 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). Date: 5 2 6		oing acti ind/or sta	ivity of each aff being nea
Signature of Child Care Licensing Specialist Juliu Mole Date: 5 20	1		