## 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

| Name: Amber Ridenhour<br>#: 24926   | Type of Inspection: Date o | 1 |
|---|--|---|
| ress: 409 Misty Glen Circle IRMC<br>elephone #: 803-467-4535<br>Change in address? □ Yes □ No | Any changes in contact info (Phone/Email/Fax)?   Yes No Overnight Care?  Yes No Zoning restrictions Yes No   |   |
| otal Capacity: 5<br>Perify the following: Verified Liability In                               | Items to be posted: ***Pregistration surance 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)  |   |            |     |
| Living room (no excessive clutter, etc.)   |   |            |     |
| Bedrooms (no children unsupervised, guns or drugs, etc)  |   |            |     |
| Sleep Arrangements (no Pack-N-Plays)   |   |            |     |
| Cribs meet CPSC requirements   |   |            | -   |
| Bathrooms (no visible mold, etc.)  |   |            | -   |
| Garage/Shed (secured if harmful items inside)  |   |            | _   |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)   | 0 | 0          | -   |
| Multiple floor levels?   |   |            | No  |
| No suffocation /Poisonous hazardous materials around the house   |   |            |     |
| No major structural damages (Holes in floors or walls, etc.)   |   |            |     |
| Pets/Animals? Tyres  No Up to date vaccination records?  |   |            |     |
| Smoke Detectors/Fire Extinguishers? If not, TA provided  |   |            | - п |
| Any serious injuries requiring medical attention?  |   |            |     |
| Any fatalities?  |   | □ Yes ☑-No |     |
| DOCUMENTATION  |   | 103 /      | NVO |
|  | C | N          | AUA |
| DSS 2909 completed for all enrolled children?  |   |            | N/A |
| Emergency Preparedness Plan?   |   |            | 0   |
| Is medication administered?  Yes No If yes, is the medication expired?   |   |            | 0   |
| Permission forms from parents signed and dated?  |   |            | 0   |
| Field Trips? If yes, signed parental permissions forms?   Yes No   |   |            | 0   |
| STAFFING & SUPERVISION   | 2 | _\         |     |
| STATE OF STA | С | N          |     |
| Stoff phoemed were qualified?  |   |            |     |
| Staff observed were qualified?   |   |            |     |
| Training hours up-to-date? 63-13-825   |   |            |     |
| Is provider over capacity?  Number of children observed:   |   |            | No_ |
| idinael of children observed:  |   |            |     |

<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 inspec | tion completed |
|---|----------------|
|---|----------------|

Signature of Child Care Licensing Specialist:

Date: 6/24/201