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: Marion Tillman Joyce Permit #: 9770	Type of Inspection: MRenewal	Date of Inspection: 9/	/ <u> 4/2 </u> vinal inspecti	Time of Inspection	n; <u>//</u>	000	m
Citility, 3770	Type of moperation. Extenemal	a rollow ob folig	Jiliai ilispecti	on date			
Address: 8452 Walsham Street NORTH	CHARLESTON, SC 29420	Hour	rs of Operation	on: M-F7:00a-5:30	Эp	,	
Telephone #: 843-452-5619 Change in address? Yes No Total Capacity: 6 Verify the following: Verified Liability Insu	I CHARLESTON, SC 29420 Any changes in contact info (Pr Zoning restrictions Pes No _ Items to be posted: Registration rance 63-13-210 Pes No If r	<u> </u>		-	Yes	d/l	<u> </u>
но	ME INSPECTION (HEALTH, SAI	NITATION, & SAFETY)				.032	4 7
					C	N	N/A

HOME INSPECTION (HEALTH, SANITATION, & SAFETY)	314 X80 320 3				
	C	N	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)					
Living room (no excessive clutter, etc.)	52				
Bedrooms (no children unsupervised, guns or drugs, etc)					
Sleep Arrangements (no Pack-N-Plays)			0		
Cribs meet CPSC requirements					
Bathrooms (no visible mold, etc.)			a		
Garage/Shed (secured if harmful items inside)	e				
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)					
Multiple floor levels?	E E	r Yes □ No			
No suffocation /Poisonous hazardous materials around the house	Ø,				
No major structural damages (Holes in floors or walls, etc.)					
Pets/Animals? ☐ Yes ☑ No Up to date vaccination records?			12		
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No	□				
Any serious injuries requiring medical attention?		□ Yes nz No			
Any fatalities?		□ Yes to No			
DOCUMENTATION			1919		
	C	N	N/A		
DSS 2909 completed for all enrolled children?			12		
Emergency Preparedness Plan?	NS.				
Is medication administered? ☐ Yes ☐ No If yes, is the medication expired?			<u>u</u>		
Permission forms from parents signed and dated?			₫		
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No			55		
STAFFING & SUPERVISION	BUMEN DECEM	PARTY.	DIVE		
	C	N			
Staff observed were qualified?			1		
Training hours up-to-date? 63-13-825			/		
Is provider over capacity?		□ Yes ☑ No			
Number of children observed:					
C = Contribute with Description Al = Non-contribute with Description Al = defend with Description Al =					
C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit I					

<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 si	gnature required o	due to virtual inspecti	on completed)
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Signature of Child Care Licensing Specialist:	1 La	/ ~ U	Date: G/14/2