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

Detection Name: Denise Palmer Time of Inspection: Delection (Inspection: Delection (Inspection (Inspection: Delection (Inspection	Name - Davis - Dalman		Date of Inspection: 10	4/11	Time of Incocat	ion:	100	ř.
ddress: 14 Peanut Lane SAINT HELENA ISLAND, SC 29920 Hours of Deparation: M-F6-00a-5:3Op elephone #: 843-384-8302/ Any changes in contact into (Phone/Email/Fax)? □ Yes No Overright Care? □ Yes No Overright Care? □ Yes No Island Capaby? Any changes in address? □ Yes No Island Capaby? Any changes in contact into (Phone/Email/Fax)? □ Yes No Overright Care? □ Yes No Island Capaby? Any Carbing residence □ Yes □ No Island Capaby? HOME INSPECTION (HEALTH, SANITATION, & SAFETY) 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-Pays) Chis meet CPSC requirements Bathrooms (no visible mold, etc.) Garage/Shad (secured if harmful Items inside) Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) No suffocation /Poisonous hazardous materials around the house No major structural damages (holes in floors or walls, etc.) Pets/Animats/ □ Yes No Up to date vaccination records? Snote Detectory/Fire Extinguishers? If not, 12 provided □ Yes □ No Any serious injuries requiring medical attention? Any fatalities? OCCUMENTATION C N N/A Staff Observed were qualified? Training hours up-to-date? 63-33-325 Is provider over capacity? No vidence of a date of the moled children? Emergency Preparedness Plan? Is medication administered? □ Yes No Up to date vaccination records? Field Trips? If yes, signed parental permissions forms? □ Yes □ No STAFFING & SUPERVISION C N N/A Supervision: Care provided to an individual child or group of children. Adequate supervision requires awareness of and responsibility for the ongoing achily of each child. Noveledge of activity requirements and children needs and accountability for their care. Adequate supervision also requires to operator and/or staff bring near and howing ready access to children in order to inherence when needed. Signature of Director/Operator/Designee:	perator Name: Denise Palmer ermit #: 23293	Type of Inspection: ØRenewal	Follow Up (orig	inal inspec)		
Any changes in contact info (PhonelEmailFax)? □ Yes ■No Overnight Care? □ Yes ■No hate Capearly ? □ Yes ■No hate Capearly ? □ Yes ■No lems to be posted: □ Registration entry to the following: Verified Liability Insurance 63-13-210 □ Yes ■No If no, verify signed statements from parents. □ Yes □ No If No.				•				
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