South Carolina Department of Social Services Office of Child Care Licensing

VIRTUAL INSPECTION VISIT FOR REGISTERED FAMILYCHILD CARE HOMES DUE TO THE COVID19 EMERGENCY

| Operator Name: Pearlene Flowers Prie Permit #: 4339 | to Date of Inspection: 3 17 22 Time of Inspection: 10:00am - 10:20am Type of Inspection: □ Follow Up (original inspection date) |
|---|--|
| Change in address? ☐ Yes ☑ No | Any changes in contact info (Phone/Email/Fax)? Yes No Overnight Care? Yes No Zoning restrictions Yes No |
| Total Capacity: 6 Verify the following: Verified Liability Insu | Items to be posted: Registration Irance 63-13-210 □ Yes No Ifno, verify signed statements from parents Yes □ No |

| 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 i tems inside) Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) Multiple floor levels? No suffocation/Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets/Animals? I yes on o Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided I yes I No Any serious injuries requiring medical attention? DOCUMENTATION C N N DSS 2909 completed for all enrolled children? Emergency Preparedness Plan? Is medication administered? I yes I No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? I yes I No STAFFING & SUPERVISION Staff observed were qualified? Training hours up-to-date? 63-13-825 | HOME INSPECTION (HEALTH, SANITATION, & SAFETY) | | | | |
|--|--|----|------------|-----------|--|
| Living room (no excessive clutter, etc.) Bedrooms (no children unsupervised, guns or drugs, etc) Sleep Arrangements (no Pack-N-Plays) Bathrooms (no visible mold, etc.) Garage/Shed (secured if harmful items inside) Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) Multiple floor levels? No suffocation/Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets/Animals? □ Yes □ No □ Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No Any serious injuries requiring medical attention? DOCUMENTATION C N N DSS 2909 completed for all enrolled children? Emergency Preparedness Plan? Is medication administered? □ Yes □ No □ If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes □ No STAFFING & SUPERVISION C N Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? □ Yes □ No □ Yes □ No □ Yes □ No Staff observed were qualified? □ □ Yes □ No Staff observed were qualified? □ □ Yes □ No Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? | | C | N | N/A | |
| Bedrooms (no children unsupervised, guns or drugs, etc) Sleep Arrangements (no Pack-N-Plays) Cribs meet CPSC requirements Bathrooms (no visible mold, etc.) Bathrooms (no visible mold, etc.) Bathrooms (no visible mold, etc.) Garage/Shed (secured if harmful i tems inside) Outside/Playground (sharpe dges, rusty points, fence if ditches, accessible to street) Multiple floor levels? No suffocation/Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets/Animals? □ Yes □ No □ Up to date vaccination records? Bathrooms (Holes in floors or walls, etc.) Pets/Animals? □ Yes □ No □ Up to date vaccination records? Bathrooms (Holes in floors or walls, etc.) Pets/Animals? □ Yes □ No □ Up to date vaccination records? Bathrooms (Holes in floors or walls, etc.) Pets/Animals? □ Yes □ No □ Up to date vaccination records? Bathrooms (Holes in floors or walls, etc.) Pets/Animals? □ Yes □ No □ Up to date vaccination records? Bathrooms (Holes in floors or walls, etc.) Documentation? C N N/ DSS 2909 completed for all enrolled children? Bathrooms (Holes in floors or walls, etc.) Documentation C N N/ Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? □ Yes □ No □ Yes | | 1 | 0 | | |
| Sleep Arrangements (no Pack-N-Plays) Cribs meet CPSC requirements Bathrooms (no visible mold, etc.) Garage/Shed (secured if harmful items inside) Outside/Playground (sharpedges, rusty points, fence if ditches, accessible to street) Multiple floor levels? Multiple floor levels? No suffocation/Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets/Animals? □ Yes □ No Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No Any serious injuries requiring medical attention? Any fata lities? DOCUMENTATION C N N DSS 2909 completed for all enrolled children? Emergency Preparedness Plan? Is medication administered? □ Yes □ No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes □ No Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? □ Yes □ No □ Yes □ No Staff observed were qualified? □ □ Yes □ No Frequency Preparedness forms? □ Yes □ No Staff observed were qualified? □ □ Yes □ No Staff observed were qualified? □ □ Yes □ No Staff observed were qualified? □ □ Yes □ No Frequency Preparedness forms □ Yes □ No Staff observed were qualified? □ □ Yes □ No Staff observed were qualified? □ □ Yes □ No Frequency Preparedness forms □ Yes □ No Staff observed were qualified? □ □ Yes □ No Staff observed were qualified? □ □ Yes □ No Frequency Preparedness forms □ Yes □ No Staff observed were qualified? □ □ Yes □ No Frequency Preparedness forms □ Yes □ No Staff observed were qualified? □ □ Yes □ No Frequency Preparedness forms □ Yes □ No Fre | | V | | | |
| 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) Multiple floor levels? No suffocation / Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets/Animals? □ Yes □ No Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No Any seri ous injuries requiring medical attention? Any fata lities? DOCUMENTATION C N N DSS 2909 completed for all enrolled children? Emergency Preparedness Plan? Is medication administered? □ Yes □ No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes □ No Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? □ Yes □ No □ Yes □ No □ Yes □ No Staff observed were qualified? □ □ Yes □ No □ □ □ Yes □ No Staff observed were qualified? □ □ Yes □ No □ □ Yes □ No □ □ Yes □ No Staff observed were qualified? □ □ Yes □ No □ □ Yes □ No Staff observed were qualified? □ □ Yes □ No Training hours up-to-date? 63-13-825 □ □ Yes □ No □ □ Yes □ No | Be drooms (no children unsupervised, guns or drugs, etc) | | | | |
| Bathrooms (no visible mold, etc.) Garage/Shed (secured if harmful i tems inside) Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) Multiple floor levels? No suffocation / Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets/Animals? I Yes I Mo Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided I Yes I No Anys erious injuries requiring medical attention? Any fata lities? DOCUMENTATION C N N DSS 2909 completed for all enrolled children? Emergency Pre paredness Plan? Is medication administered? I Yes I No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? I Yes I No STAFFING & SUPERVISION Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? I yes Mo | Sleep Arrangements (no Pack-N-Plays) | | | | |
| Garage/Shed (secured if harmful i tems inside) Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) Multiple floor levels? No suffocation / Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets/Animals? | Cribs meet CPSC requirements | Ve | | | |
| Garage/Shed (secured if harmful items inside) Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) Multiple floor levels? No suffocation / Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets/Animals? □ Yes □ No Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No Any serious injuries requiring medical attention? Any fata lities? DOCUMENTATION C N N DSS 2909 completed for all enrolled children? Emergency Preparedness Plan? Is medication administered? □ Yes □ No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissionsforms? □ Yes □ No STAFFING & SUPERVISION C N Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? □ Yes □ No □ Yes □ No Staff observed were qualified? □ □ Yes □ No □ Yes □ No Staff observed over capacity? □ Yes □ No □ Yes □ No | Bathrooms (no visible mold, etc.) | 10 | 0 | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) Multiple floor levels? No suffocation / Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets / Animals? □ Yes □ √ 10 Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No Any serious injuries requiring medical attention? Any fata lities? DOCUMENTATION C N N DSS 2909 completed for all enrolled children? Emergency Preparedness Plan? Es medication administered? □ Yes □ No □ If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes □ No STAFFING & SUPERVISION C N Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? □ Yes □ √ 0 O Yes □ √ 0 O N | Garage/Shed (secured if harmful i tems inside) | | | | |
| Multiple floor levels? No suffocation/Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets/Animals? □ Yes □ No Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No Any serious injuries requiring medical attention? Any fata lities? DOCUMENTATION C N N DSS 2909 completed for all enrolled children? Emergency Prepared ness Plan? Es medication administered? □ Yes □ No If yes, is the medication expired? Permission forms from parents signed and dated? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes □ No STAFFING & SUPERVISION C N Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? □ Yes □ No □ □ □ Ves □ No □ □ | 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/Animals? □ Yes □ No Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No Any seri ous injuries requiring medical attention? Any fata lities? DOCUMENTATION C N N/ DSS 2909 completed for all enrolled children? Emergency Pre paredness Plan? Is medication administered? □ Yes □ No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes □ No STAFFING & SUPERVISION C N Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? □ Yes □ No □ □ □ Ves □ No | Multiple floor levels? | | □ Yes □ No | | |
| Pets/Animals? □ Yes □ No Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided □ Yes □ No Any serious injuries requiring medical attention? Any fatalities? DOCUMENTATION C N N/ DSS 2909 completed for all enrolled children? Emerge ncy Pre paredness Plan? Is medication administered? □ Yes □ No □ If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes □ No STAFFING & SUPERVISION C N Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? □ Yes □ No □ Yes □ No □ Yes □ No □ □ Yes □ No | No suffocation/Poisonous hazardous materials around the house | | | | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided | No major structural damages (Holes in floors or walls, etc.) | | | | |
| Any serious injuries requiring medical attention? Any fata lities? DOCUMENTATION C N N/ DSS 2909 completed for all enrolled children? Emergency Pre paredness Plan? Is medication administered? | Pets/Animals? □ Yes □ No Up to date vaccination records? | | | 10 | |
| Any fata lities? DOCUMENTATION C N N/ DSS 2909 completed for all enrolled children? Emergency Preparedness Plan? Is medication administered? | Smoke Detectors/Fire Extinguishers? If not, TA provided | W | | | |
| DOCUMENTATION C N N/ DSS 2909 completed for all enrolled children? Emergency Pre paredness Plan? Is medication administered? □ Yes □ No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes □ No □ □ □ STAFFING & SUPERVISION C N Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? | Any serious injuries requiring medical attention? | | Yes ₽ | No | |
| DOCUMENTATION C N N/ DSS 2909 completed for all enrolled children? Emergency Pre paredness Plan? Is me dication administered? | Any fata lities? | | Yes 🞵 | Mo | |
| DSS 2909 completed for all enrolled children? Emergency Pre paredness Plan? Is medication administered? Yes No If yes, is the medication expired? | DOCUMENTATION | | | | |
| Emergency Pre paredness Plan? Is medication administered? □ Yes □ No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? □ Yes □ No STAFFING & SUPERVISION C N Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? | | С | N | N/A | |
| Is medication administered? | DSS 2909 completed for all enrolled children? | | | | |
| Is medication administered? | | | | | |
| Field Trips? If yes, signed parental permissions forms? | Is medication administered? □ Yes □ No If yes, is the medication expired? | | | W | |
| STAFFING & SUPERVISION C N Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? | Permission forms from parents signed and dated? | | | V | |
| Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? C N Training hours up-to-date? 63-13-825 | Field Trips? If yes, signed parental permissions forms? □ Yes □ No | | | D | |
| Staff observed were qualified? Training hours up-to-date? 63-13-825 Is provider over capacity? | STAFFING & SUPERVISION | | | | |
| Training hours up-to-date? 63-13-825 Is provider over capacity? | | C | N | | |
| Training hours up-to-date? 63-13-825 Is provider over capacity? | Staff observed were qualified? | | | | |
| | | | VO | - | |
| Number of children observed: | Is provider over capacity? | | | □ Yes ►No | |
| | Number of children observed: | | 5 | | |
| | | | | | |

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 Director/Operator/Designee: (r | no signature required due to virtual inspection completed) |
|---|--|
|---|--|

| Signature of Child Care Licensing Specialist | A. | Smon | Date: | 31 | 117 | 2022 |
|--|----|------|-------|----|-----|------|
| 0 | | | | | 1 | 1 |