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: Frances Lowrance Permit #: 24012	Type of Inspection: Renewal	te of Inspection: 2/6	1 2022 ginal inspec	Time of Inspection date	tion: 9	.45/	<u>4m</u>
Address: 413 Maplewood Circle GREE	R, SC 29651	Hou	rs of Operati	on: M-F7:00a-4	.00p		
elephone #: 864-655-5898 Change in address?	Any changes in contact info (Phone Zoning restrictions of Yes, 1970)	/Email/Fax)? □ Yes	p ∕No	Overnight Care	∋? □ Ye	4.⊈n 2€	46
otal Capacity: 6 /erify the following: Verified Liability Ins	Items to be posted: Registration	erify signed statement	te from narer	its El Xes II No			
rently the following. Vehilled Elablity ins	urance 05-15-210 to 1es prio irito, v	snly signed statement	to from paren	13. 11/163 11 110			
				MITA SECTION	Services		O DE SE
HO HO	OME INSPECTION (HEALTH, SANITA	TION, & SAFETY)					
		NOT THE OWNER OF THE PERSON		STATE OF THE PARTY		NI I	N/A

HOME INSPECTION (HEALTH, SANIT	ration, & safety)					
		С	Ν	N/A		
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)						
Living room (no excessive clutter, etc.)			0			
Bedrooms (no children unsupervised, guns or drugs, etc)						
Sleep Arrangements (no Pack-N-Plays)						
Cribs meet CPSC requirements				0		
Bathrooms (no visible mold, etc.)				0		
Garage/Shed (secured if harmful items inside)						
Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)						
Multiple floor levels?		□ Yes op Mo				
No suffocation /Poisonous hazardous materials around the house						
No major structural damages (Holes in floors or walls, etc.)		Q.	0			
Pets/Animals? ☐ Yes ☑ No Up to date vaccination record	ds?			B		
Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Ye	s 🗇 No	E		0		
Any serious injuries requiring medical attention?			□ Yes nz/No			
Any fatalities?		□ Yes oo No				
DOCUMENTATION						
		С	N	N/A		
DSS 2909 completed for all enrolled children?						
Emergency Preparedness Plan?				0		
Is medication administered? ☐ Yes ☑ No If yes, is the medication expired?				P		
Permission forms from parents signed and dated?				D'		
Field Trips? If yes, signed parental permissions forms? ☐ Yes ☐ No				ď		
STAFFING & SUPERVIS	SION					
		C	N			
Staff observed were qualified?						
Training hours up-to-date? 63-13-825	Ø		1			
Is provider over capacity?				□ Yes □/No		
Number of children observed:						
0,1 = 4,15 0 - 1 - 7	<u> </u>					
C = Compliant with Regulation - N = Noncompliant with Regulation	No violations noted at the time of visit 1					

C = Compliant with Regulation - N = Noncompliant with Regulation	No violations noted at the time of visit TV
	ate supervision requires awareness of and responsibility for the ongoing activity of each lity for their care. Adequate supervision also requires the operator and/or staff being near
Signature of Director/Operator/Designee: (no signature required due	to virtual inspection completed)
Signature of Child Care Licensing Specialist:	na Date: 2/9/2022