## 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

rator Name: Ashley Campbell nit #: 24489	Type of Inspection: Renewal	Date of Inspection:	3   9   22 (original inspec	Time of Inspection	) ⊃u:	1:2	Der
ress: 210 Cherry St. BELTON, So phone #: 864-392-1000 nge in address? □ Yes v No	Any changes in contact info (Pho Zoning restrictions   Yes   No	ne/Email/Fax)? p Y	Hours of Operation: M-F7:00a-4:00p Email/Fax)? □ Yes ☑ No Overnight Care? □ Yes ☑ No				
l Capacity: 6 fy the following: Verified Liability In	Items to be posted:   Registration asurance 63-13-210   Yes  No If no	o, verify signed stater	nents from pare	nts. 🗷 Yes 🗆 No			
	HOME INSPECTION (HEALTH, SANI	TATION O CAPETA	A				
Name and Address of the Owner, which the	IONE INSPECTION (HEALTH, SAN	TATION, & SAFET				N	51/4
Kitchen (sharp objects, cleani	ing supplies etc. inaccessible to chil	dron)			C	<u>N</u>	N/A
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)  Living room (no excessive clutter, etc.)							<u> </u>
Bedrooms (no children unsupervised, guns or drugs, etc.)							
Sleep Arrangements (no Pack-N-Plays)					<del>-,4</del>		
Cribs meet CPSC requirements							
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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?						Yes 🗹	<u>No</u>
	azardous materials around the hous	e			6		
	(Holes in floors or walls, etc.)						
Pets/Animals? 🗹 Yes 🗆 No		ds?					
Smoke Detectors/Fire Extingu	uishers? If not, TA provided 🔲 Yo	es 🗆 No					_
Any serious injuries requiring medical attention?						Yes 🗹	No
Any fatalities?					□ Yes a No		
	DOCUMENTATION	N SAE BARRIN					
THE RESERVE OF THE PERSON NAMED IN					С	N	N/A
DSS 2909 completed for all e	enrolled children?				7	0	
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					<u>-</u>		7
	STAFFING & SUPERVI	PROPERTY AND ADDRESS OF THE PARTY OF THE PAR	STATE OF	Name of the last		D.	
			Maria Barriera	STATE OF THE PARTY	С	NI.	
Staff observed were qualified	12				_	N	
Training hours up-to-date? 63					<u> </u>		
Is provider over capacity?	3-13-823				<u> </u>	<u> </u>	<u> </u>
Number of children observed:					<b>1</b>	Yes 🗷	NO
Number of children observed:					17		
C = Compliant with Regulation -	N = Noncompliant with Regulation	No violations noted	at the time of vis	it 👿			
	lividual child or group of children. Adequate ints and children's needs and accountability in order to intervene when needed.						
Signature of Director/Operator/D	esignee: (no signature required due to		empleted)				
Signature of Child Care Licensin	ng Specialist all tha Cir	enton	Date:	3/9/22	-		