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: Karen Anderson Suz nit #: 25022 | nnne Date of Inspection: Type of Inspection: Renewal | tlul22 Time of Inspection (original inspection date | ⊃n: <u>↓</u>) | ,0 a | <u>M.</u> |
|--|--|--|---------------------------|---------------------------------------|------------|
| ress: 246 Daniels Creek Circle GC phone #: 843-609-9055 | Any changes in contact info (Phone/Email/Fax)? □ Y | Hours of Operation: M-F6:30a-6:C es ✓ No Overnight Care? | | ∕es ر⊵⁄ | ′No |
| ge in address? □ Yes □√No Capacity: 6 | Zoning restrictions \(\sigma \) Yes \(\sigma \) No \(\sigma \) Items to be posted: \(\sigma \) Registration | | | | |
| y the following: Verified Liability Ins | surance 63-13-210 Pes No If no, verify signed stater | nents from parents. Yes No | | | |
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| н | OME INSPECTION (HEALTH, SANITATION, & SAFETY | <i>(</i>) | | - | - |
| | NUMBER OF STREET | THE STATE OF THE S | С | N | N/A |
| Kitchen (sharp objects, cleaning | g supplies, etc. inaccessible to children) | 11 | | | |
| Living room (no excessive clutter, etc.) | | | | | |
| Bedrooms (no children unsupervised, guns or drugs, etc) | | | <u></u> | | - |
| Sleep Arrangements (no Pack-N-Plays) | | | | | |
| Cribs meet CPSC requirements | | | | | |
| Bathrooms (no visible mold, etc.) | | | $\overline{}$ | | |
| | | | Z | | |
| Garage/Shed (secured if harmful items inside) | | | \mathbb{Z}_{\downarrow} | | |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street) | | | <u> </u> | | |
| Multiple floor levels? | | | 71 | Yes 🗆 | No |
| - | ardous materials around the house | | Z, | | |
| No major structural damages (Holes in floors or walls, etc.) | | | \mathbb{Z}_{A} | | |
| Pets/Animals? Yes No Up to date vaccination records? | | | Z, | | |
| Smoke Detectors/Fire Extinguishers? If not, TA provided ✓Yes □ No | | | Ø | | |
| Any serious injuries requiring medical attention? | | | □ Yes ∠ No | | |
| Any fatalities? | | | □ Yes 🗷 No | | |
| | DOCUMENTATION | | | | |
| | | | C | _ N | N/A |
| bottle by Kritic like in the | | | | | |
| DSS 2909 completed for all en | | | | | |
| Emergency Preparedness Plan | | | 2 | | |
| | | | | | |
| Emergency Preparedness Plan Is medication administered? Permission forms from parents | Yes, IT No If yes, is the medication expired? signed and dated? | | ~ | | |
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| Emergency Preparedness Plan Is medication administered? Permission forms from parents Field Trips? If yes, signed pare | Yes, No If yes, is the medication expired? signed and dated? ental permissions forms? Yes No | | C | | |
| Emergency Preparedness Plants Is medication administered? Permission forms from parents Field Trips? If yes, signed pare Staff observed were qualified? | Yes, No If yes, is the medication expired? signed and dated? ental permissions forms? Yes No STAFFING & SUPERVISION | | | D D D D D D D D D D D D D D D D D D D | |
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| Emergency Preparedness Plan Is medication administered? Permission forms from parents Field Trips? If yes, signed pare Staff observed were qualified? Training hours up-to-date? 63- Is provider over capacity? Number of children observed: C = Compliant with Regulation - N Supervision: Care provided to an indivi | Yes, I No If yes, is the medication expired? signed and dated? ental permissions forms? Yes No STAFFING & SUPERVISION 13-825 No violations noted a dual child or group of children. Adequate supervision requires a and children's needs and accountability for their care. Adequate | at the time of visit wareness of and responsibility for the or | C C | N Ces D | No of each |
| Emergency Preparedness Plan Is medication administered? Permission forms from parents Field Trips? If yes, signed pare Staff observed were qualified? Training hours up-to-date? 63- Is provider over capacity? Number of children observed: C = Compliant with Regulation - N Supervision: Care provided to an indivibilid, knowledge of activity requirements and having ready access to children in o | Yes D No If yes, is the medication expired? Is signed and dated? Intal permissions forms? Permissions forms. Permissions form | wareness of and responsibility for the or | C C | N Ces D | No of each |