## 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: Michael Hughes                              | Date of Inspection: <u>\(\begin{array}{c} \lambda \lambd</u> | :05 am      |  |
|--|--|-------------|--|
| Permit #: 24937  | Type of Inspection: ⊠Renewal □ Follow Up (original inspection date)  |             |  |
| Address: 1103 Golden Maple Lane C                          | Chester, SC 29706 Hours of Operation: M-F6:30a-5:30p   |             |  |
| Telephone #: 803-581-5446<br>Change in address? □ Yes ☑ No | Any changes in contact info (Phone/Email/Fax)? □ Yes ☑ No Overnight Care? □ Yes  | <b>P</b> No |  |
| Total Capacity: 6  | Zoning restrictions □ Yes □ Noltems to be posted: □ Registration   |             |  |
|  | nsurance 63-13-210 ¬☑ Yes □ No If no, verify signed statements from parents. □ Yes ☑ No  | .4:         |  |

| HOME INSPECTION (HEALTH, SANITATION, & SAFETY)  | 7.74 | H4 E        | 201  |  |  |
|---|------|-------------|--|--|--|
|   | C    | N           | N/A  |  |  |
| Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children)                                   | B    |             | -  |  |  |
| Living room (no excessive clutter, etc.)  | V    |             | <del>-</del>                                     |  |  |
| Bedrooms (no children unsupervised, guns or drugs, etc)   | Va   |             |  |  |  |
| Sleep Arrangements (no Pack-N-Plays)  | M    |             | <del>                                     </del> |  |  |
| Cribs meet CPSC requirements  | D    |             | -  |  |  |
| Bathrooms (no visible mold, etc.)   | 10/  |             | <del>                                     </del> |  |  |
| Garage/Shed (secured if harmful items inside)   |      |             | <del>                                     </del> |  |  |
| Outside/Playground (sharp edges, rusty points, fence if ditches, accessible to street)                      |      |             |  |  |  |
| Multiple floor levels?  |      |             | □ Yes ☑ No                                       |  |  |
| 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?  |      |             | 0  |  |  |
| Smoke Detectors/Fire Extinguishers? If not, TA provided ☐ Yes ☐ No  |      |             | .0   |  |  |
| Any serious injuries requiring medical attention?   |      | □ Yes & No  |  |  |  |
| Any fatalities?   |      | □ Yes 121No |  |  |  |
| DOCUMENTATION   |      |             |  |  |  |
|   | C    | N           | N/A  |  |  |
| DSS 2909 completed for all enrolled children?   |      |             | 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  |      |             |  |  |  |
| STAFFING & SUPERVISION  |      |             |  |  |  |
|   | C    | N "         |  |  |  |
| Staff observed were qualified?  |      |             |  |  |  |
| Training hours up-to-date? 63-13-825  |      |             |  |  |  |
| Is provider over capacity?  |      |             | □ Yes \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\        |  |  |
| Number of children observed:  |      |             | W  |  |  |
|   | 0    | rese/       | wt   |  |  |
| C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit 🖸 |      |             |  |  |  |

<u>Supervision</u>: 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 | (no signature | required due | tøjvirtual inspec | tion com | plete | d) |
|---|---------------|--------------|-------------------|----------|-------|----|
|---|---------------|--------------|-------------------|----------|-------|----|

Signature of Child Care Licensing Specialist:

Date: U.U.20