

INSPECTION VISIT FORM FOR LICENSED CENTERS

Time of Inspection: 2:00pm☐ **Follow Up (Original Inspection**

Reason for Follow up:

☐ **Self-Reported Incident**

Permit #: 23373

Telephone #: 803-577-1529

Any changes in contact info (Phone/Email/Fax)? ☐ Yes ☒ No

Change in Ownership or Director? ☐ Yes ☐ No If yes, Name:

Maximum number of children: 92

Building 1:

Building 2:

Building 3:

Maximum number of infants: 32

☒ 24 months ☐ 30 months ☐ I-4 facility

Infants are in designated rooms? ☒ Yes ☐ No ☐ N/A

Items posted in public view: 0

Ratio Chart (All classrooms)

Does facility transport children? ☒ Yes ☐ No ☐ N/A

ABC Quality Yes

Head Start ☐ Yes ☒ No

Public Schools ☐ Yes ☒ No

Overnight Care? ☐ Yes ☒ No

Hours of Operation: M- 6:30AM- 5:45PM T- 6:30AM- 5:45PM W- 6:30AM- 5:45PM Th- 6:30AM- 5:45PM F- 6:30AM- 5:45PM

SUPERVISION 114-504

HEALTH, SANITATION & SAFETY 114-505

HEALTH, SANITATION & SAFETY 114-505

PHYSICAL SITE 114-507

PHYSICAL SITE 114-507

MEAL REQUIREMENTS 114-508

MEAL REQUIREMENTS 114-508

INFANT CARE 114-509

INFANT CARE 114-509

Signature of Director/Operator/Designee: [Signature] Date: 5-1-25 ☐ Refused to sign.

Signature of Director/Operator/Designee: Debra Jank

Date: 5-1-25

☐ Refused to sign.

Signature of Child Care Licensing Specialist:

Date: 5-1-23