South Carolina Department of Social Services Office of Child Care Licensing INSPECTION VISIT FORM FOR REGISTERED FAMILY CHILD CARE HOMES

Permit #: 26098	Operator Name: Amanda M. Glover	Date of Inspection: 8. 13 - 25 Tim	ne of Inspection:	la	N .	
Address: 213 Fifth St.JACKSON, SC 29831 Hours of Operation: Mr. 6:00AM. 6:00PM F. 6:00AM. 6	Permit #: 20098)	
6:00PM W-6:00PM Th-6:00PM F-6:00PM F-6:	Address: 213 Fifth St. JACKSON, SC.	· ·				
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Telephone #: 803-295-7484 Change in address? □ Yes pot Change in contact info (PhoneEmail/Fax)? □ Yes vivo Overnight Care? □ Yes vivo Change in address? □ Yes pot Change in address? □ Yes vivo It no, verify signed statements from parents. □ Yes □ No HoME INSPECTION (HEALTH, SANITATION, 8: SAFETY)			0.001 111 111 0.0	07 1111	7.001 IVI I	
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Verify the following: Verified Liability Insurance 63-13-210 Yes = No No No No No No No No		Zoning restrictions Yes No		100		
HOME INSPECTION (HEALTH, SANITATION, & SAFETY) C N N/A	Total Capacity: 6	Items to be posted: Registration	1			
Kitchen (sharp objects, cleaning supplies, etc. inaccessible to children) Living room (no excessive clutter, etc.) Bedrooms (no children unsupervised, guns or drugs, etc) Siep Arrangements (no Pack-N-Plays) Criss meet CPSC requirements 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? No suffocation/Poisonous hazardous materials around the house No major structural damages (Holes in floors or walls, etc.) Pets/Animals? Q'Yes B'No Up to date vaccination records? Smoke Detectors/Fire Extinguishers? If not, TA provided Yes No Any serious injuries requiring medical attention? DOCUMENTATION DSS 2909 completed for all enrolled children? Emergency Preparedness Plan? Is medication administered? Yes B'No If yes, is the medication expired? Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? Yes No Permission forms from parents signed and dated? Field Trips? If yes, signed parental permissions forms? Yes No Permission forms from parents signed and dated? Training hours up-to-date? 63-13-825 Is provided or wer capacity? Number of children observed: C = Compliant with Regulation - N = Noncompliant with Regulation No violations noted at the time of visit Pcl Supervision: 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, judguale supervision also requires the operator and/or staff being near and having ready access to children in order to intervene when pashed. Signature of Operator/Emergency Person. Any Staffused to sign	Verify the following: Verified Liability In	nsurance 63-13-210 Yes No If no, verify signed statements from parents.	Yes □ No ■ Yes □ No ■			
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